

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

DeFazio for Congress

ADDRESS (number and street)

PO Box 1316

Check if different than previously reported. (ACC)

Springfield

OR

97477

2. FEC IDENTIFICATION NUMBER ▼

C C00215905

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

OR

04

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Robert Ackerman

Signature of Treasurer Robert Ackerman

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**DeFazio for Congress**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	106075.84	537963.65
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	106075.84	537963.65
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	61857.78	291120.54
(b) Total Offsets to Operating Expenditures (from Line 14).....	641.33	29658.56
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	61216.45	261461.98
8. Cash on Hand at Close of Reporting Period (from Line 27).....	436220.36	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**DeFazio for Congress**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	35680.00	119019.00
(ii) Unitemized.....	14395.84	108380.75
(iii) TOTAL of contributions from individuals ▶	50075.84	227399.75
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	56000.00	310563.90
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	106075.84	537963.65
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	641.33	29658.56
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	228.21	848.28
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	106945.38	568470.49

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	61857.78	291120.54
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	18520.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	61857.78	309640.54

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	391132.76
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	106945.38
25. SUBTOTAL (add Line 23 and Line 24).....	498078.14
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	61857.78
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	436220.36

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 5 OF 101  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Jan Aho**

Mailing Address **PO Box 178**

City **Dexter** State **OR** Zip Code **97431-0178**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Pearl Buck Center, Inc** Occupation **Program Manager**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 21 / 2014**

**Transaction ID : C8746695**

Amount of Each Receipt this Period  
**200.00**

**B.** Full Name (Last, First, Middle Initial)  
**Dorothy D Anderson**

Mailing Address **939 E 21st Avenue**

City **Eugene** State **OR** Zip Code **97405-3011**

FEC ID number of contributing federal political committee. **C**

Name of Employer **None** Occupation **Homemaker**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 29 / 2014**

**Transaction ID : C8617707**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**Confederated Tribes Of The Siletz Indians**

Mailing Address **PO Box 549**

City **Siletz** State **OR** Zip Code **97380-0549**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : C8759139**

Amount of Each Receipt this Period  
**2500.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**2950.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 101
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

**A. Confederated Tribes Of The Umatilla Indian Reservation**

Full Name (Last, First, Middle Initial)  
Mailing Address 46411 Timine Way

City Pendleton	State OR	Zip Code 97801-9467
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 21 / 2014

**Transaction ID : C8661513**

Amount of Each Receipt this Period

1000.00

**B. Coquille Indian Tribe**

Full Name (Last, First, Middle Initial)  
Mailing Address 3050 Tremont Street

City North Bend	State OR	Zip Code 97459-3059
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 21 / 2014

**Transaction ID : C8661516**

Amount of Each Receipt this Period

2500.00

**C. Barbara J Donovan**

Full Name (Last, First, Middle Initial)  
Mailing Address 885 Crest Drive

City Eugene	State OR	Zip Code 97405-2352
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Probe Software Executive
--------------------------	--

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : C8759087**

Amount of Each Receipt this Period

70.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3570.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 101
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Don E Dumond**

Mailing Address 1744 Moss Street

City Eugene State OR Zip Code 97403-1945

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **360.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : C8759084**

Amount of Each Receipt this Period  
**80.00**

**B.** Full Name (Last, First, Middle Initial)  
**Edward Faneuil**

Mailing Address 56 Gatewood Dr

City Needham State MA Zip Code 02492-1428

FEC ID number of contributing federal political committee. **C**

Name of Employer Global Partners LP Occupation Executive VP & General Counsel

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : C8759912**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**Katherine M Ford**

Mailing Address 75 W 35Th Place

City Eugene State OR Zip Code 97405-5133

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **370.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 07 / 2014**

**Transaction ID : C8658427**

Amount of Each Receipt this Period  
**270.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**850.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 101
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**William A Furman**

Mailing Address 4318 SW Fairview Circus

City Portland State OR Zip Code 97221-2714

FEC ID number of contributing federal political committee. **C**

Name of Employer The Greenbrier Companies Occupation President & CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : C8759903**

Amount of Each Receipt this Period  
 2450.00

2750.00

**B.** Full Name (Last, First, Middle Initial)  
**William A Furman**

Mailing Address 4318 SW Fairview Circus

City Portland State OR Zip Code 97221-2714

FEC ID number of contributing federal political committee. **C**

Name of Employer The Greenbrier Companies Occupation President & CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : C8759904**

Amount of Each Receipt this Period  
 150.00

2750.00

**C.** Full Name (Last, First, Middle Initial)  
**Gila River Indian Community**

Mailing Address PO Box 2160

City Sacaton State AZ Zip Code 85147-0055

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : C8765141**

Amount of Each Receipt this Period  
 1500.00

5600.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4100.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : C8765141

A refund for this donation will be been issued, and the refund will appear on the subsequent report.

Form/Schedule:

Transaction ID:

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 101
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Dan Giustina**

Mailing Address **PO Box 529**

City **Eugene** State **OR** Zip Code **97440-0529**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Giustina Resources** Occupation **Manager**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 07 / 2014**

**Transaction ID : C8658426**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Joe Gonyea**

Mailing Address **PO Box 269**

City **Springfield** State **OR** Zip Code **97477-0055**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Timber Products Co W.H. Gonyea & Ass** Occupation **CEO**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 07 / 2014**

**Transaction ID : C8658444**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**Douglas C. Hintz**

Mailing Address **2536 Wood Avenue**

City **Eugene** State **OR** Zip Code **97402-2527**

FEC ID number of contributing federal political committee. **C**

Name of Employer **University of Oregon** Occupation **Instructor**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **390.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 12 / 2014**

**Transaction ID : C8659860**

Amount of Each Receipt this Period  
**250.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**750.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 101
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

Full Name (Last, First, Middle Initial) <b>Richard Hughes</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 05 / 2014
Mailing Address PO Box 5506		<b>Transaction ID : C8658411</b>
City Eugene	State OR	Zip Code 97405-0506
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Retired	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 450.00	

Full Name (Last, First, Middle Initial) <b>Aubrey C King</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 03 / 2014
Mailing Address 11914 Grason Lane		<b>Transaction ID : C8658430</b>
City Bowie	State MD	Zip Code 20715-4012
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer Aubrey C. King & Assoc	Occupation Government Affairs Consultant	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) <b>Dean Kortge</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 26 / 2014
Mailing Address 2565 Braewood Lane		<b>Transaction ID : C8746768</b>
City Eugene	State OR	Zip Code 97405-1894
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
Name of Employer Pacific Benefit Consultants,	Occupation Insurance Agent	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1550.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 101
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Gayle Landt**

Mailing Address 2300 Parkside Lane

City Eugene State OR Zip Code 97403-2111

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired, Non-Profit Director

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : C8759082**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Cliff Madison**

Mailing Address 601 Pennsylvania Avenue NW Apt. 906

City Washington State DC Zip Code 20004-2647

FEC ID number of contributing federal political committee. **C**

Name of Employer Government Relations, Inc Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : C8759899**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**James C May**

Mailing Address PO Box 1176

City Rehoboth Beach State DE Zip Code 19971

FEC ID number of contributing federal political committee. **C**

Name of Employer The May Group Occupation Principal

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 03 / 2014**

**Transaction ID : C8658428**

Amount of Each Receipt this Period  
**1000.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**1750.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 101
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**John R Murphy**

Mailing Address 3993 Spring Boulevard

City Eugene State OR Zip Code 97405-4491

FEC ID number of contributing federal political committee. **C**

Name of Employer Murphy Company Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 22 / 2014

**Transaction ID : C8617603**

Amount of Each Receipt this Period  
 2600.00

Amount of Each Receipt this Period  
 2600.00

**B.** Full Name (Last, First, Middle Initial)  
**James B Peterson**

Mailing Address PO Box 10885

City Eugene State OR Zip Code 97440-2885

FEC ID number of contributing federal political committee. **C**

Name of Employer Trips Inc. Occupation Business Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 21 / 2014

**Transaction ID : C8746692**

Amount of Each Receipt this Period  
 100.00

Amount of Each Receipt this Period  
 100.00

**C.** Full Name (Last, First, Middle Initial)  
**James B Pittleman**

Mailing Address 6521 Sunny Hill Court

City McLean State VA Zip Code 22101-1640

FEC ID number of contributing federal political committee. **C**

Name of Employer Odin, Feldman, Pittleman PC Occupation Lawyer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 22 / 2014

**Transaction ID : C8617601**

Amount of Each Receipt this Period  
 500.00

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3200.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 101
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Poarch Band of Creek Indians**

Mailing Address 5811 Jack Springs Rd

City Atmore State AL Zip Code 36502-5025

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 24 / 2014

**Transaction ID : C8746678**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Samish Indian Nation Samish Tye**

Mailing Address PO Box 161

City Anacortes State WA Zip Code 98221

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 24 / 2014

**Transaction ID : C8658399**

Amount of Each Receipt this Period  
 2000.00

**C.** Full Name (Last, First, Middle Initial)  
**Jane Scheidecker**

Mailing Address 3440 Bardell Avenue

City Eugene State OR Zip Code 97401-8022

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 University of Oregon  
 Research Associate

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 21 / 2014

**Transaction ID : C8746694**

Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3100.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 101
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

Full Name (Last, First, Middle Initial) <b>A. Sally A Schneider</b>		Date of Receipt M M / D D / Y Y Y Y 01 / 24 / 2014
Mailing Address 2784 Central Boulevard		<b>Transaction ID : C8617604</b>
City Eugene	State OR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Retired	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>B. Harold W Schroeder</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2014
Mailing Address 494 W 10Th Avenue Apt. 213		<b>Transaction ID : C8658401</b>
City Eugene	State OR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Retired	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00	

Full Name (Last, First, Middle Initial) <b>C. John D Scofield</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 227 C St SE		<b>Transaction ID : C8759907</b>
City Washington	State DC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Shockey Scofield Solutions	Occupation Principal	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	700.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 101  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Seneca Nation of Indians**

Mailing Address **PO Box 231**

City **Salamanca** State **NY** Zip Code **14779-0231**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 17 / 2014**

**Transaction ID : C8746675**

Amount of Each Receipt this Period  
 1500.00

**B.** Full Name (Last, First, Middle Initial)  
**Shakopee Mdewakanton Sioux Community**

Mailing Address **2330 Sioux Trail NW**

City **Prior Lake** State **MN** Zip Code **55372-9077**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : C8765145**

