

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

SECRETARY OF THE SENATE 08 OCT 20 PM 3:16

Office Use Only

1. NAME OF COMMITTEE (in full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

[Empty box for mailing label]

Wyden for Senate

ADDRESS (number and street)

PO Box 3498

Check if different than previously reported. (ACC)

Check if different than previously reported. (ACC)

Portland

OR

97208

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

STATE DISTRICT

C00308676

3. IS THIS REPORT

X

NEW (N)

OR

AMENDED (A)

OR

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

X

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

[Date boxes]

in the State of

[State box]

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

General (30G)

Runoff (30R)

Special (30S)

Election on

[Date boxes]

in the State of

[State box]

5. Covering Period

07

01

2008

through

09

30

2008

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

Louis Savage

Signature of Treasurer

[Handwritten signature of Louis Savage]

Date

10

13

2008

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)

28020601744

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Wyden for Senate

Report Covering the Period:

From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	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)).....	39623.44	673133.33
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	2340.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	39623.44	670793.33
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	77706.29	1142803.41
(b) Total Offsets to Operating Expenditures (from Line 14).....	52.20	6964.91
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	77654.09	1135838.50
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1233021.30	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY 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)

Page 3

Write or Type Committee Name
Wyden for Senate

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees	7500.00	516176.14
(i) Itemized (use Schedule A).....	123.44	8957.19
(ii) Unitemized.....	7623.44	525133.33
(iii) TOTAL of contributions from individuals..... ▶	0.00	0.00
(b) Political Party Committees.....	32000.00	148000.00
(c) Other Political Committees (such as PACS).....	0.00	0.00
(d) The Candidate.....	39623.44	673133.33
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	282168.09
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
13. LOANS		
(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
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	52.20	6964.91
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	4559.52	181469.49
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	44235.16	1143735.82

28020601746

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	77706.29	1142803.41
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	8800.00
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	1440.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	900.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	2340.00
21. OTHER DISBURSEMENTS.....	0.00	1167970.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) >	77706.29	2321913.41

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1266492.43
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	44235.16
25. SUBTOTAL (add Line 23 and Line 24).....	1310727.59
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	77706.29
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1233021.30

28020601747

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

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

FOR LINE NUMBER: PAGE 5 / 88

(check only one)

11a 11b 11c 11d
 12 13a 13b 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)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

John Cogan

Mailing Address 975 Memorial Drive
802

City State Zip Code
Cambridge MA 02138

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Pioneer Group

Occupation
Chairman

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

09 / 12 / 2008

Transaction ID: SA11AI.23640

Amount of Each Receipt this Period

1500.00

Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Robert Dow

Mailing Address 90 Hudson Street

City State Zip Code
Jersey City NJ 07302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lord Abbett & Co.

Occupation
Executive

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

09 / 30 / 2008

Transaction ID: SA11AI.23685

Amount of Each Receipt this Period

2000.00

Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Dania Foster

Mailing Address 62 West 62nd Street

City State Zip Code
New York NY 10023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lord Abbett & Co.

Occupation
Executive

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

09 / 30 / 2008

Transaction ID: SA11AI.23687

Amount of Each Receipt this Period

2000.00

Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

28020601748

**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 / 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A.

Full Name (Last, First, Middle Initial) Brent Harris	Date of Receipt MM / DD / YYYY 08 / 05 / 2008
Mailing Address 840 Newport Center Drive	Transaction ID: SA11AI.23818
City State Zip Code Newport Beach CA 92660	Amount of Each Receipt this Period 1500.00
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Pimco CEO	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00

B.

Full Name (Last, First, Middle Initial) Sharon Ringley	Date of Receipt MM / DD / YYYY 09 / 29 / 2008
Mailing Address 9002 Ewing Drive	Transaction ID: SA11AI.23666
City State Zip Code Bethesda MD 20817	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Ringley Potter Group Lobbyist	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00

SUBTOTAL of Receipts This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	7500.00

28020501749

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 88

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A.

Full Name (Last, First, Middle Initial)
AMAZON CORPORATE LLC SEPARATE SEGREGATED FUND (AMAZON.COM PAC)
Mailing Address 126 C STREET, NW

City State Zip Code
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C** C00360354

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

MM / DD / YYYY
09 / 30 / 2008

Transaction ID: SA11C.23689

Amount of Each Receipt this Period

2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
American Chiropractic Association PAC
Mailing Address 1701 Clarendon Blvd.

