

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**  
**Oregon Victory Fund**

ADDRESS (number and street) **232 NE 9th Avenue**  
Check if different than previously reported. (ACC) **Portland OR 97232**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C C00567206** 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

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)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Zamore, Judith, , ,  
Type or Print Name of Treasurer

Signature of Treasurer *Zamore, Judith, , ,* [Electronically Filed] Date  /  /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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Page 2

Write or Type Committee Name

Oregon Victory Fund

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="600.00"/>	<input type="text" value="600.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="600.00"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="63400.00"/>	<input type="text" value="166500.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="64000.00"/>	<input type="text" value="167100.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="63200.00"/>	<input type="text" value="166300.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="800.00"/>	<input type="text" value="800.00"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**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

Write or Type Committee Name

**Oregon Victory Fund**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	58400.00	159500.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	58400.00	159500.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	7000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	63400.00	166500.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	63400.00	166500.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	63400.00	166500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	1137.75	3385.90
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1137.75	3385.90
22. Transfers to Affiliated/Other Party Committees.....	54762.25	155214.10
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	7300.00	7700.00
(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 28(a), (b), and (c)).....	7300.00	7700.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	63200.00	166300.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	63200.00	166300.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	63400.00	166500.00
34. Total Contribution Refunds (from Line 28(d)) .....	7300.00	7700.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	56100.00	158800.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	1137.75	3385.90
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1137.75	3385.90

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 18
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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)  
**Oregon Victory Fund**

**A. ActBlue**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 366 Summer Street

City Somerville	State MA	Zip Code 02144
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
65700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2016

**Transaction ID : SA11AI.4243**

Amount of Each Receipt this Period  
10000.00

Memo Item  
Total earmarked through conduit; PAC limit not affected

**B. ActBlue**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 366 Summer Street

City Somerville	State MA	Zip Code 02144
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
68700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	21	/	2016

**Transaction ID : SA11AI.4237**

Amount of Each Receipt this Period  
3000.00

Memo Item  
Total earmarked through conduit; PAC limit not affected

**C. ActBlue**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 366 Summer Street

City Somerville	State MA	Zip Code 02144
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
70700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2016

**Transaction ID : SA11AI.4253**

Amount of Each Receipt this Period  
2000.00

Memo Item  
Total earmarked through conduit; PAC limit not affected

<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 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 18
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Oregon Victory Fund**

**A. ActBlue**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 366 Summer Street

City Somerville	State MA	Zip Code 02144
--------------------	-------------	-------------------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
81200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2016

**Transaction ID : SA11AI.4245**

Amount of Each Receipt this Period  
10500.00

Memo Item  
Total earmarked through conduit; PAC limit not affected

**B. ActBlue**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 366 Summer Street

City Somerville	State MA	Zip Code 02144
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
84200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2016

**Transaction ID : SA11AI.4261**

Amount of Each Receipt this Period  
3000.00

Memo Item  
Total earmarked through conduit; PAC limit not affected

**C. Dodge, Linne', , ,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 1036

City Hood River	State OR	Zip Code 97031
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hood River Distillers, Inc.	Occupation (for Individual) Executive Assistant
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2016

**Transaction ID : SA11AI.4231**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 18
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Oregon Victory Fund**

**A. Dodge, Ronald, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 1036  
 City Hood River State OR Zip Code 97031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hood River Distillers Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 01 / 2016  
**Transaction ID : SA11AI.4264**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Ellis, Mat, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10121 NE 103rd Street  
 City Vancouver State WA Zip Code 98662  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cloudability Inc. Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 17 / 2016  
**Transaction ID : SA11AI.4240**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Fuiten, Heidi, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9240 NW Groveland Road  
 City Hillsboro State OR Zip Code 97124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) City of North Plains Occupation (for Individual) Librarian  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 19 / 2016  
**Transaction ID : SA11AI.4220**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 18
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Oregon Victory Fund**

**A. Fuiten, JD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9240 NW Groveland Road  
 City Hillsboro State OR Zip Code 97124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Metro West Ambulance Occupation (for Individual) Business Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 19 / 2016  
**Transaction ID : SA11AI.4218**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**B. Henderson, Rocky, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12480 SE Wiese Road  
 City Damascus State OR Zip Code 97089  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) None Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 08 / 19 / 2016  
**Transaction ID : SA11AI.4238**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