Amount of Each Receipt this Period  
 1600.00

**C.** Full Name (Last, First, Middle Initial)  
**Shakopee Mdewakanton Sioux Community**

Mailing Address **2330 Sioux Trail NW**

City **Prior Lake** State **MN** Zip Code **55372-9077**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : C8765146**

Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4100.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 101
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Eric S Slifka**

Mailing Address 800 South St

City State Zip Code  
Waltham MA 02453-1478

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Global Partners President and CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 31 / 2014

**Transaction ID : C8759914**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**The Confederated Tribes of the Colville Reservation**

Mailing Address PO Box 150

City State Zip Code  
Nespelem WA 99155-0150

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 31 / 2014

**Transaction ID : C8759892**

Amount of Each Receipt this Period  
1500.00

**C.** Full Name (Last, First, Middle Initial)  
**Katherine Tippens Wiper**

Mailing Address 3772 Pine Canyon Drive

City State Zip Code  
Eugene OR 97405-5869

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 10 / 2014

**Transaction ID : C8659777**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2250.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 101
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ball Janik, LLP**

Mailing Address 101 SW Main Street  
Suite 1100

City Portland State OR Zip Code 97204-3219

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : C8760498**

Amount of Each Receipt this Period  
599.72

PARTNERSHIP--partners below if itemized

**B.** Full Name (Last, First, Middle Initial)  
**Jeffrey C Gardner**

Mailing Address 101 SW Main Street  
Suite 1100

City Portland State OR Zip Code 97204-3219

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Ball Janik, LLP Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
241.12

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : C8761627**

Amount of Each Receipt this Period  
121.88

**[MEMO ITEM]**  
\*

**C.** Full Name (Last, First, Middle Initial)  
**Bradley S Miller**

Mailing Address 101 SW Main Street  
Suite 1100

City Portland State OR Zip Code 97204-3219

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Ball Janik, LLP Partner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
383.60

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : C8761632**

Amount of Each Receipt this Period  
193.90

**[MEMO ITEM]**  
\*

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

599.72

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 101
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**James C Prichard**

Mailing Address 101 SW Main Street  
Suite 1100

City Portland State OR Zip Code 97204-3219

FEC ID number of contributing federal political committee. **C**

Name of Employer Ball Janik, LLP Occupation Partner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**526.09**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : C8761635**

Amount of Each Receipt this Period  
**265.93**

**[MEMO ITEM]**  
\*

**B.** Full Name (Last, First, Middle Initial)  
**Ball Janik, LLP**

Mailing Address 101 SW Main Street  
Suite 1100

City Portland State OR Zip Code 97204-3219

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**4000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : C8779498**

Amount of Each Receipt this Period  
**1400.28**

**PARTNERSHIP--partners below if itemized**

**C.** Full Name (Last, First, Middle Initial)  
**James A Beall**

Mailing Address 2111 SW Vista Avenue

City Portland State OR Zip Code 97201-2378

FEC ID number of contributing federal political committee. **C**

Name of Employer Ball Janik, LLP Occupation Partner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**311.11**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : C8761625**

Amount of Each Receipt this Period  
**121.87**

**[MEMO ITEM]**  
\*

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**1400.28**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 101
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

Full Name (Last, First, Middle Initial) <b>David C Criswell</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2014	
Mailing Address 101 SW Main Street Suite 1100		<b>Transaction ID : C8761626</b>	
City Portland	State OR	Zip Code 97204-3219	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 114.96	
Name of Employer Ball Janik	Occupation Partner		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 227.42		

Full Name (Last, First, Middle Initial) <b>Phillip E. Joseph</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2014	
Mailing Address 101 SW Main Street Suite 1100		<b>Transaction ID : C8761629</b>	
City Portland	State OR	Zip Code 97204	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 265.93	
Name of Employer Ball Janik LLP	Occupation Partner		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 526.09		

Full Name (Last, First, Middle Initial) <b>James T. McDermott</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2014	
Mailing Address 101 SW Main Street Suite 1100		<b>Transaction ID : C8761631</b>	
City Portland	State OR	Zip Code 97204-3219	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 207.75	
Name of Employer Ball Janik, LLP	Occupation Partner		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 411.01		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 101
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**John R Dasef**

Mailing Address 1199 N Terry Street Space 367

City Eugene State OR Zip Code 97402-1445

FEC ID number of contributing federal political committee. **C**

Name of Employer Not employed Occupation Not employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **425.00**

Date of Receipt **03 / 01 / 2014**

**Transaction ID : C8758734A**

Amount of Each Receipt this Period **285.00**

\* Earmarked Contribution: See Below

**B.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **10361.84**

Date of Receipt **03 / 10 / 2014**

**Transaction ID : C8758734AB**

Amount of Each Receipt this Period **285.00**

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**Richard DeFreez**

Mailing Address 4829 Quines Creek Road

City Azalea State OR Zip Code 97410

FEC ID number of contributing federal political committee. **C**

Name of Employer Met One Instruments Occupation Senior Scientist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **01 / 31 / 2014**

**Transaction ID : C8660096A**

Amount of Each Receipt this Period **25.00**

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**310.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 101
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Conduit total listed in Agg. field \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_  
**10361.84**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02		10		2014

**Transaction ID : C8660096AB**

Amount of Each Receipt this Period  

25.00
-------

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**B.** Full Name (Last, First, Middle Initial)  
**Richard DeFrez**

Mailing Address **4829 Quines Creek Road**

City **Azalea** State **OR** Zip Code **97410**

FEC ID number of contributing federal political committee. **C**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Met One Instruments **Senior Scientist**

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_  
**250.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02		28		2014

**Transaction ID : C8758708A**

Amount of Each Receipt this Period  

25.00
-------

\* Earmarked Contribution: See Below

**C.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Conduit total listed in Agg. field \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_  
**10361.84**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03		10		2014

**Transaction ID : C8758708AB**

Amount of Each Receipt this Period  

25.00
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**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

25.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 101
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Barbara Dodrill**

Mailing Address **PO Box 432**

City **Bandon** State **OR** Zip Code **97411-0432**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **225.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 02 / 2014**

**Transaction ID : C8617538**

Amount of Each Receipt this Period  
**50.00**

\* Earmarked Contribution: See Below

**B.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer Occupation  
 Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **10361.84**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 02 / 2014**

**Transaction ID : C8617538B**

Amount of Each Receipt this Period  
**50.00**

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**Barbara Dodrill**

Mailing Address **PO Box 432**

City **Bandon** State **OR** Zip Code **97411-0432**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **225.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 02 / 2014**

**Transaction ID : C8660121A**

Amount of Each Receipt this Period  
**50.00**

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**100.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 101
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**10361.84**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02		10		2014

**Transaction ID : C8660121AB**

Amount of Each Receipt this Period  
**50.00**

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**B.** Full Name (Last, First, Middle Initial)  
**Barbara Dodrill**

Mailing Address **PO Box 432**

City **Bandon** State **OR** Zip Code **97411-0432**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**225.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03		02		2014

**Transaction ID : C8758736A**

Amount of Each Receipt this Period  
**50.00**

\* Earmarked Contribution: See Below

**C.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**10361.84**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03		10		2014

**Transaction ID : C8758736AB**

Amount of Each Receipt this Period  
**50.00**

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**50.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 101
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Don E Dumond**

Mailing Address 1744 Moss Street

City Eugene State OR Zip Code 97403-1945

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **360.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 31 / 2014**

**Transaction ID : C8660112A**

Amount of Each Receipt this Period  
**15.00**

\* Earmarked Contribution: See Below

**B.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **10361.84**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 10 / 2014**

**Transaction ID : C8660112AB**

Amount of Each Receipt this Period  
**15.00**

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**Don E Dumond**

Mailing Address 1744 Moss Street

City Eugene State OR Zip Code 97403-1945

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **360.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 28 / 2014**

**Transaction ID : C8758711A**

Amount of Each Receipt this Period  
**15.00**

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**30.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 101
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Conduit total listed in Agg. field \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_  
**10361.84**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03		10		2014

**Transaction ID : C8758711AB**

Amount of Each Receipt this Period  

_____	_____	_____	_____	_____
				15.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**B.** Full Name (Last, First, Middle Initial)  
**Alan Hayakawa**

Mailing Address **57 Sunnyside Avenue  
Apt. 2**

City **Mill Valley** State **CA** Zip Code **94941-1929**

FEC ID number of contributing federal political committee. **C \_\_\_\_\_**

Name of Employer **Self** Occupation **Writer**

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_  
**240.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01		06		2014

**Transaction ID : C8617574**

Amount of Each Receipt this Period  

_____	_____	_____	_____	_____
				20.00

\* Earmarked Contribution: See Below

**C.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Conduit total listed in Agg. field \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_  
**10361.84**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01		06		2014

**Transaction ID : C8617574B**

Amount of Each Receipt this Period  

_____	_____	_____	_____	_____
				20.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

_____	_____	_____	_____	_____
				20.00
_____	_____	_____	_____	_____

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 101
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mark Henry**

Mailing Address 1308 Monterey Street, Unit 320

City San Luis Obispo State CA Zip Code 93401

FEC ID number of contributing federal political committee. **C**

Name of Employer Not employed Occupation Not employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 20 / 2014

**Transaction ID : C8758522A**

Amount of Each Receipt this Period  
250.00

\* Earmarked Contribution: See Below

**B.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10361.84

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 28 / 2014

**Transaction ID : C8758522AB**

Amount of Each Receipt this Period  
250.00

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**Kurt K. Kovacs**

Mailing Address 507 NW 22nd #307

City Portland State OR Zip Code 97210-3283

FEC ID number of contributing federal political committee. **C**

Name of Employer Premier Gear & Machine Works Occupation Engineer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
800.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 22 / 2014

**Transaction ID : C8617713**

Amount of Each Receipt this Period  
100.00

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

350.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 101
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer \_\_\_\_\_ Occupation  
Conduit total listed in Agg. field \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ **10361.84**

Date of Receipt  
 M M / D D / Y Y Y Y  
**01 / 22 / 2014**

**Transaction ID : C8617713B**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **100.00**

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**B.** Full Name (Last, First, Middle Initial)  
**Kurt K. Kovacs**

Mailing Address **507 NW 22nd #307**

City **Portland** State **OR** Zip Code **97210-3283**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Premier Gear & Machine Works** Occupation  
**Engineer**

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ **800.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 22 / 2014**