City State Zip Code
Arlington VA 22209

FEC ID number of contributing federal political committee. **C** C00102764

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt

MM / DD / YYYY
09 / 30 / 2008

Transaction ID: SA11C.23684

Amount of Each Receipt this Period

1500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
AMERIPRISE FINANCIAL, INC. POLITICAL ACTION COMMITTEE (AMERIPRISE PAC)
Mailing Address 101 Constitution Avenue N.W.
Suite 816 West

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00414474

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

MM / DD / YYYY
09 / 16 / 2008

Transaction ID: SA11C.23638

Amount of Each Receipt this Period

1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶

4500.00

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

28020601750

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

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

FOR LINE NUMBER: PAGE 8 / 88

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A. Full Name (Last, First, Middle Initial)
CWA-Cope Political Contributions Committee
Mailing Address 501 3rd Street NW

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00002089

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
09 / 12 / 2008

Transaction ID: SA11C.23642

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Deloitte & Touche PAC
Mailing Address 1001 Penn Ave NW
Suite 350N

City State Zip Code
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00211318

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
MM / DD / YYYY
09 / 09 / 2008

Transaction ID: SA11C.23655

Amount of Each Receipt this Period
3000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
FMR LLC POLITICAL ACTION COMMITTEE (FIDELITY PAC)
Mailing Address 82 Devonshire Street

City State Zip Code
Boston MA 02109

FEC ID number of contributing federal political committee. **C** C00215046

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
09 / 26 / 2008

Transaction ID: SA11C.23662

Amount of Each Receipt this Period
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 6000.00

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

28020601751

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 88

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)
GROOM LAW GROUP CHARTERED POLITICAL ACTION COMMITTEE
Mailing Address 1701 Pennsylvania Avenue NW

City State Zip Code
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00394775

Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y Y Y
09 / 12 / 2008

Transaction ID: SA11C.23643

Amount of Each Receipt this Period
1500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
INVITROGEN CORPORATION EMPLOYEES POLITICAL ACTION COMMITTEE
Mailing Address 601 13th Street NW
Suite #580 South

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00404442

Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y Y Y
09 / 30 / 2008

Transaction ID: SA11C.23678

Amount of Each Receipt this Period
2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
JOHN HANCOCK FINANCIAL SERVICES INC FEDERAL POLITICAL ACTION COMMITTEE
Mailing Address 601 Congress St
FL 13

City State Zip Code
Boston MA 02210

FEC ID number of contributing federal political committee. **C** C00137265

Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y Y Y
09 / 26 / 2008

Transaction ID: SA11C.23659

Amount of Each Receipt this Period
1500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 5500.00

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

28020601752

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

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

FOR LINE NUMBER: PAGE 10 / 88

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A.

Full Name (Last, First, Middle Initial)
LINCOLN NATIONAL CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 1300 South Clinton Street
PO BOX 7813

City State Zip Code
Fort Wayne IN 46802

FEC ID number of contributing federal political committee. **C** C00110577

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
09 / 26 / 2008

Transaction ID: SA11C.23661

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
MASSACHUSETTS FINANCIAL SERVICES COMPANY POLITICAL ACTION COMMITTEE (MFS PAC)

Mailing Address 500 BOYLSTON STREET

City State Zip Code
BOSTON MA 02116

FEC ID number of contributing federal political committee. **C** C00229534

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
09 / 12 / 2008

Transaction ID: SA11C.23645

Amount of Each Receipt this Period
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Massachusetts Mutual Life PAC

Mailing Address 1295 State Street

City State Zip Code
Springfield MA 01111

FEC ID number of contributing federal political committee. **C** C00118943

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7000.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2008

Transaction ID: SA11C.23683

Amount of Each Receipt this Period
4000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 7000.00

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

28020601753

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

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

FOR LINE NUMBER: PAGE 11 / 88

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A.

Full Name (Last, First, Middle Initial)
OPPENHEIMERFUNDS INC. POLITICAL ACTION COMMITTEE

Mailing Address 1295 State Street

City State Zip Code
Springfield MA 01111

FEC ID number of contributing federal political committee. **C** C00367920

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2008

Transaction ID: SA11C.23680

Amount of Each Receipt this Period
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
OPPENHEIMERFUNDS INC. POLITICAL ACTION COMMITTEE

Mailing Address 1295 State Street

City State Zip Code
Springfield MA 01111

FEC ID number of contributing federal political committee. **C** C00367920

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2008

Transaction ID: SA11C.23682

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
PITNEY BOWES INC. POLITICAL ACTION COMMITTEE

Mailing Address 1 Elmcroft Road, MSC 6423
MSC 6423

City State Zip Code
Stamford CT 06926

FEC ID number of contributing federal political committee. **C** C00339499

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 09 / 2008

Transaction ID: SA11C.23653

Amount of Each Receipt this Period
1500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

28020601754

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

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

FOR LINE NUMBER: PAGE 12 / 88
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A.