**C. Hertrich, G. Adolph, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 505  
 City Sandy State OR Zip Code 97055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) None Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 08 / 31 / 2016  
**Transaction ID : SA11AI.4225**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	9500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 18
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Oregon Victory Fund**

**A. McCarthy, Stephen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1646 NW 32nd Avenue  
 City Portland State OR Zip Code 97210  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) None Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : SA11AI.4214**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

**B. Mullen, Donald, , , Jr.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 40 West 57th Street 15th Floor  
 City New York State NY Zip Code 10019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pretium Partners LLC Occupation (for Individual) CEO/CIO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 09 / 29 / 2016  
**Transaction ID : SA11AI.4212**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item

**C. Petruzelli, Dolores, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9980 SW Riverwood Lane  
 City Tigard State OR Zip Code 97224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) None Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 07 / 29 / 2016  
**Transaction ID : SA11AI.4235**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	17500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 18
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Oregon Victory Fund**

**A. Petruzelli, Stephen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9980 SW Riverwood Lane  
 City Tigard State OR Zip Code 97224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) None Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 07 / 29 / 2016  
**Transaction ID : SA11AI.4233**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**B. Pritzker, Jay, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 111 S. Wacker Drive Suite 4010  
 City Chicago State IL Zip Code 60606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pritzker Group Occupation (for Individual) Managing Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 07 / 06 / 2016  
**Transaction ID : SA11AI.4228**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item

**C. Richman, Brooke, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 340 Pemberwick Road  
 City Greenwich State CT Zip Code 06831  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Coop & Spree Occupation (for Individual) Owner  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5400.00

Date of Receipt 08 / 05 / 2016  
**Transaction ID : SA11AI.4251**  
 Amount of Each Receipt this Period 5400.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	20400.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 18
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Oregon Victory Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Schneider, Paul, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 27 / 2016
Mailing Address 30 NW 23rd Place		<b>Transaction ID : SA11AI.4259</b>
City Portland	State OR	Zip Code 97210
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 3000.00
Name of Employer (for Individual) Twist	Occupation (for Individual) Retail	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Shulevitz, Jim, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 23 / 2016
Mailing Address 2008 NE Siskiyou Street		<b>Transaction ID : SA11AI.4216</b>
City Portland	State OR	Zip Code 97212
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer (for Individual) Indoor Billboard	Occupation (for Individual) President	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Swindells, Charles, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 19 / 2016
Mailing Address 500 NW Hilltop Road		<b>Transaction ID : SA11AI.4257</b>
City Portland	State OR	Zip Code 97210
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer (for Individual) None	Occupation (for Individual) Retired	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	58400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 18
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Oregon Victory Fund**

**A. AMERICA WORKS PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO BOX 15293

City WASHINGTON	State DC	Zip Code 20003
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00331694

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08		30		2016

**Transaction ID : SA11C.4210**

Amount of Each Receipt this Period  
5000.00

Memo Item

**B.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

**C.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5000.00
<b>TOTAL</b> This Period (last page this line number only).....	5000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Oregon Victory Fund**

Full Name (Last, First, Middle Initial)

**A. ActBlue**

Mailing Address 366 Summer Street

City Somerville State MA Zip Code 02144

Purpose of Disbursement  
Credit Card Processing Fees

003

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 10 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.4244  
Amount of Each Disbursement this Period  
395.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. ActBlue**

Mailing Address 366 Summer Street

City Somerville State MA Zip Code 02144

Purpose of Disbursement  
Credit Card Processing Fees

003

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 21 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.4242  
Amount of Each Disbursement this Period  
118.50

Memo Item

Full Name (Last, First, Middle Initial)

**C. ActBlue**

Mailing Address 366 Summer Street

City Somerville State MA Zip Code 02144

Purpose of Disbursement  
Credit Card Processing Fees

003

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 31 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.4254  
Amount of Each Disbursement this Period  
79.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

592.50

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Oregon Victory Fund**

Full Name (Last, First, Middle Initial)

**A. ActBlue**

Mailing Address 366 Summer Street

City Somerville State MA Zip Code 02144

Purpose of Disbursement  
Credit Card Processing Fees

003

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2016

FEC Identification Number

C

Transaction ID : SB21B.4246

Amount of Each Disbursement this Period

414.75

Memo Item

Full Name (Last, First, Middle Initial)