**Transaction ID : C8758523A**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **100.00**

**\* Earmarked Contribution: See Below**

**C.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer \_\_\_\_\_ Occupation  
Conduit total listed in Agg. field \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ **10361.84**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 28 / 2014**

**Transaction ID : C8758523AB**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **100.00**

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

\_\_\_\_\_ **100.00**

\_\_\_\_\_

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 101
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Kurt K. Kovacs**

Mailing Address 507 NW 22nd #307

City: Portland State: OR Zip Code: 97210-3283

FEC ID number of contributing federal political committee: **C**

Name of Employer: Premier Gear & Machine Works Occupation: Engineer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 800.00

Date of Receipt: 03 / 22 / 2014

**Transaction ID : C8759099A**

Amount of Each Receipt this Period: 100.00

\* Earmarked Contribution: See Below

**B.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address PO Box 382110

City: Cambridge State: MA Zip Code: 02238-2110

FEC ID number of contributing federal political committee: **C C00401224**

Name of Employer: Occupation: Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 10361.84

Date of Receipt: 03 / 31 / 2014

**Transaction ID : C8759099AB**

Amount of Each Receipt this Period: 100.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**Irene R Leiby**

Mailing Address 2717 N Hartman Street

City: Orange State: CA Zip Code: 92865-2344

FEC ID number of contributing federal political committee: **C**

Name of Employer: Retired Occupation: Retried

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 295.00

Date of Receipt: 01 / 16 / 2014

**Transaction ID : C8617624**

Amount of Each Receipt this Period: 35.00

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

135.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 101
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**10361.84**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01		16		2014

**Transaction ID : C8617624B**

Amount of Each Receipt this Period  
**35.00**

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**B.** Full Name (Last, First, Middle Initial)  
**Terry Liittschwager**

Mailing Address **90432 Fish Hatchery Road**

City **Walterville** State **OR** Zip Code **97489-9603**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**Retired Retired**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**235.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01		31		2014

**Transaction ID : C8660100A**

Amount of Each Receipt this Period  
**20.00**

\* Earmarked Contribution: See Below

**C.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**10361.84**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02		10		2014

**Transaction ID : C8660100AB**

Amount of Each Receipt this Period  
**20.00**

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**20.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 101
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Terry Liittschwager**

Mailing Address 90432 Fish Hatchery Road

City State Zip Code  
Walterville OR 97489-9603

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
235.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 28 / 2014

**Transaction ID : C8758713A**

Amount of Each Receipt this Period  
20.00

\* Earmarked Contribution: See Below

**B.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address PO Box 382110

City State Zip Code  
Cambridge MA 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10361.84

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 10 / 2014

**Transaction ID : C8758713AB**

Amount of Each Receipt this Period  
20.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**Thomas Lynch**

Mailing Address 23 W Masonic View Ave

City State Zip Code  
Alexandria VA 22301

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Ice Miller Strategies LLC Attorney/Lobbyist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 03 / 2014

**Transaction ID : C8758467A**

Amount of Each Receipt this Period  
500.00

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

520.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 101
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**10361.84**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	9		2	0	1	4

**Transaction ID : C8758467AB**

Amount of Each Receipt this Period  
**500.00**

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**B.** Full Name (Last, First, Middle Initial)  
**Eve L Morey**

Mailing Address **4689 Ivy Street**

City **Springfield** State **OR** Zip Code **97478-7629**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**220.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	1		2	0	1	4

**Transaction ID : C8617584**

Amount of Each Receipt this Period  
**20.00**

\* Earmarked Contribution: See Below

**C.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**10361.84**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	1		2	0	1	4

**Transaction ID : C8617584B**

Amount of Each Receipt this Period  
**20.00**

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**20.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 101
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Eve L Morey**

Mailing Address 4689 Ivy Street

City Springfield State OR Zip Code 97478-7629

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
220.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 11 / 2014

**Transaction ID : C8758495A**

Amount of Each Receipt this Period  
20.00

\* Earmarked Contribution: See Below

**B.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10361.84

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 24 / 2014

**Transaction ID : C8758495AB**

Amount of Each Receipt this Period  
20.00

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**Eve L Morey**

Mailing Address 4689 Ivy Street

City Springfield State OR Zip Code 97478-7629

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
220.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 11 / 2014

**Transaction ID : C8758757A**

Amount of Each Receipt this Period  
20.00

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

40.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 101
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Conduit total listed in Agg. field \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_  
**10361.84**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03		21		2014

**Transaction ID : C8758757AB**

Amount of Each Receipt this Period  

20.00
-------

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**B.** Full Name (Last, First, Middle Initial)  
**Hugh Prichard**

Mailing Address **2671 Emerald St.**

City **Eugene** State **OR** Zip Code **97403**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Not employed** Occupation **Not employed**

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_  
**250.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03		03		2014

**Transaction ID : C8758737A**

Amount of Each Receipt this Period  

250.00
--------

\* Earmarked Contribution: See Below

**C.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Conduit total listed in Agg. field \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_  
**10361.84**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03		17		2014

**Transaction ID : C8758737AB**

Amount of Each Receipt this Period  

250.00
--------

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

250.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 101
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**John S Reynolds**

Mailing Address 2495 Mission Avenue

City Eugene State OR Zip Code 97403-1882

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Architect

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
240.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 31 / 2014

**Transaction ID : C8660095A**

Amount of Each Receipt this Period  
10.00

\* Earmarked Contribution: See Below

**B.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10361.84

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 10 / 2014

**Transaction ID : C8660095AB**

Amount of Each Receipt this Period  
10.00

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**John S Reynolds**

Mailing Address 2495 Mission Avenue

City Eugene State OR Zip Code 97403-1882

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Architect

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
240.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 28 / 2014

**Transaction ID : C8758706A**

Amount of Each Receipt this Period  
10.00

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

20.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 101
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Conduit total listed in Agg. field \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_  
**10361.84**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03		10		2014

**Transaction ID : C8758706AB**

Amount of Each Receipt this Period  

_____	_____	_____	_____	_____
				10.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**B.** Full Name (Last, First, Middle Initial)  
**Jason Rosenstock**

Mailing Address **9907 Harrogate Road**

City **Bethesda** State **MD** Zip Code **20817**

FEC ID number of contributing federal political committee. **C \_\_\_\_\_**

Name of Employer **Thorn Run Partners** Occupation **Lobbyist**

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_  
**250.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03		07		2014

**Transaction ID : C8758748A**

Amount of Each Receipt this Period  

_____	_____	_____	_____	_____
				250.00

\* Earmarked Contribution: See Below

**C.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Conduit total listed in Agg. field \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_  
**10361.84**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03		17		2014

**Transaction ID : C8758748AB**

Amount of Each Receipt this Period  

_____	_____	_____	_____	_____
				250.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

_____	_____	_____	_____	_____
				250.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 101
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Kenneth D Scott**

Mailing Address 4955 Diane Rose Ln NE

City State Zip Code  
Scotts Mills OR 97375-9623

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
535.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 13 / 2014

**Transaction ID : C8617608**

Amount of Each Receipt this Period  
50.00

\* Earmarked Contribution: See Below

**B.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address PO Box 382110

City State Zip Code  
Cambridge MA 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10361.84

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 13 / 2014

**Transaction ID : C8617608B**

Amount of Each Receipt this Period  
50.00

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**Kenneth D Scott**

Mailing Address 4955 Diane Rose Ln NE

City State Zip Code  
Scotts Mills OR 97375-9623

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
535.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 13 / 2014

**Transaction ID : C8758499A**

Amount of Each Receipt this Period  
50.00

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

100.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 101
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Conduit total listed in Agg. field \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_  
**10361.84**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02		24		2014

**Transaction ID : C8758499AB**

Amount of Each Receipt this Period  

50.00
-------

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**B.** Full Name (Last, First, Middle Initial)  
**Kenneth D Scott**

Mailing Address **4955 Diane Rose Ln NE**

City **Scotts Mills** State **OR** Zip Code **97375-9623**

FEC ID number of contributing federal political committee. **C**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_  
**535.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03		13		2014

**Transaction ID : C8758764A**

Amount of Each Receipt this Period  

50.00
-------

\* Earmarked Contribution: See Below

**C.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Conduit total listed in Agg. field \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_  
**10361.84**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03		21		2014

**Transaction ID : C8758764AB**

Amount of Each Receipt this Period  

50.00
-------

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

50.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 101
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**James Trappe**

Mailing Address 2165 NW Maser Place

City Corvallis State OR Zip Code 97330-2223

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **315.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 13 / 2014

**Transaction ID : C8617612**

Amount of Each Receipt this Period  
 35.00

\* Earmarked Contribution: See Below

**B.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **10361.84**

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 13 / 2014

**Transaction ID : C8617612B**

Amount of Each Receipt this Period  
 35.00

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**James Trappe**

Mailing Address 2165 NW Maser Place

City Corvallis State OR Zip Code 97330-2223

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **315.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 30 / 2014

**Transaction ID : C8660091A**

Amount of Each Receipt this Period  
 15.00

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

50.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 101
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Conduit total listed in Agg. field \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_  
**10361.84**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 10 / 2014**

**Transaction ID : C8660091AB**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**15.00**

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**B.** Full Name (Last, First, Middle Initial)  
**James Trappe**

Mailing Address **2165 NW Maser Place**

City **Corvallis** State **OR** Zip Code **97330-2223**

FEC ID number of contributing federal political committee. **C**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
**Retired** **Retired**

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_  
**315.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 13 / 2014**

**Transaction ID : C8758503A**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**35.00**

**\* Earmarked Contribution: See Below**

**C.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Conduit total listed in Agg. field \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_  
**10361.84**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 24 / 2014**

**Transaction ID : C8758503AB**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**35.00**

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

\_\_\_\_\_

\_\_\_\_\_

**35.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 101
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**James Trappe**

Mailing Address 2165 NW Maser Place

City Corvallis State OR Zip Code 97330-2223

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **315.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 28 / 2014**

**Transaction ID : C8758725A**

Amount of Each Receipt this Period  
**15.00**

\* Earmarked Contribution: See Below

**B.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **10361.84**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 10 / 2014**

**Transaction ID : C8758725AB**

Amount of Each Receipt this Period  
**15.00**

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**James Trappe**

Mailing Address 2165 NW Maser Place

City Corvallis State OR Zip Code 97330-2223

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **315.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 13 / 2014**

**Transaction ID : C8758768A**

Amount of Each Receipt this Period  
**35.00**

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**50.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 101
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Conduit total listed in Agg. field \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ **10361.84**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 21 / 2014**

**Transaction ID : C8758768AB**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **35.00**

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**B.** Full Name (Last, First, Middle Initial)  
**Erik Vos**

Mailing Address **3740 Waterbrook Way**

City **Eugene** State **OR** Zip Code **97408**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Timber Products Company** Occupation **CFO**

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ **285.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 10 / 2014**

**Transaction ID : C8758756A**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **285.00**

\* Earmarked Contribution: See Below

**C.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Conduit total listed in Agg. field \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ **10361.84**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 21 / 2014**

**Transaction ID : C8758756AB**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **285.00**

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

\_\_\_\_\_ **285.00**

\_\_\_\_\_

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 101
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Donald A Washburn**

Mailing Address 255 SW Harrison Street

City State Zip Code  
Portland OR 97201-5338

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Investor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 14 / 2014

**Transaction ID : C8758510A**

Amount of Each Receipt this Period  
1000.00

\* Earmarked Contribution: See Below

**B.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address PO Box 382110

City State Zip Code  
Cambridge MA 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10361.84

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 24 / 2014

**Transaction ID : C8758510AB**

Amount of Each Receipt this Period  
1000.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**John Zemek**

Mailing Address 90000 Territorial Rd.