Full Name (Last, First, Middle Initial)
Pricewaterhousecoopers PAC

Mailing Address 1900 K St. NW
Suite 900

City State Zip Code
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00107235

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt
 09 / 16 / 2008

Transaction ID: SA11C.23637

Amount of Each Receipt this Period
 1500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
U.S. BANCORP POLITICAL PARTICIPATION PROGRAM

Mailing Address 800 Nicollet Mall BC-MN-H210

City State Zip Code
Minneapolis MN 55402

FEC ID number of contributing federal political committee. **C** C00018036

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 09 / 26 / 2008

Transaction ID: SA11C.23658

Amount of Each Receipt this Period
 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
VANGUARD GROUP COMMITTEE FOR RESPONSIBLE GOVERNMENT (VANGUARD COMMITTEE FOR RESPONSIBLE GOVERNMENT)

Mailing Address 400 Devon Park Drive

City State Zip Code
Wayne PA 19087

FEC ID number of contributing federal political committee. **C** C00410266

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 09 / 26 / 2008

Transaction ID: SA11C.23656

Amount of Each Receipt this Period
 2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) 4500.00

TOTAL This Period (last page this line number only) 32000.00

28020601755

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

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

FOR LINE NUMBER: PAGE 13 / 88
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A.

Full Name (Last, First, Middle Initial)
Bank of America

Mailing Address 900 West Trade Street

City State Zip Code
Charlotte NC 28255

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
177844.60

Date of Receipt
MM / DD / YYYY
07 / 30 / 2008

Transaction ID: SA15.23795

Amount of Each Receipt this Period
1521.45

Dividend
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Bank of America

Mailing Address PO Box 25118

City State Zip Code
Tampa FL 33622

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
445.89

Date of Receipt
MM / DD / YYYY
07 / 31 / 2008

Transaction ID: SA15.23389

Amount of Each Receipt this Period
8.91

Interest
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Bank of America

Mailing Address 900 West Trade Street

City State Zip Code
Charlotte NC 28255

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
179278.03

Date of Receipt
MM / DD / YYYY
08 / 28 / 2008

Transaction ID: SA15.23392

Amount of Each Receipt this Period
1433.43

Dividend
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 2963.79

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

28020501756

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

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

FOR LINE NUMBER: PAGE 14 / 88
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A. Full Name (Last, First, Middle Initial)
Bank of America
Mailing Address PO Box 25118

City State Zip Code
Tampa FL 33622

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
454.80

Date of Receipt
 08 29 2008
 Transaction ID: SA15.23391
 Amount of Each Receipt this Period
 8.91

Interest
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Bank of America
Mailing Address 900 West Trade Street

City State Zip Code
Charlotte NC 28255

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
180856.23

Date of Receipt
 09 29 2008
 Transaction ID: SA15.23794
 Amount of Each Receipt this Period
 1578.20

Dividend
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Bank of America
Mailing Address PO Box 25118

City State Zip Code
Tampa FL 33622

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
463.42

Date of Receipt
 09 30 2008
 Transaction ID: SA15.23793
 Amount of Each Receipt this Period
 8.62

Interest
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **1595.73**

TOTAL This Period (last page this line number only) ▶ **4559.52**

28020601757

**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)

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A.

Full Name (Last, First, Middle Initial)
ADP

Mailing Address 4099 SE International Way
Suite #220

City Milwaukee State OR Zip Code 97220

Purpose of Disbursement
Payroll Taxes 001
Candidate Name Category/Type

Office Sought: House Senate President
Disbursement For: 2010 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.23820
Date of Disbursement 07 / 09 / 2008

Amount of Each Disbursement this Period
17.04

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
ADP

Mailing Address 4099 SE International Way
Suite #220

City Milwaukee State OR Zip Code 97220

Purpose of Disbursement
Payroll Taxes 001
Candidate Name Category/Type

Office Sought: House Senate President
Disbursement For: 2010 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.23634
Date of Disbursement 07 / 15 / 2008

Amount of Each Disbursement this Period
628.06

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
ADP

Mailing Address 4099 SE International Way
Suite #220

City Milwaukee State OR Zip Code 97220

Purpose of Disbursement
Payroll Processing Fees 001
Candidate Name Category/Type

Office Sought: House Senate President
Disbursement For: 2010 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.23635
Date of Disbursement 07 / 15 / 2008

Amount of Each Disbursement this Period
69.65

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 714.75

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

28020601758

**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)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A. Full Name (Last, First, Middle Initial)
ADP

Mailing Address 4099 SE International Way Suite #220

City Milwaukie State OR Zip Code 97220

Purpose of Disbursement Payroll Processing Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.23614
Date of Disbursement 07 / 23 / 2008

Amount of Each Disbursement this Period 6.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

001 Category/Type

B. Full Name (Last, First, Middle Initial)
ADP

Mailing Address 4099 SE International Way Suite #220

City Milwaukie State OR Zip Code 97220

Purpose of Disbursement Payroll Taxes

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.23618
Date of Disbursement 07 / 31 / 2008

Amount of Each Disbursement this Period 628.06

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

001 Category/Type

C. Full Name (Last, First, Middle Initial)
ADP

Mailing Address 4099 SE International Way Suite #220

City Milwaukie State OR Zip Code 97220

Purpose of Disbursement Payroll Processing Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.23619
Date of Disbursement 07 / 31 / 2008

Amount of Each Disbursement this Period 62.65

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

001 Category/Type

SUBTOTAL of Disbursements This Page (optional) 696.71

TOTAL This Period (last page this line number only)

28020601759

**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 17 / 88

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A.