**B. ActBlue**

Mailing Address 366 Summer Street

City Somerville State MA Zip Code 02144

Purpose of Disbursement  
Credit Card Processing Fees

003

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2016

FEC Identification Number

C

Transaction ID : SB21B.4262

Amount of Each Disbursement this Period

118.50

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

533.25

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

1125.75

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Oregon Victory Fund**

Full Name (Last, First, Middle Initial) <b>A. DEMOCRATIC PARTY OF OREGON</b>			Date of Disbursement MM / DD / YYYY 09 / 08 / 2016	
Mailing Address 232 NE 9TH AVE.				
City PORTLAND	State OR	Zip Code 97232	FEC Identification Number C00188367 <b>Transaction ID : SB22.4247</b> Amount of Each Disbursement this Period 11000.00	
Purpose of Disbursement Transfer		Category/Type 008	<input type="checkbox"/> Memo Item	
Candidate Name <b>DEMOCRATIC PARTY OF OREGON</b>				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: _____ District: _____				
Full Name (Last, First, Middle Initial) <b>B. DEMOCRATIC PARTY OF OREGON</b>			Date of Disbursement MM / DD / YYYY 09 / 20 / 2016	
Mailing Address 232 NE 9TH AVE.				
City PORTLAND	State OR	Zip Code 97232	FEC Identification Number C00188367 <b>Transaction ID : SB22.4248</b> Amount of Each Disbursement this Period 2700.00	
Purpose of Disbursement Transfer		Category/Type 008	<input type="checkbox"/> Memo Item	
Candidate Name <b>DEMOCRATIC PARTY OF OREGON</b>				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: _____ District: _____				
Full Name (Last, First, Middle Initial) <b>C. DEMOCRATIC PARTY OF OREGON</b>			Date of Disbursement MM / DD / YYYY 09 / 30 / 2016	
Mailing Address 232 NE 9TH AVE.				
City PORTLAND	State OR	Zip Code 97232	FEC Identification Number C00188367 <b>Transaction ID : SB22.4256</b> Amount of Each Disbursement this Period 19036.78	
Purpose of Disbursement Transfer		Category/Type 008	<input type="checkbox"/> Memo Item	
Candidate Name <b>DEMOCRATIC PARTY OF OREGON</b>				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: _____ District: _____				
<b>SUBTOTAL</b> of Disbursements This Page (optional).....			32736.78	
<b>TOTAL</b> This Period (last page this line number only).....				



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Oregon Victory Fund**

Full Name (Last, First, Middle Initial)

**A. DEMOCRATIC PARTY OF OREGON**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		30		2016

Mailing Address 232 NE 9TH AVE.

FEC Identification Number

**C** C00188367

**Transaction ID : SB22.4263**

Amount of Each Disbursement this Period

2881.50

Memo Item

City PORTLAND State OR Zip Code 97232

Purpose of Disbursement  
Transfer

**008**  
Category/  
Type

Candidate Name

**DEMOCRATIC PARTY OF OREGON**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. WYDEN FOR SENATE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		30		2016

Mailing Address 232 NE 9TH AVENUE

FEC Identification Number

**C** S6OR00110

**Transaction ID : SB22.4255**

Amount of Each Disbursement this Period

19143.97

Memo Item

City PORTLAND State OR Zip Code 97232

Purpose of Disbursement  
Transfer

**008**  
Category/  
Type

Candidate Name

**WYDEN, RONALD L, , ,**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: OR District: 00

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y

Mailing Address

FEC Identification Number

**C**

Amount of Each Disbursement this Period

Memo Item

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

22025.47

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

54762.25

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Oregon Victory Fund**

**A. Pritzker, Jay, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 111 S. Wacker Drive  
Suite 4010

City Chicago State IL Zip Code 60606

Purpose of Disbursement Refund

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement 07 / 06 / 2016

FEC Identification Number C

Transaction ID : SB28A.4230

Amount of Each Disbursement this Period 7300.00

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

FEC Identification Number C

Amount of Each Disbursement this Period

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

FEC Identification Number C

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	7300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	7300.00