City State Zip Code  
Elmira OR 97437

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ASI Business owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 12 / 2014

**Transaction ID : C8758760A**

Amount of Each Receipt this Period  
1000.00

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 101
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Conduit total listed in Agg. field \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_  
**10361.84**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03		21		2014

**Transaction ID : C8758760AB**

Amount of Each Receipt this Period  

1000.00
---------

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**B.** Full Name (Last, First, Middle Initial) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

FEC ID number of contributing federal political committee. **C** \_\_\_\_\_

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: \_\_\_\_\_  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_

Date of Receipt  

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period  

--

**C.** Full Name (Last, First, Middle Initial) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

FEC ID number of contributing federal political committee. **C** \_\_\_\_\_

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: \_\_\_\_\_  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_

Date of Receipt  

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period  

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**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

0.00
35680.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 101
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Action Committee for Rural Electrification**

Mailing Address 4301 Wilson Boulevard

City: Arlington    State: VA    Zip Code: 22203-1867

FEC ID number of contributing federal political committee: **C** C00002972

Name of Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Receipt For: 2014  
 Primary     General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date: \_\_\_\_\_

Date of Receipt: 03 / 03 / 2014

**Transaction ID : C8658416**

Amount of Each Receipt this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Action Committee for Rural Electrification**

Mailing Address 4301 Wilson Boulevard

City: Arlington    State: VA    Zip Code: 22203-1867

FEC ID number of contributing federal political committee: **C** C00002972

Name of Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Receipt For: 2014  
 Primary     General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date: \_\_\_\_\_

Date of Receipt: 03 / 31 / 2014

**Transaction ID : C8765134**

Amount of Each Receipt this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**AECOM US Federal PAC**

Mailing Address 3101 WILSON BLVD. SUITE 700

City: ARLINGTON    State: VA    Zip Code: 22201

FEC ID number of contributing federal political committee: **C** C00374447

Name of Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Receipt For: 2014  
 Primary     General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date: \_\_\_\_\_

Date of Receipt: 03 / 14 / 2014

**Transaction ID : C8760807**

Amount of Each Receipt this Period: 1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 101
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**AFSCME**

Mailing Address 1625 L Street NW

City Washington State DC Zip Code 20036-5665

FEC ID number of contributing federal political committee. **C** C00011114

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : C8759104**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
**Air Line Pilots Association International PAC**

Mailing Address 1625 Massachusetts Avenue NW

City Washington State DC Zip Code 20036-2212

FEC ID number of contributing federal political committee. **C** C00035451

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 24 / 2014

**Transaction ID : C8658402**

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
**American Council of Engineering Companies PAC**

Mailing Address 1015 15th Street NW

City Washington State DC Zip Code 20005-2605

FEC ID number of contributing federal political committee. **C** C00010868

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 03 / 2014

**Transaction ID : C8658418**

Amount of Each Receipt this Period  
2500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

6500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 101
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

**A.** Full Name (Last, First, Middle Initial)  
American Physical Therapy Association Physical Therapy Political Action Committee (pt-Pac)

Mailing Address 1111 N Fairfax Street

City: Alexandria State: VA Zip Code: 22314-1484

FEC ID number of contributing federal political committee: **C** C00012880

Name of Employer: Occupation:

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 03 / 17 / 2014

**Transaction ID : C8661490**

Amount of Each Receipt this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial)  
American Trucking Association

Mailing Address 430 1st Street SE

City: Washington State: DC Zip Code: 20003-1826

FEC ID number of contributing federal political committee: **C** C00002881

Name of Employer: Occupation:

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 4500.00

Date of Receipt: 03 / 17 / 2014

**Transaction ID : C8661492**

Amount of Each Receipt this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Appraisal Institute Political Action Committee

Mailing Address 2600 Virginia Avenue NW Suite 123

City: Washington State: DC Zip Code: 20037-1905

FEC ID number of contributing federal political committee: **C** C00144261

Name of Employer: Occupation:

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 03 / 31 / 2014

**Transaction ID : C8779455**

Amount of Each Receipt this Period: 1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 101
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Association of Professional Flight Attendants PAC**

Mailing Address 1004 W Eules Boulevard

City Eules State TX Zip Code 76040-5009

FEC ID number of contributing federal political committee. **C** C00246421

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : C8759905**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Cemex, Inc. Employees Political Action Committee**

Mailing Address 920 Memorial City Way Suite 100

City Houston State TX Zip Code 77024-2649

FEC ID number of contributing federal political committee. **C** C00111880

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 03 / 2014

**Transaction ID : C8658425**

Amount of Each Receipt this Period  
 2500.00

**C.** Full Name (Last, First, Middle Initial)  
**CH2M Hill PAC**

Mailing Address 9191 S Jamaica Street

City Englewood State CO Zip Code 80112-5946

FEC ID number of contributing federal political committee. **C** C00143305

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : C8759138**

Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 101
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Committee On Letter Carriers Political Education (letter Carriers Political Action Fund)**

Mailing Address 100 Indiana Avenue NW

City Washington State DC Zip Code 20001-2144

FEC ID number of contributing federal political committee. **C** C00023580

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : C8762347**

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
**FaegreBD Consulting PAC**

Mailing Address 300 N. MERIDIAN STREET SUITE 2700

City INDIANAPOLIS State IN Zip Code 46204

FEC ID number of contributing federal political committee. **C** C00386904

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : C8765150**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Fluor Corporation PAC**

Mailing Address 403 E Capitol Street SE

City Washington State DC Zip Code 20003-3810

FEC ID number of contributing federal political committee. **C** C00034132

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : C8765148**

Amount of Each Receipt this Period  
2500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

8500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 101
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Humane Society Legislative Fund**

Mailing Address 2100 L Street NW  
Suite 300

City Washington State DC Zip Code 20037-1561

FEC ID number of contributing federal political committee. **C** C90009358

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 24 / 2014

**Transaction ID : C8658409**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**International Union Of Painters And Allied Trades**

Mailing Address 7234 Parkway Drive

City Hanover State MD Zip Code 21076-1307

FEC ID number of contributing federal political committee. **C** C00000885

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 15 / 2014

**Transaction ID : C8617572**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Machinist's Non-Part Pol. League**

Mailing Address Multi Candidate Committee  
9000 Machinist Place

City Upper Marlboro, State MD Zip Code 20772

FEC ID number of contributing federal political committee. **C** C00002469

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 20 / 2014

**Transaction ID : C8658438**

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

7000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 51 OF 101  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**National Air Traffic Controllers Association**

Mailing Address 1325 Massachusetts Avenue NW

City Washington State DC Zip Code 20005-4171

FEC ID number of contributing federal political committee. **C** C00238725

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
8000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 14 / 2014

**Transaction ID : C8746680**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**National Air Traffic Controllers Association**

Mailing Address 1325 Massachusetts Avenue NW

City Washington State DC Zip Code 20005-4171

FEC ID number of contributing federal political committee. **C** C00238725

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
8000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 14 / 2014

**Transaction ID : C8746681**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**National Association Of Broadcasters Political Action Committee (NABPAC)**

Mailing Address 1771 N Street NW

City Washington State DC Zip Code 20036-2800

FEC ID number of contributing federal political committee. **C** C00009985

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 02 / 10 / 2014

**Transaction ID : C8650752**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 101
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**National Business Aviation Association, Inc**

Mailing Address 1200 18th Street NW  
Suite 400

City Washington State DC Zip Code 20036-2527

FEC ID number of contributing federal political committee. **C C00319723**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 03 / 2014

**Transaction ID : C8658417**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**National Stone, Sand & Gravel Association PAC**

Mailing Address 1605 King Street

City Alexandria State VA Zip Code 22314-2726

FEC ID number of contributing federal political committee. **C C00089458**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 03 / 2014

**Transaction ID : C8658424**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Netjets Association Of Shared Aircraft Pilots Pac; Njasap PAC**

Mailing Address 630 Morrison Road  
Suite 110

City Gahanna State OH Zip Code 43230-5318

FEC ID number of contributing federal political committee. **C C00488262**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 15 / 2014

**Transaction ID : C8617573**

Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 101
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Netjets Association Of Shared Aircraft Pilots Pac; Njasap PAC**

Mailing Address 630 Morrison Road  
Suite 110

City Gahanna State OH Zip Code 43230-5318

FEC ID number of contributing federal political committee. **C** C00488262

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 24 / 2014

**Transaction ID : C8658404**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Netjets Association Of Shared Aircraft Pilots Pac; Njasap PAC**

Mailing Address 630 Morrison Road  
Suite 110

City Gahanna State OH Zip Code 43230-5318

FEC ID number of contributing federal political committee. **C** C00488262

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 24 / 2014

**Transaction ID : C8658405**

Amount of Each Receipt this Period  
 2000.00

**C.** Full Name (Last, First, Middle Initial)  
**Oldcastle Materials Inc. PAC**

Mailing Address 101 Constitution Avenue NW

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C** C00346353

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 27 / 2014

**Transaction ID : C8617701**

Amount of Each Receipt this Period  
 1500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 54 OF 101  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

**A. Owner Operator Independent Drivers Assoc PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1101 30th Street NW  
 Suite 300  
 City Washington State DC Zip Code 20007-3770  
 FEC ID number of contributing federal political committee. **C C00236778**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014  
**Transaction ID : C8759908**  
 Amount of Each Receipt this Period  
 1000.00

**B. Parsons Brinckerhoff Inc PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Penn Plaza  
 City New York State NY Zip Code 10119-0002  
 FEC ID number of contributing federal political committee. **C C00287003**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 03 / 2014  
**Transaction ID : C8658420**  
 Amount of Each Receipt this Period  
 1000.00

**C. PGE Employee Bipartisan Committee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 121 SW Salmon Street  
 # 31WTC3  
 City Portland State OR Zip Code 97204-2908  
 FEC ID number of contributing federal political committee. **C C00381020**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014  
**Transaction ID : C8759915**  
 Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional).....  
**TOTAL** This Period (last page this line number only).....