Full Name (Last, First, Middle Initial)
ADP

Mailing Address 4099 SE International Way
Suite #220

City Milwaukie State OR Zip Code 97220

Purpose of Disbursement Payroll Processing Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.23821
Date of Disbursement 08 / 13 / 2008

Amount of Each Disbursement this Period 6.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

001
Category/Type

B.

Full Name (Last, First, Middle Initial)
ADP

Mailing Address 4099 SE International Way
Suite #220

City Milwaukie State OR Zip Code 97220

Purpose of Disbursement Payroll Taxes

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.23624
Date of Disbursement 08 / 15 / 2008

Amount of Each Disbursement this Period 628.06

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

001
Category/Type

C.

Full Name (Last, First, Middle Initial)
ADP

Mailing Address 4099 SE International Way
Suite #220

City Milwaukie State OR Zip Code 97220

Purpose of Disbursement Payroll Processing Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.23625
Date of Disbursement 08 / 15 / 2008

Amount of Each Disbursement this Period 62.65

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

001
Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶ 696.71

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

28020601760

**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 18 / 88

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A.

Full Name (Last, First, Middle Initial)
ADP

Mailing Address 4099 SE International Way
Suite #220

City Milwaukie State OR Zip Code 97220

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.23629
Date of Disbursement
08 / 29 / 2008

Amount of Each Disbursement this Period
628.06

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

001
Category/
Type

B.

Full Name (Last, First, Middle Initial)
ADP

Mailing Address 4099 SE International Way
Suite #220

City Milwaukie State OR Zip Code 97220

Purpose of Disbursement
Payroll Processing Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.23630
Date of Disbursement
08 / 29 / 2008

Amount of Each Disbursement this Period
62.65

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

001
Category/
Type

C.

Full Name (Last, First, Middle Initial)
ADP

Mailing Address 4099 SE International Way
Suite #220

City Milwaukie State OR Zip Code 97220

Purpose of Disbursement
Payroll Processing Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.23613
Date of Disbursement
09 / 03 / 2008

Amount of Each Disbursement this Period
6.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

001
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 696.71

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

28020601761

**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 19 / 88

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A.

Full Name (Last, First, Middle Initial)
ADP

Mailing Address 4099 SE International Way
Suite #220

City Milwaukee State OR Zip Code 97220

Purpose of Disbursement
Payroll Taxes 001
Candidate Name Category/Type

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB17.23671
Date of Disbursement
MM / DD / YYYY
09 / 15 / 2008

Amount of Each Disbursement this Period
628.06

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
ADP

Mailing Address 4099 SE International Way
Suite #220

City Milwaukee State OR Zip Code 97220

Purpose of Disbursement
Payroll Processing Fees 001
Candidate Name Category/Type

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB17.23672
Date of Disbursement
MM / DD / YYYY
09 / 15 / 2008

Amount of Each Disbursement this Period
62.65

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
ADP

Mailing Address 4099 SE International Way
Suite #220

City Milwaukee State OR Zip Code 97220

Purpose of Disbursement
Payroll Taxes 001
Candidate Name Category/Type

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB17.23676
Date of Disbursement
MM / DD / YYYY
09 / 30 / 2008

Amount of Each Disbursement this Period
628.06

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 1318.77

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

28020601762

**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 20 / 88
	<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)
Wyden for Senate

A.	Full Name (Last, First, Middle Initial) ADP	Transaction ID: SB17.23677 Date of Disbursement
	Mailing Address 4099 SE International Way Suite #220	<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City Milwaukie State OR Zip Code 97220	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Processing Fees	<input type="text" value="62.65"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) AT&T Mobility	Transaction ID: SB17.23393 Date of Disbursement
	Mailing Address P.O. Box 68056	<input type="text" value="07"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City Anaheim Hills State CA Zip Code 92817-8056	Amount of Each Disbursement this Period
	Purpose of Disbursement Telephone Service	<input type="text" value="69.70"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) AT&T Mobility	Transaction ID: SB17.23394 Date of Disbursement
	Mailing Address P.O. Box 68056	<input type="text" value="07"/> / <input type="text" value="18"/> / <input type="text" value="2008"/>
	City Anaheim Hills State CA Zip Code 92817-8056	Amount of Each Disbursement this Period
	Purpose of Disbursement Telephone Service	<input type="text" value="102.64"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="234.99"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

28020601763

**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 21 / 88

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 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A. Full Name (Last, First, Middle Initial) AT&T Mobility		Transaction ID: SB17.23395 Date of Disbursement MM / DD / YYYY 07 / 21 / 2008	
Mailing Address P.O. Box 68056		Amount of Each Disbursement this Period 74.44	
City Anaheim Hills State CA Zip Code 92817-8056	Purpose of Disbursement Telephone Service Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) AT&T Mobility		Transaction ID: SB17.23396 Date of Disbursement MM / DD / YYYY 09 / 02 / 2008	
Mailing Address P.O. Box 68056		Amount of Each Disbursement this Period 66.86	
City Anaheim Hills State CA Zip Code 92817-8056	Purpose of Disbursement Telephone Service Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) AT&T Mobility		Transaction ID: SB17.23397 Date of Disbursement MM / DD / YYYY 09 / 02 / 2008	
Mailing Address P.O. Box 68056		Amount of Each Disbursement this Period 102.64	
City Anaheim Hills State CA Zip Code 92817-8056	Purpose of Disbursement Telephone Service Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	243.94
TOTAL This Period (last page this line number only) ▶	[]

28020601764

**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)

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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A.

Full Name (Last, First, Middle Initial)
Auth.net

Mailing Address 10800 NE 8th Street
Suite 600

City Bellevue State WA Zip Code 98004

Purpose of Disbursement
Credit Card Transaction Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.23813
Date of Disbursement
08 / 01 / 2008

Amount of Each Disbursement this Period
20.80

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

001
Category/
Type

B.

Full Name (Last, First, Middle Initial)
Auth.net

Mailing Address 10800 NE 8th Street
Suite 600

City Bellevue State WA Zip Code 98004

Purpose of Disbursement
Credit Card Transaction Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.23814
Date of Disbursement
09 / 03 / 2008

Amount of Each Disbursement this Period
20.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

001
Category/
Type

C.

Full Name (Last, First, Middle Initial)
Bank of America

Mailing Address PO Box 25118

City Tampa State FL Zip Code 33622

Purpose of Disbursement
Credit Card Payment

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.23399
Date of Disbursement
07 / 01 / 2008

Amount of Each Disbursement this Period
7060.34

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

002
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 7101.14

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

28020601766

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A.

Full Name (Last, First, Middle Initial)
Bank of America

Mailing Address PO Box 25118

City Tampa State FL Zip Code 33622

Purpose of Disbursement
Credit Card Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.23399.0
Date of Disbursement
07 / 01 / 2008

Amount of Each Disbursement this Period
49.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

001
Category/
Type

B.

Full Name (Last, First, Middle Initial)
Bank of America

Mailing Address PO Box 25118

City Tampa State FL Zip Code 33622

Purpose of Disbursement
Credit Card Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.23399.1
Date of Disbursement
07 / 01 / 2008

Amount of Each Disbursement this Period
65.55

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

001
Category/
Type

C.

Full Name (Last, First, Middle Initial)
Fred Meyer

Mailing Address 3800 SE 22nd

City Portland State OR Zip Code 97202

Purpose of Disbursement
Office Supplies

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.23399.2
Date of Disbursement
07 / 01 / 2008

Amount of Each Disbursement this Period
9.59

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

001
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

28020601767

**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)

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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A.

Full Name (Last, First, Middle Initial)
Verizon

Mailing Address PO Box 1915

City Beltsville State MD Zip Code 20705

Purpose of Disbursement Telephone Service

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.23399.3
Date of Disbursement
07 / 01 / 2008

Amount of Each Disbursement this Period
297.16

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

001
Category/Type

B.

Full Name (Last, First, Middle Initial)
Office Depot

Mailing Address 1901 L Street NW

City Washington State DC Zip Code 20036

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.23399.4
Date of Disbursement
07 / 01 / 2008

Amount of Each Disbursement this Period
199.99

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

001
Category/Type

C.

Full Name (Last, First, Middle Initial)
Portland Mac Store

Mailing Address 700 NE Multnomah St. #190

City Portland State OR Zip Code 97232

Purpose of Disbursement Computer Equipment

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.23399.7
Date of Disbursement
07 / 01 / 2008

Amount of Each Disbursement this Period
69.95

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

001
Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

28020601768

**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 26 / 88
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19a <input type="checkbox"/> 19b <input type="checkbox"/> 20a <input type="checkbox"/> 20b <input type="checkbox"/> 20c <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A. Ringside	Full Name (Last, First, Middle Initial)	Transaction ID: SB17.23399.8
	Mailing Address 2165 West Burnside	Date of Disbursement 07 / 01 / 2008
City Portland	State OR	Zip Code 97210
Purpose of Disbursement Meeting Expenses	001 Category/ Type	Amount of Each Disbursement this Period 332.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
State: District:		

B. Office Depot	Full Name (Last, First, Middle Initial)	Transaction ID: SB17.23399.9
	Mailing Address 1901 L Street NW	Date of Disbursement 07 / 01 / 2008
City Washington	State DC	Zip Code 20036
Purpose of Disbursement Office Supplies	001 Category/ Type	Amount of Each Disbursement this Period 17.98
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
State: District:		

C. Senators Dining Room	Full Name (Last, First, Middle Initial)	Transaction ID: SB17.23399.10
	Mailing Address S-120 Capitol	Date of Disbursement 07 / 01 / 2008
City Washington	State DC	Zip Code 20510
Purpose of Disbursement Meeting Expenses	001 Category/ Type	Amount of Each Disbursement this Period 40.50
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