3000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 101
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Railway Supply Institute PAC**

Mailing Address 50 F Street NW  
Suite 7030

City Washington State DC Zip Code 20001-1588

FEC ID number of contributing federal political committee. **C C00261933**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : C8759900**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Realtors Political Action Committee**

Mailing Address 430 N Michigan Avenue

City Chicago State IL Zip Code 60611-4011

FEC ID number of contributing federal political committee. **C C00030718**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : C8759105**

Amount of Each Receipt this Period  
 2000.00

**C.** Full Name (Last, First, Middle Initial)  
**Southwest Airlines Pilots Assn PAC**

Mailing Address 1450 Empire Central Drive  
Suite 737

City Dallas State TX Zip Code 75247-4081

FEC ID number of contributing federal political committee. **C C00360669**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : C8765136**

Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 56 OF 101  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Transportation Trades Dept PAC**

Mailing Address 815 16th Street NW  
Floor 4

City State Zip Code  
Washington DC 20006-4101

FEC ID number of contributing federal political committee. **C C00280909**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000.00**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**02 24 2014**

**Transaction ID : C8746770**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**UAW V CAP United Auto Workers**

Mailing Address 8000 E Jefferson Avenue

City State Zip Code  
Detroit MI 48214-3963

FEC ID number of contributing federal political committee. **C C00002840**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**02 20 2014**

**Transaction ID : C8658393**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**United Food & Commercial Workers Intrntl. Union ABC**

Mailing Address 1775 K Street NW

City State Zip Code  
Washington DC 20006-1502

FEC ID number of contributing federal political committee. **C C00360933**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2500.00**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**03 17 2014**

**Transaction ID : C8746672**

Amount of Each Receipt this Period  
**2500.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**4500.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 101
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Weyerhaeuser Political Action Committee**

Mailing Address 400 N Capitol Street NW  
Suite 490

City Washington State DC Zip Code 20001-6509

FEC ID number of contributing federal political committee. **C** C00007948

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 03 / 2014

**Transaction ID : C8658422**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2500.00

56000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 101
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Enterprise Rent-A-Car**

Mailing Address 810 W 6th Avenue

City Eugene State OR Zip Code 97402-5112

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **772.12**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 09 / 2014

**Transaction ID : C8761614**

Amount of Each Receipt this Period  
 135.03

**B.** Full Name (Last, First, Middle Initial)  
**Westin City Center**

Mailing Address 1400 M St NW

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **506.30**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 18 / 2014

**Transaction ID : C8761619**

Amount of Each Receipt this Period  
 506.30

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

641.33

641.33

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 59 OF 101	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

Full Name (Last, First, Middle Initial) <b>SELCO Credit Union</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 31 / 2014
Mailing Address PO Box 7487		<b>Transaction ID : C8621870</b>
City Eugene	State OR	Zip Code 97401-0487
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 77.01	
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 848.28	

Full Name (Last, First, Middle Initial) <b>SELCO Credit Union</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 28 / 2014
Mailing Address PO Box 7487		<b>Transaction ID : C8660457</b>
City Eugene	State OR	Zip Code 97401-0487
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 69.96	
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 848.28	

Full Name (Last, First, Middle Initial) <b>SELCO Credit Union</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2014
Mailing Address PO Box 7487		<b>Transaction ID : C8761594</b>
City Eugene	State OR	Zip Code 97401-0487
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 81.24	
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 848.28	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	228.21
<b>TOTAL</b> This Period (last page this line number only).....	228.21

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 101			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

Full Name (Last, First, Middle Initial) <b>A. ACTBLUE Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2014
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 9.12 <b>Transaction ID : D593168</b>
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement processing fee expense	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. ACTBLUE Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2014
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 30.86 <b>Transaction ID : D593173</b>
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement processing fee expense	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. ACTBLUE Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2014
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 18.53 <b>Transaction ID : D593174</b>
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement processing fee expense	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	58.53
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 101			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

Full Name (Last, First, Middle Initial) <b>A. ACTBLUE Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2014
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 70.06 <b>Transaction ID : D593175</b>
City Cambridge	State MA	
Purpose of Disbursement processing fee expense		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ACTBLUE Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 23.44 <b>Transaction ID : D605374</b>
City Cambridge	State MA	
Purpose of Disbursement processing fee expense		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ACTBLUE Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 19 / 2014
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 31.31 <b>Transaction ID : D605375</b>
City Cambridge	State MA	
Purpose of Disbursement processing fee expense		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	124.81
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 101			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

Full Name (Last, First, Middle Initial) <b>A. ACTBLUE Technical Services</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2014
Mailing Address PO Box 382110			Amount of Each Disbursement this Period 53.85
City Cambridge	State MA	Zip Code 02238-2110	Transaction ID : <b>D605376</b>
Purpose of Disbursement processing fee expense		001 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. ACTBLUE Technical Services</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address PO Box 382110			Amount of Each Disbursement this Period 18.77
City Cambridge	State MA	Zip Code 02238-2110	Transaction ID : <b>D605377</b>
Purpose of Disbursement processing fee expense		001 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. ACTBLUE Technical Services</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address PO Box 382110			Amount of Each Disbursement this Period 36.81
City Cambridge	State MA	Zip Code 02238-2110	Transaction ID : <b>D608297</b>
Purpose of Disbursement processing fee expense		001 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	109.43
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 101			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

Full Name (Last, First, Middle Initial) <b>A. ACTBLUE Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 33.04 <b>Transaction ID : D608298</b>
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement processing fee expense	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. ACTBLUE Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2014
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 75.05 <b>Transaction ID : D608299</b>
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement processing fee expense	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. ACTBLUE Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2014
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 9.70 <b>Transaction ID : D608300</b>
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement processing fee expense	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	117.79
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 64 OF 101	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

Full Name (Last, First, Middle Initial) <b>A. Albertson's Food Centers</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 1675 W 18th Avenue		Amount of Each Disbursement this Period 264.99 <b>Transaction ID : D608287</b>
City Eugene	State OR Zip Code 97402-3814	
Purpose of Disbursement visibility event expense	Category/Type 007	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Albertson's Food Centers</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2014
Mailing Address 1675 W 18th Avenue		Amount of Each Disbursement this Period 8.52 <b>Transaction ID : D608288</b>
City Eugene	State OR Zip Code 97402-3814	
Purpose of Disbursement fund raising event expense	Category/Type 003	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Assets Consulting Services</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address PO Box 6410		Amount of Each Disbursement this Period 350.00 <b>Transaction ID : D608342</b>
City Falls Church	State VA Zip Code 22040	
Purpose of Disbursement fund raising expense	Category/Type 003	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	623.51
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 101			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

Full Name (Last, First, Middle Initial) <b>A. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 283 Valley River Center		Amount of Each Disbursement this Period 74.81 <b>Transaction ID : D608324</b>
City Eugene	State OR Zip Code 97401-2176	
Purpose of Disbursement cell phone expense	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2014
Mailing Address 283 Valley River Center		Amount of Each Disbursement this Period 76.64 <b>Transaction ID : D605390</b>
City Eugene	State OR Zip Code 97401-2176	
Purpose of Disbursement cell phone expense	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2014
Mailing Address 283 Valley River Center		Amount of Each Disbursement this Period 75.01 <b>Transaction ID : D590096</b>
City Eugene	State OR Zip Code 97401-2176	
Purpose of Disbursement cell phone expense	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	226.46
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 101			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

Full Name (Last, First, Middle Initial) <b>A. Best Buy</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 3300 Gateway Street		Amount of Each Disbursement this Period 514.90 <b>Transaction ID : D608296</b>
City Springfield	State OR	
Purpose of Disbursement computer expense		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Cardinal Services, INC   Workplace Solutions</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address 405 Lincoln Street		Amount of Each Disbursement this Period 39.50 <b>Transaction ID : D608311</b>
City Eugene	State OR	
Purpose of Disbursement professional services expense: bookkeeping		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Cardinal Services, INC   Workplace Solutions</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 405 Lincoln Street		Amount of Each Disbursement this Period 39.50 <b>Transaction ID : D608312</b>
City Eugene	State OR	
Purpose of Disbursement professional services expense: bookkeeping		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	593.90
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 101			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

Full Name (Last, First, Middle Initial) <b>A. Cardinal Services, INC   Workplace Solutions</b>			Date of Disbursement MM / DD / YYYY 02 / 14 / 2014
Mailing Address 405 Lincoln Street			Amount of Each Disbursement this Period 39.50 <b>Transaction ID : D605383</b>
City Eugene	State OR	Zip Code 97401-2516	
Purpose of Disbursement professional services expense: bookkeeping		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>B. Cardinal Services, INC   Workplace Solutions</b>			Date of Disbursement MM / DD / YYYY 02 / 28 / 2014
Mailing Address 405 Lincoln Street			Amount of Each Disbursement this Period 39.50 <b>Transaction ID : D605384</b>
City Eugene	State OR	Zip Code 97401-2516	
Purpose of Disbursement professional services expense: bookkeeping		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>C. Cardinal Services, INC   Workplace Solutions</b>			Date of Disbursement MM / DD / YYYY 01 / 15 / 2014
Mailing Address 405 Lincoln Street			Amount of Each Disbursement this Period 39.50 <b>Transaction ID : D599096</b>
City Eugene	State OR	Zip Code 97401-2516	
Purpose of Disbursement professional services expense: bookkeeping		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	118.50
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 101			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