28020501769

**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)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

<p>A. Full Name (Last, First, Middle Initial) Senators Dining Room</p>		<p>Transaction ID: SB17.23399.11 Date of Disbursement</p>	
<p>Mailing Address S-120 Capitol</p>		<p><input type="text" value="07"/> <input type="text" value="01"/> <input type="text" value="2008"/></p>	
<p>City Washington</p>	<p>State DC</p>	<p>Zip Code 20510</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Meeting Expenses</p>		<p><input type="text" value="001"/> Category/ Type</p>	<p><input type="text" value="63.50"/></p>
<p>Candidate Name</p>		<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>State: District:</p>	<p>[MEMO ITEM]</p>		

<p>B. Full Name (Last, First, Middle Initial) Washington National Airport</p>		<p>Transaction ID: SB17.23399.13 Date of Disbursement</p>	
<p>Mailing Address 1 Aviation Circle</p>		<p><input type="text" value="07"/> <input type="text" value="01"/> <input type="text" value="2008"/></p>	
<p>City Washington</p>	<p>State DC</p>	<p>Zip Code 20001</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Travel Expenses</p>		<p><input type="text" value="002"/> Category/ Type</p>	<p><input type="text" value="32.43"/></p>
<p>Candidate Name</p>		<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>State: District:</p>	<p>[MEMO ITEM]</p>		

<p>C. Full Name (Last, First, Middle Initial) Senators Dining Room</p>		<p>Transaction ID: SB17.23399.15 Date of Disbursement</p>	
<p>Mailing Address S-120 Capitol</p>		<p><input type="text" value="07"/> <input type="text" value="01"/> <input type="text" value="2008"/></p>	
<p>City Washington</p>	<p>State DC</p>	<p>Zip Code 20510</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Meeting Expenses</p>		<p><input type="text" value="001"/> Category/ Type</p>	<p><input type="text" value="40.50"/></p>
<p>Candidate Name</p>		<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>State: District:</p>	<p>[MEMO ITEM]</p>		

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="0.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text" value=""/></p>

28020601770

**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)

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 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A.

Full Name (Last, First, Middle Initial)
Washington National Airport

Mailing Address 1 Aviation Circle

City Washington State DC Zip Code 20001

Purpose of Disbursement
Travel Expenses

002

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB17.23399.16
Date of Disbursement

07 / 01 / 2008

Amount of Each Disbursement this Period

22.23

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Senators Dining Room

Mailing Address S-120 Capitol

City Washington State DC Zip Code 20510

Purpose of Disbursement
Meeting Expenses

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB17.23399.19
Date of Disbursement

07 / 01 / 2008

Amount of Each Disbursement this Period

39.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Paradies Portland

Mailing Address 7000 NE Airport Way
Room B1416

City Portland State OR Zip Code 97218

Purpose of Disbursement
Travel Expenses

002

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB17.23399.20
Date of Disbursement

07 / 01 / 2008

Amount of Each Disbursement this Period

15.20

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

28020601771

**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 29 / 88	
	<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)
Wyden for Senate

A.	Full Name (Last, First, Middle Initial) Hudson News 300 OR	Transaction ID: SB17.23399.22 Date of Disbursement 07 / 01 / 2008
	Mailing Address 7000 NE Airport Way	Amount of Each Disbursement this Period 8.42
	City Portland State OR Zip Code 97218	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Travel Expenses Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	002 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Paradies Portland	Transaction ID: SB17.23399.23 Date of Disbursement 07 / 01 / 2008
	Mailing Address 7000 NE Airport Way Room B1416	Amount of Each Disbursement this Period 17.72
	City Portland State OR Zip Code 97218	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Travel Expenses Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	002 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Comcast Cable Comm.	Transaction ID: SB17.23399.27 Date of Disbursement 07 / 01 / 2008
	Mailing Address 9605 SW Nimbus Ave	Amount of Each Disbursement this Period 120.90
	City Beaverton State OR Zip Code 97008-7198	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Internet Service Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	001 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

2802060172

**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)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A.	Full Name (Last, First, Middle Initial) Bluehour	Transaction ID: SB17.23399.29
	Mailing Address 250 NW 13th Ave	Date of Disbursement 07 / 01 / 2008
	City Portland State OR Zip Code 97209	Amount of Each Disbursement this Period 4149.00
	Purpose of Disbursement Catering Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> [MEMO ITEM]
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	Category/Type: 003	

B.	Full Name (Last, First, Middle Initial) Starbucks	Transaction ID: SB17.23399.32
	Mailing Address PO Box 3717	Date of Disbursement 07 / 01 / 2008
	City Seattle State WA Zip Code 98124	Amount of Each Disbursement this Period 10.85
	Purpose of Disbursement Meeting Expenses Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> [MEMO ITEM]
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	Category/Type: 001	

C.	Full Name (Last, First, Middle Initial) Amazon.com	Transaction ID: SB17.23399.35
	Mailing Address PO Box 81226	Date of Disbursement 07 / 01 / 2008
	City Seattle State WA Zip Code 80217	Amount of Each Disbursement this Period 364.96
	Purpose of Disbursement Computer Equipment Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> [MEMO ITEM]
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	Category/Type: 001	

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

28020601773

**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)

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A. Full Name (Last, First, Middle Initial)
AT&T Worldnet

Mailing Address PO Box 15158

City Asheville State NC Zip Code 28813

Purpose of Disbursement Internet Service
Candidate Name

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.23399.36
Date of Disbursement 07 / 01 / 2008

Amount of Each Disbursement this Period 19.95

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

001
Category/Type

B. Full Name (Last, First, Middle Initial)
IMDb

Mailing Address P.O. Box 81226

City Seattle State WA Zip Code 98108

Purpose of Disbursement Internet Service
Candidate Name

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.23399.37
Date of Disbursement 07 / 01 / 2008

Amount of Each Disbursement this Period 12.95

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

001
Category/Type

C. Full Name (Last, First, Middle Initial)
Senators Dining Room

Mailing Address S-120 Capitol

City Washington State DC Zip Code 20510

Purpose of Disbursement Meeting Expenses
Candidate Name

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.23399.38
Date of Disbursement 07 / 01 / 2008

Amount of Each Disbursement this Period 56.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

001
Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

28020601774

**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 32 / 88
	<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)
Wyden for Senate

A.	Full Name (Last, First, Middle Initial) USPS	Transaction ID: SB17.23399.39 Date of Disbursement
	Mailing Address 815 NW Hoyt	<input type="text" value="07"/> <input type="text" value="01"/> <input type="text" value="2008"/>
	City Portland State OR Zip Code 97208	Amount of Each Disbursement this Period
	Purpose of Disbursement Postage	<input type="text" value="83.00"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) USPS	Transaction ID: SB17.23399.40 Date of Disbursement
	Mailing Address 815 NW Hoyt	<input type="text" value="07"/> <input type="text" value="01"/> <input type="text" value="2008"/>
	City Portland State OR Zip Code 97208	Amount of Each Disbursement this Period
	Purpose of Disbursement Postage	<input type="text" value="5.20"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Comcast Cable Comm.	Transaction ID: SB17.23399.44 Date of Disbursement
	Mailing Address 9605 SW Nimbus Ave	<input type="text" value="07"/> <input type="text" value="01"/> <input type="text" value="2008"/>
	City Beaverton State OR Zip Code 97008-7198	Amount of Each Disbursement this Period
	Purpose of Disbursement Internet Service	<input type="text" value="92.94"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="0.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value=""/>

28020601775

**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)

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 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A.

Full Name (Last, First, Middle Initial)
Comcast Cable Comm.

Mailing Address 9605 SW Nimbus Ave

City State Zip Code
Beaverton OR 97008-7198

Purpose of Disbursement
Internet Service
Candidate Name

001
Category/
Type

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: SB17.23399.45
Date of Disbursement

07 / **01** / **2008**

Amount of Each Disbursement this Period

246.37

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Bank Of America

Mailing Address PO Box 2930

City State Zip Code
Phoenix AZ 85062

Purpose of Disbursement
Credit Card Merchant Fees
Candidate Name

001
Category/
Type

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: SB17.23815
Date of Disbursement

07 / **01** / **2008**

Amount of Each Disbursement this Period

180.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Bank Of America

Mailing Address PO Box 2930

City State Zip Code
Phoenix AZ 85062

Purpose of Disbursement
Credit Card Payment
Candidate Name

002
Category/
Type

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: SB17.23460
Date of Disbursement

08 / **01** / **2008**

Amount of Each Disbursement this Period

1544.36

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

1724.36

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

1724.36

28020601776

**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 34 / 88
	<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)
Wyden for Senate

A. Full Name (Last, First, Middle Initial) Bank of America Mailing Address PO Box 25118 City Tampa State FL Zip Code 33622 Purpose of Disbursement Credit Card Fees Adjustment Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.23460.0 Date of Disbursement MM / DD / YYYY 08 / 01 / 2008
	Amount of Each Disbursement this Period -2.13
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	[MEMO ITEM]
	Category/Type 001

B. Full Name (Last, First, Middle Initial) Bank of America Mailing Address PO Box 3977 City Seattle State WA Zip Code 98124 Purpose of Disbursement Credit Card Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.23460.1 Date of Disbursement MM / DD / YYYY 08 / 01 / 2008
	Amount of Each Disbursement this Period 1.00
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	[MEMO ITEM]
	Category/Type 001

C. Full Name (Last, First, Middle Initial) Starbucks Mailing Address PO Box 3717 City Seattle State WA Zip Code 98124 Purpose of Disbursement Meeting Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.23460.2 Date of Disbursement MM / DD / YYYY 08 / 01 / 2008
	Amount of Each Disbursement this Period 77.95
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	[MEMO ITEM]
	Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	

2802060177

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A.