Full Name (Last, First, Middle Initial) <b>A. Cardinal Services, INC   Workplace Solutions</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 405 Lincoln Street		Amount of Each Disbursement this Period 82.50 <b>Transaction ID : D599104</b>
City Eugene	State OR Zip Code 97401-2516	
Purpose of Disbursement professional services expense: bookkeeping		Category/Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Adrienne M Colaizzi</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 2433 Portland Street		Amount of Each Disbursement this Period 572.36 <b>Transaction ID : D595333</b>
City Eugene	State OR Zip Code 97405-3124	
Purpose of Disbursement payroll: Jan 14		Category/Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Adrienne M Colaizzi</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014
Mailing Address 2433 Portland Street		Amount of Each Disbursement this Period 584.48 <b>Transaction ID : D595425</b>
City Eugene	State OR Zip Code 97405-3124	
Purpose of Disbursement payroll: Jan 14		Category/Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1239.34
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 101			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

Full Name (Last, First, Middle Initial) <b>A. Adrienne M Colaizzi</b>		Date of Disbursement MM / DD / YYYY 02 / 14 / 2014
Mailing Address 2433 Portland Street		Amount of Each Disbursement this Period 487.63 <b>Transaction ID : D605396</b>
City Eugene	State OR Zip Code 97405-3124	
Purpose of Disbursement payroll: Feb '14	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Adrienne M Colaizzi</b>		Date of Disbursement MM / DD / YYYY 02 / 28 / 2014
Mailing Address 2433 Portland Street		Amount of Each Disbursement this Period 523.95 <b>Transaction ID : D605397</b>
City Eugene	State OR Zip Code 97405-3124	
Purpose of Disbursement payroll: Feb 14	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Adrienne M Colaizzi</b>		Date of Disbursement MM / DD / YYYY 03 / 14 / 2014
Mailing Address 2433 Portland Street		Amount of Each Disbursement this Period 487.61 <b>Transaction ID : D608337</b>
City Eugene	State OR Zip Code 97405-3124	
Purpose of Disbursement payroll: March '14	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1499.19
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 101			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

Full Name (Last, First, Middle Initial) <b>A. Adrienne M Colaizzi</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 2433 Portland Street			Amount of Each Disbursement this Period 657.14	
City Eugene	State OR	Zip Code 97405-3124	Transaction ID : <b>D608338</b>	
Purpose of Disbursement payroll: March 14		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) <b>B. Comcast</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2014	
Mailing Address PO Box 34744			Amount of Each Disbursement this Period 242.35	
City Seattle	State WA	Zip Code 98124-1744	Transaction ID : <b>D605373</b>	
Purpose of Disbursement telecommunications expense		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) <b>c. Comcast</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014	
Mailing Address PO Box 34744			Amount of Each Disbursement this Period 242.35	
City Seattle	State WA	Zip Code 98124-1744	Transaction ID : <b>D608294</b>	
Purpose of Disbursement telecommunications expense		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1141.84
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 101			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

Full Name (Last, First, Middle Initial) <b>A. Comcast</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014
Mailing Address PO Box 34744		Amount of Each Disbursement this Period 354.46 <b>Transaction ID : D593517</b>
City Seattle	State WA	
Zip Code 98124-1744	Purpose of Disbursement telecommunications expense	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Complete Campaigns.com, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014
Mailing Address (A division of Aristotle Int.) 205 Pennsylvania Ave., SE		Amount of Each Disbursement this Period 345.00 <b>Transaction ID : D599162</b>
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement computer expense	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Complete Campaigns.com, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address (A division of Aristotle Int.) 205 Pennsylvania Ave., SE		Amount of Each Disbursement this Period 345.00 <b>Transaction ID : D599385</b>
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement computer expense	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1044.46
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 101			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

Full Name (Last, First, Middle Initial) <b>A. Complete Campaigns.com, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014	
Mailing Address (A division of Aristotle Int.) 205 Pennsylvania Ave., SE			Amount of Each Disbursement this Period 345.00	
City Washington	State DC	Zip Code 20003	Transaction ID : <b>D608328</b>	
Purpose of Disbursement computer expense		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) <b>B. Enterprise Rent-A-Car</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014	
Mailing Address 810 W 6th Avenue			Amount of Each Disbursement this Period 250.00	
City Eugene	State OR	Zip Code 97402-5112	Transaction ID : <b>D608314</b>	
Purpose of Disbursement campaign staff travel expense		Category/ Type 002		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) <b>c. Enterprise Rent-A-Car</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014	
Mailing Address 810 W 6th Avenue			Amount of Each Disbursement this Period 200.00	
City Eugene	State OR	Zip Code 97402-5112	Transaction ID : <b>D608315</b>	
Purpose of Disbursement campaign staff travel expense		Category/ Type 002		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	795.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 101			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

Full Name (Last, First, Middle Initial) <b>A. Enterprise Rent-A-Car</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address 810 W 6th Avenue		Amount of Each Disbursement this Period 115.22 <b>Transaction ID : D608316</b>
City Eugene	State OR Zip Code 97402-5112	
Purpose of Disbursement campaign staff travel expense	Category/Type 002	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. EWEB</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address 500 E 4th Avenue		Amount of Each Disbursement this Period 97.20 <b>Transaction ID : D608308</b>
City Eugene	State OR Zip Code 97401-2465	
Purpose of Disbursement water and electric expense	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. EWEB</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2014
Mailing Address 500 E 4th Avenue		Amount of Each Disbursement this Period 138.41 <b>Transaction ID : D605378</b>
City Eugene	State OR Zip Code 97401-2465	
Purpose of Disbursement water and electric expense	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	350.83
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 101			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

Full Name (Last, First, Middle Initial) <b>A. EWEB</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2014
Mailing Address 500 E 4th Avenue		Amount of Each Disbursement this Period 114.72 <b>Transaction ID : D592756</b>
City Eugene	State OR Zip Code 97401-2465	
Purpose of Disbursement water and electric expense	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Carly Gabrielson</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 1511 Elkay Drive		Amount of Each Disbursement this Period 1318.85 <b>Transaction ID : D600204</b>
City Eugene	State OR Zip Code 97404	
Purpose of Disbursement payroll: Jan 14	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Carly Gabrielson</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014
Mailing Address 1511 Elkay Drive		Amount of Each Disbursement this Period 1144.60 <b>Transaction ID : D600209</b>
City Eugene	State OR Zip Code 97404	
Purpose of Disbursement payroll: Jan 14	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2578.17
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 101			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

Full Name (Last, First, Middle Initial) <b>A. Carly Gabrielson</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2014
Mailing Address 1511 Elkay Drive		Amount of Each Disbursement this Period 25.25 <b>Transaction ID : D600210</b>
City Eugene	State OR Zip Code 97404	
Purpose of Disbursement mileage reimbursement	Category/Type 002	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Carly Gabrielson</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2014
Mailing Address 1511 Elkay Drive		Amount of Each Disbursement this Period 35.05 <b>Transaction ID : D600211</b>
City Eugene	State OR Zip Code 97404	
Purpose of Disbursement mileage reimbursement	Category/Type 002	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Carly Gabrielson</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2014
Mailing Address 1511 Elkay Drive		Amount of Each Disbursement this Period 1318.85 <b>Transaction ID : D605394</b>
City Eugene	State OR Zip Code 97404	
Purpose of Disbursement payroll: Feb '14	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1379.15
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 101			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

Full Name (Last, First, Middle Initial) <b>A. Carly Gabrielson</b>		Date of Disbursement MM / DD / YYYY 02 / 28 / 2014
Mailing Address 1511 Elkay Drive		Amount of Each Disbursement this Period 1318.86 <b>Transaction ID : D605395</b>
City Eugene	State OR Zip Code 97404	
Purpose of Disbursement payroll: Feb 14	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Carly Gabrielson</b>		Date of Disbursement MM / DD / YYYY 03 / 10 / 2014
Mailing Address 1511 Elkay Drive		Amount of Each Disbursement this Period 135.68 <b>Transaction ID : D608331</b>
City Eugene	State OR Zip Code 97404	
Purpose of Disbursement mileage reimbursement expense	Category/Type 002	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Carly Gabrielson</b>		Date of Disbursement MM / DD / YYYY 03 / 14 / 2014
Mailing Address 1511 Elkay Drive		Amount of Each Disbursement this Period 1318.85 <b>Transaction ID : D608332</b>
City Eugene	State OR Zip Code 97404	
Purpose of Disbursement payroll: March '14	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2773.39
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 101			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

Full Name (Last, First, Middle Initial) <b>A. Carly Gabrielson</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2014	
Mailing Address 1511 Elkay Drive			Amount of Each Disbursement this Period 93.43	
City Eugene	State OR	Zip Code 97404	Transaction ID : D608333	
Purpose of Disbursement campaign staff travel expense		Category/ Type 002		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Carly Gabrielson</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2014	
Mailing Address 1511 Elkay Drive			Amount of Each Disbursement this Period 14.00	
City Eugene	State OR	Zip Code 97404	Transaction ID : D608334	
Purpose of Disbursement campaign staff travel expense		Category/ Type 002		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Carly Gabrielson</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2014	
Mailing Address 1511 Elkay Drive			Amount of Each Disbursement this Period 24.55	
City Eugene	State OR	Zip Code 97404	Transaction ID : D608335	
Purpose of Disbursement reimb: visibility event expense		Category/ Type 007		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	131.98
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 101			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

Full Name (Last, First, Middle Initial) <b>A. Carly Gabrielson</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 1511 Elkay Drive		Amount of Each Disbursement this Period 1318.86 <b>Transaction ID : D608336</b>
City Eugene	State OR Zip Code 97404	
Purpose of Disbursement payroll: March 14	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. GoDaddy.Com, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2014
Mailing Address 14455 N Hayden Road Suite 219		Amount of Each Disbursement this Period 17.33 <b>Transaction ID : D589868</b>
City Scottsdale	State AZ Zip Code 85260-6993	
Purpose of Disbursement computer expense	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Haute Catering by Ridgewells</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2014
Mailing Address PO Box 77896		Amount of Each Disbursement this Period 52.52 <b>Transaction ID : D589030</b>
City Washington	State DC Zip Code 20013-8896	
Purpose of Disbursement fund raising event expense	Category/Type 003	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1388.71
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 101			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

Full Name (Last, First, Middle Initial) <b>A. Hop Valley Brewery</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2014
Mailing Address 990 W 1st Ave		Amount of Each Disbursement this Period 576.25 <b>Transaction ID : D608345</b>
City Eugene	State OR Zip Code 97402	
Purpose of Disbursement fund raising event expense	Category/Type 003	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Integra</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2014
Mailing Address PO Box 2966		Amount of Each Disbursement this Period 161.87 <b>Transaction ID : D594346</b>
City Milwaukee	State WI Zip Code 53201-2966	
Purpose of Disbursement telecommunications expense	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Internal Revenue Service</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address Department of the Treasury		Amount of Each Disbursement this Period 661.98 <b>Transaction ID : D599125</b>
City Ogden	State UT Zip Code 84201	
Purpose of Disbursement payroll tax expense	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1400.10
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 101			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

Full Name (Last, First, Middle Initial) <b>A. Internal Revenue Service</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014
Mailing Address Department of the Treasury		Amount of Each Disbursement this Period 590.10 <b>Transaction ID : D599081</b>
City Ogden	State UT	
Zip Code 84201	Purpose of Disbursement payroll tax expense	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Internal Revenue Service</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2014
Mailing Address Department of the Treasury		Amount of Each Disbursement this Period 624.32 <b>Transaction ID : D605386</b>
City Ogden	State UT	
Zip Code 84201	Purpose of Disbursement payroll tax expense	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Internal Revenue Service</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2014
Mailing Address Department of the Treasury		Amount of Each Disbursement this Period 82.62 <b>Transaction ID : D605387</b>
City Ogden	State UT	
Zip Code 84201	Purpose of Disbursement tax expense	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1297.04
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 101			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

Full Name (Last, First, Middle Initial) <b>A. Internal Revenue Service</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 28 / 2014</b>
Mailing Address Department of the Treasury		Amount of Each Disbursement this Period <b>640.45</b>
City Ogden	State UT	Zip Code 84201
Purpose of Disbursement payroll tax expense	Category/ Type <b>001</b>	
Candidate Name	Transaction ID : <b>D605388</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Internal Revenue Service</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 14 / 2014</b>
Mailing Address Department of the Treasury		Amount of Each Disbursement this Period <b>615.36</b>
City Ogden	State UT	Zip Code 84201
Purpose of Disbursement payroll tax expense	Category/ Type <b>001</b>	
Candidate Name	Transaction ID : <b>D608320</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Internal Revenue Service</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 31 / 2014</b>
Mailing Address Department of the Treasury		Amount of Each Disbursement this Period <b>689.08</b>
City Ogden	State UT	Zip Code 84201
Purpose of Disbursement payroll tax expense	Category/ Type <b>001</b>	
Candidate Name	Transaction ID : <b>D608321</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1944.89</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 101			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

Full Name (Last, First, Middle Initial) <b>A. Jon Christopher Meyers Photography</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2014
Mailing Address 385 W 2nd Avenue			Amount of Each Disbursement this Period 509.65 <b>Transaction ID : D598656</b>
City Eugene	State OR	Zip Code 97401-2522	
Purpose of Disbursement visibility photos		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Mandate Media</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2014
Mailing Address 1801 NE Multnomah Street			Amount of Each Disbursement this Period 1033.43 <b>Transaction ID : D598767</b>
City Portland	State OR	Zip Code 97232-2113	
Purpose of Disbursement web service expense		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>c. Mandate Media</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2014
Mailing Address 1801 NE Multnomah Street			Amount of Each Disbursement this Period 1118.27 <b>Transaction ID : D598409</b>
City Portland	State OR	Zip Code 97232-2113	
Purpose of Disbursement web service expense		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2661.35
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 101			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mandate Media</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2014
Mailing Address 1801 NE Multnomah Street		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : D598410</b>
City Portland	State OR	
Zip Code 97232-2113	Purpose of Disbursement ad placement	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Mandate Media</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 1801 NE Multnomah Street		Amount of Each Disbursement this Period 950.00 <b>Transaction ID : D608319</b>
City Portland	State OR	
Zip Code 97232-2113	Purpose of Disbursement web service expense	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Maple Investments</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 975 Oak Street Suite 1050		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : D608317</b>
City Eugene	State OR	
Zip Code 97401-3124	Purpose of Disbursement office rent expense	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3750.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 101			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

Full Name (Last, First, Middle Initial) <b>A. Maple Investments</b>		Date of Disbursement MM / DD / YYYY 02 / 03 / 2014
Mailing Address 975 Oak Street Suite 1050		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : D595264</b>
City Eugene	State OR Zip Code 97401-3124	
Purpose of Disbursement office rent expense	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Maple Investments</b>		Date of Disbursement MM / DD / YYYY 01 / 02 / 2014
Mailing Address 975 Oak Street Suite 1050		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : D595267</b>
City Eugene	State OR Zip Code 97401-3124	
Purpose of Disbursement office rent expense	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Menus by Occasions Caterers</b>		Date of Disbursement MM / DD / YYYY 02 / 20 / 2014
Mailing Address 655 Taylor Street, Ne		Amount of Each Disbursement this Period 251.39 <b>Transaction ID : D605398</b>
City Washington	State DC Zip Code 20017	
Purpose of Disbursement fund raising event expense	Category/Type 003	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	851.39
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 101			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

**A. Menus by Occasions Caterers**

Full Name (Last, First, Middle Initial)  
Mailing Address 655 Taylor Street, Ne

City Washington State DC Zip Code 20017

Purpose of Disbursement fund raising event expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement: 03 / 06 / 2014

Amount of Each Disbursement this Period: 278.45

Transaction ID : D608339

Category/Type: 003

**B. National Democratic Club**

Full Name (Last, First, Middle Initial)  
Mailing Address 30 Ivy Street SE

City Washington State DC Zip Code 20003-4006

Purpose of Disbursement dues expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement: 03 / 17 / 2014

Amount of Each Disbursement this Period: 10.00

Transaction ID : D608293

Category/Type: 003

**c. National Democratic Club**

Full Name (Last, First, Middle Initial)  
Mailing Address 30 Ivy Street SE

City Washington State DC Zip Code 20003-4006

Purpose of Disbursement annual dues

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement: 02 / 20 / 2014

Amount of Each Disbursement this Period: 480.00

Transaction ID : D605371

Category/Type: 003

**SUBTOTAL** of Disbursements This Page (optional)..... 768.45

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 86 OF 101	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

Full Name (Last, First, Middle Initial) <b>A. National Democratic Club</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2014
Mailing Address 30 Ivy Street SE		Amount of Each Disbursement this Period 38.13 <b>Transaction ID : D605372</b>
City Washington State DC Zip Code 20003-4006	Purpose of Disbursement food expense Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. NGP VAN, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2014
Mailing Address 1101 15th Street, NW Suite 500		Amount of Each Disbursement this Period 550.00 <b>Transaction ID : D605399</b>
City Washington State DC Zip Code 20005	Purpose of Disbursement computer expense Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. NGP VAN, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2014
Mailing Address 1101 15th Street, NW Suite 500		Amount of Each Disbursement this Period 550.00 <b>Transaction ID : D608340</b>
City Washington State DC Zip Code 20005	Purpose of Disbursement computer expense Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1138.13
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 101			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

Full Name (Last, First, Middle Initial) <b>A. NGP VAN, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 1101 15th Street, NW Suite 500		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : D608341</b>
City Washington	State DC Zip Code 20005	
Purpose of Disbursement computer expense	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Office Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 2175 West 11th		Amount of Each Disbursement this Period 13.67 <b>Transaction ID : D608325</b>
City Eugene	State OR Zip Code 97402	
Purpose of Disbursement fund raising event expense	Category/Type 003	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Office Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2014
Mailing Address 2175 West 11th		Amount of Each Disbursement this Period 37.28 <b>Transaction ID : D605391</b>
City Eugene	State OR Zip Code 97402	
Purpose of Disbursement office supplies expense	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	550.95
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 101		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

Full Name (Last, First, Middle Initial) <b>A. Office Depot</b>		Date of Disbursement
Mailing Address 2175 West 11th		M M / D D / Y Y Y Y 02 / 03 / 2014
City Eugene	State OR	Zip Code 97402
Purpose of Disbursement computer expense	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 179.99	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Transaction ID : D593814	

Full Name (Last, First, Middle Initial) <b>B. Office Depot</b>		Date of Disbursement
Mailing Address 2175 West 11th		M M / D D / Y Y Y Y 01 / 21 / 2014
City Eugene	State OR	Zip Code 97402
Purpose of Disbursement office supplies expense	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 44.97	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Transaction ID : D593815	

Full Name (Last, First, Middle Initial) <b>c. Office Depot</b>		Date of Disbursement
Mailing Address 2175 West 11th		M M / D D / Y Y Y Y 01 / 22 / 2014
City Eugene	State OR	Zip Code 97402
Purpose of Disbursement office supplies expense	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 6.78	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Transaction ID : D593816	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	231.74
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 101			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

Full Name (Last, First, Middle Initial) <b>A. Office Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2014
Mailing Address 2175 West 11th		Amount of Each Disbursement this Period 209.77 <b>Transaction ID : D593821</b>
City Eugene	State OR Zip Code 97402	
Purpose of Disbursement office supplies expense	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Oregon Department of Revenue</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014
Mailing Address PO Box 14800		Amount of Each Disbursement this Period 211.14 <b>Transaction ID : D594678</b>
City Salem	State OR Zip Code 97309-0920	
Purpose of Disbursement state payroll tax expense	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Oregon Department of Revenue</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address PO Box 14800		Amount of Each Disbursement this Period 234.72 <b>Transaction ID : D594681</b>
City Salem	State OR Zip Code 97309-0920	
Purpose of Disbursement state payroll tax expense	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	655.63
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 101			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

Full Name (Last, First, Middle Initial) <b>A. Oregon Department of Revenue</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2014
Mailing Address PO Box 14800		Amount of Each Disbursement this Period 222.12
City Salem	State OR	
Zip Code 97309-0920	Purpose of Disbursement state payroll tax expense	<b>Transaction ID : D605379</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Oregon Department of Revenue</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2014
Mailing Address PO Box 14800		Amount of Each Disbursement this Period 36.35
City Salem	State OR	
Zip Code 97309-0920	Purpose of Disbursement state tax expense	<b>Transaction ID : D605380</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Oregon Department of Revenue</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address PO Box 14800		Amount of Each Disbursement this Period 227.51
City Salem	State OR	
Zip Code 97309-0920	Purpose of Disbursement state payroll tax expense	<b>Transaction ID : D605381</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	485.98
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 101			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

Full Name (Last, First, Middle Initial) <b>A. Oregon Department of Revenue</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 14 / 2014</b>
Mailing Address <b>PO Box 14800</b>		Amount of Each Disbursement this Period <b>222.12</b>
City <b>Salem</b> State <b>OR</b> Zip Code <b>97309-0920</b>	Purpose of Disbursement state payroll tax expens <b>001</b> Category/ Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:	Transaction ID : <b>D608309</b>	

Full Name (Last, First, Middle Initial) <b>B. Oregon Department of Revenue</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 31 / 2014</b>
Mailing Address <b>PO Box 14800</b>		Amount of Each Disbursement this Period <b>247.30</b>
City <b>Salem</b> State <b>OR</b> Zip Code <b>97309-0920</b>	Purpose of Disbursement state payroll tax expense <b>001</b> Category/ Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:	Transaction ID : <b>D608310</b>	

Full Name (Last, First, Middle Initial) <b>c. Postal Stop</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 24 / 2014</b>
Mailing Address <b>3003 W 11th Avenue</b>		Amount of Each Disbursement this Period <b>33.72</b>
City <b>Eugene</b> State <b>OR</b> Zip Code <b>97402-6643</b>	Purpose of Disbursement shipping expense <b>001</b> Category/ Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:	Transaction ID : <b>D608305</b>	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>503.14</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 92 OF 101	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

Full Name (Last, First, Middle Initial) <b>A. Pride Printing Company</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address PO Box 457		Amount of Each Disbursement this Period 459.00 <b>Transaction ID : D608326</b>
City Albany State OR Zip Code 97321-0133	Purpose of Disbursement fund raising printing expense Candidate Name Category/Type 003	
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Pride Printing Company</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address PO Box 457		Amount of Each Disbursement this Period 954.00 <b>Transaction ID : D608327</b>
City Albany State OR Zip Code 97321-0133	Purpose of Disbursement fund raising printing expense Candidate Name Category/Type 003	
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Pride Printing Company</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2014
Mailing Address PO Box 457		Amount of Each Disbursement this Period 992.00 <b>Transaction ID : D597827</b>
City Albany State OR Zip Code 97321-0133	Purpose of Disbursement visibility printing expense Candidate Name Category/Type 001	
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2405.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 101			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

Full Name (Last, First, Middle Initial) <b>A. Regence BlueCross BlueShield</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 15 / 2014
Mailing Address PO Box 35022		Amount of Each Disbursement this Period 898.00 <b>Transaction ID : D605385</b>
City Seattle	State WA	
Purpose of Disbursement health insurance expense		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Regence BlueCross BlueShield</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2014
Mailing Address PO Box 35022		Amount of Each Disbursement this Period 898.00 <b>Transaction ID : D595197</b>
City Seattle	State WA	
Purpose of Disbursement health insurance expense		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Regence BlueCross BlueShield</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2014
Mailing Address PO Box 35022		Amount of Each Disbursement this Period 898.00 <b>Transaction ID : D608318</b>
City Seattle	State WA	
Purpose of Disbursement health insurance expense		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2694.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 101			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

Full Name (Last, First, Middle Initial) <b>A. Register Guard</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 3500 Chad Drive		Amount of Each Disbursement this Period 216.00 <b>Transaction ID : D592568</b>
City Eugene	State OR Zip Code 97408-7348	
Purpose of Disbursement annual subscription	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Sanipac</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2014
Mailing Address 1480 Glenwood Blvd		Amount of Each Disbursement this Period 40.90 <b>Transaction ID : D592902</b>
City Springfield	State OR Zip Code 97477	
Purpose of Disbursement garbage and recycling expense	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Sanipac</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2014
Mailing Address 1480 Glenwood Blvd		Amount of Each Disbursement this Period 40.90 <b>Transaction ID : D592913</b>
City Springfield	State OR Zip Code 97477	
Purpose of Disbursement garbage and recycling expense	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	297.80
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 101			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

Full Name (Last, First, Middle Initial) <b>A. Sanipac</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014
Mailing Address 1480 Glenwood Blvd		Amount of Each Disbursement this Period 40.90 <b>Transaction ID : D608292</b>
City Springfield	State OR	
Purpose of Disbursement garbage and recycling expense		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. Secretary of State</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address Elections Division Rm. 141 State Capitol Bldg.		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : D608289</b>
City Salem	State OR	
Purpose of Disbursement election years fee		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>c. Secretary of State</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address Elections Division Rm. 141 State Capitol Bldg.		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : D608290</b>
City Salem	State OR	
Purpose of Disbursement voters pamphlet fee expense		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2640.90
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 101			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

Full Name (Last, First, Middle Initial) <b>A. Stor It All</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address 550 E 8th Avenue		Amount of Each Disbursement this Period 170.00 <b>Transaction ID : D608291</b>
City Eugene	State OR Zip Code 97401-3344	
Purpose of Disbursement storage rent expense	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Stor It All</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2014
Mailing Address 550 E 8th Avenue		Amount of Each Disbursement this Period 170.00 <b>Transaction ID : D592454</b>
City Eugene	State OR Zip Code 97401-3344	
Purpose of Disbursement storage rent expense	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Stor It All</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address 550 E 8th Avenue		Amount of Each Disbursement this Period 170.00 <b>Transaction ID : D592026</b>
City Eugene	State OR Zip Code 97401-3344	
Purpose of Disbursement storage rent expense	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	510.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 101			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

Full Name (Last, First, Middle Initial) <b>A. Sunday Properties, LLC</b>		Date of Disbursement MM / DD / YYYY 02 / 03 / 2014
Mailing Address 625 Country Club Road		Amount of Each Disbursement this Period 50.00 <b>Transaction ID : D592066</b>
City Eugene	State OR Zip Code 97401-6007	
Purpose of Disbursement storage rent expense	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Sunday Properties, LLC</b>		Date of Disbursement MM / DD / YYYY 01 / 02 / 2014
Mailing Address 625 Country Club Road		Amount of Each Disbursement this Period 50.00 <b>Transaction ID : D592068</b>
City Eugene	State OR Zip Code 97401-6007	
Purpose of Disbursement storage rent expense	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Sunday Properties, LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 03 / 2014
Mailing Address 625 Country Club Road		Amount of Each Disbursement this Period 50.00 <b>Transaction ID : D608329</b>
City Eugene	State OR Zip Code 97401-6007	
Purpose of Disbursement storage rent expense	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 101			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

Full Name (Last, First, Middle Initial) <b>A. The Frost Group</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address 3701 Porter Street NW		Amount of Each Disbursement this Period 5000.00 <b>Transaction ID : D608330</b>
City Washington State DC Zip Code 20016-3103	Purpose of Disbursement professional services expense: fund raising Candidate Name Category/Type 003	
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. The Frost Group</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 24 / 2014
Mailing Address 3701 Porter Street NW		Amount of Each Disbursement this Period 5097.44 <b>Transaction ID : D597645</b>
City Washington State DC Zip Code 20016-3103	Purpose of Disbursement fund raising expense Candidate Name Category/Type 003	
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. The Frost Group</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2014
Mailing Address 3701 Porter Street NW		Amount of Each Disbursement this Period 5059.36 <b>Transaction ID : D597646</b>
City Washington State DC Zip Code 20016-3103	Purpose of Disbursement fund raising expense Candidate Name Category/Type 003	
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	15156.80
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 101			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

Full Name (Last, First, Middle Initial) <b>A. Total Wine and More</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 26 / 2014</b>
Mailing Address <b>6240 Little River Turnpike</b>		Amount of Each Disbursement this Period <b>280.93</b> <b>Transaction ID : D608302</b>
City <b>Alexandria</b> State <b>VA</b> Zip Code <b>22312-1714</b>	Purpose of Disbursement fund raising event expense <b>003</b> Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Total Wine and More</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 27 / 2014</b>
Mailing Address <b>6240 Little River Turnpike</b>		Amount of Each Disbursement this Period <b>280.96</b> <b>Transaction ID : D608303</b>
City <b>Alexandria</b> State <b>VA</b> Zip Code <b>22312-1714</b>	Purpose of Disbursement fund raising event expense <b>003</b> Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Twenty First Century Group. Inc</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 13 / 2014</b>
Mailing Address <b>434 New Jersey Avenue SE</b>		Amount of Each Disbursement this Period <b>825.00</b> <b>Transaction ID : D592341</b>
City <b>Washington</b> State <b>DC</b> Zip Code <b>20003-4008</b>	Purpose of Disbursement fund raising event expense <b>003</b> Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1386.89</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 100 OF 101	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

Full Name (Last, First, Middle Initial) <b>A. US Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2014
Mailing Address 760 A Street		Amount of Each Disbursement this Period 196.00 <b>Transaction ID : D596825</b>
City Springfield	State OR	
Zip Code 97477-0822	Purpose of Disbursement fund raising postage expense	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. US Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2014
Mailing Address 760 A Street		Amount of Each Disbursement this Period 1.61 <b>Transaction ID : D605392</b>
City Springfield	State OR	
Zip Code 97477-0822	Purpose of Disbursement fund raising postage expense	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. US Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 760 A Street		Amount of Each Disbursement this Period 441.00 <b>Transaction ID : D605393</b>
City Springfield	State OR	
Zip Code 97477-0822	Purpose of Disbursement fund raising postage expense	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	638.61
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 101			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**DeFazio for Congress**

Full Name (Last, First, Middle Initial) <b>A. Westin City Center</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address 1400 M St NW		Amount of Each Disbursement this Period 1069.94 <b>Transaction ID : D608348</b>
City Washington State DC Zip Code 20005	Purpose of Disbursement fund raising event expense 003 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Peter A. DeFazio</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2014
Mailing Address PO Box 1316		Amount of Each Disbursement this Period 1150.00 <b>Transaction ID : D605389</b> <b>[MEMO ITEM]</b>
City Springfield State OR Zip Code 97477-0152	Purpose of Disbursement reimbursement for visibility event 007 Category/Type	
Candidate Name Peter A. DeFazio	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OR District:		

Full Name (Last, First, Middle Initial) <b>c. Hyatt Regency Chesapeake</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 15 / 2014
Mailing Address 100 Heron Blvd. at Route 50		Amount of Each Disbursement this Period 1150.00 <b>Transaction ID : D608286</b>
City Cambridge State MD Zip Code 21613	Purpose of Disbursement reimb: visibility event expense 007 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2219.94
<b>TOTAL</b> This Period (last page this line number only).....	60633.70