Full Name (Last, First, Middle Initial)
Verizon

Mailing Address PO Box 1915

City State Zip Code
Beltsville MD 20705

Purpose of Disbursement
Telephone Service

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB17.23460.3
Date of Disbursement

08 / 01 / 2008

Amount of Each Disbursement this Period

373.81

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Qwest

Mailing Address PO Box 12489

City State Zip Code
Seattle WA 98111

Purpose of Disbursement
Telephone Service

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB17.23460.4
Date of Disbursement

08 / 01 / 2008

Amount of Each Disbursement this Period

17.47

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Washington National Airport

Mailing Address 1 Aviation Circle

City State Zip Code
Washington DC 20001

Purpose of Disbursement
Travel Expenses

002
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB17.23460.5
Date of Disbursement

08 / 01 / 2008

Amount of Each Disbursement this Period

17.94

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

28020601778

**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)

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 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A. Full Name (Last, First, Middle Initial)
Senators Dining Room

Mailing Address S-120 Capitol

City Washington State DC Zip Code 20510

Purpose of Disbursement Meeting Expenses
Candidate Name

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.23460.6
Date of Disbursement
08 / 01 / 2008

Amount of Each Disbursement this Period
187.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Washington National Airport

Mailing Address 1 Aviation Circle

City Washington State DC Zip Code 20001

Purpose of Disbursement Travel Expenses
Candidate Name

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.23460.8
Date of Disbursement
08 / 01 / 2008

Amount of Each Disbursement this Period
16.10

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
International News

Mailing Address JFK International Airport

City Jamaica State NY Zip Code 11430

Purpose of Disbursement Travel Expenses
Candidate Name

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.23460.10
Date of Disbursement
08 / 01 / 2008

Amount of Each Disbursement this Period
19.68

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

2802060179

**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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A.

Full Name (Last, First, Middle Initial)
Bistro Bis

Mailing Address 15 E Street NW

City Washington State DC Zip Code 20001

Purpose of Disbursement Meeting Expenses

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.23460.11

Date of Disbursement
08 / 01 / 2008

Amount of Each Disbursement this Period
72.13

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Bistro Bis

Mailing Address 15 E Street NW

City Washington State DC Zip Code 20001

Purpose of Disbursement Meeting Expenses

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.23460.12

Date of Disbursement
08 / 01 / 2008

Amount of Each Disbursement this Period
53.80

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Hudson News

Mailing Address One Meadowlands Plaza

City East Rutherford State NJ Zip Code 07073

Purpose of Disbursement Travel Expenses

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.23460.13

Date of Disbursement
08 / 01 / 2008

Amount of Each Disbursement this Period
17.84

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ **0.00**

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

28020601780

**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 38 / 88
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19a <input type="checkbox"/> 19b <input type="checkbox"/> 20a <input type="checkbox"/> 20b <input type="checkbox"/> 20c <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A.	Full Name (Last, First, Middle Initial) Senators Dining Room		Transaction ID: SB17.23460.15		
	Mailing Address S-120 Capitol		Date of Disbursement 08 / 01 / 2008		
	City Washington	State DC	Zip Code 20510	Amount of Each Disbursement this Period 46.50	
	Purpose of Disbursement Meeting Expenses		001		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Candidate Name		Category/Type		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:				

B.	Full Name (Last, First, Middle Initial) Senators Dining Room		Transaction ID: SB17.23460.16		
	Mailing Address S-120 Capitol		Date of Disbursement 08 / 01 / 2008		
	City Washington	State DC	Zip Code 20510	Amount of Each Disbursement this Period 72.00	
	Purpose of Disbursement Meeting Expenses		001		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Candidate Name		Category/Type		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:				

C.	Full Name (Last, First, Middle Initial) Senators Dining Room		Transaction ID: SB17.23460.17		
	Mailing Address S-120 Capitol		Date of Disbursement 08 / 01 / 2008		
	City Washington	State DC	Zip Code 20510	Amount of Each Disbursement this Period 63.50	
	Purpose of Disbursement Meeting Expenses		001		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Candidate Name		Category/Type		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:				

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

28020501781

**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)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A.

Full Name (Last, First, Middle Initial)
Washington National Airport

Mailing Address 1 Aviation Circle

City Washington State DC Zip Code 20001

Purpose of Disbursement
Travel Expenses

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB17.23460.18
Date of Disbursement

08 / 01 / 2008

Amount of Each Disbursement this Period

16.30

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Senate Gift Shop

Mailing Address State Capitol

City Washington State DC Zip Code 20510

Purpose of Disbursement
Office Supplies

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB17.23460.19
Date of Disbursement

08 / 01 / 2008

Amount of Each Disbursement this Period

100.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Dulles Int'l Airport

Mailing Address 1 Aviation Circle

City Washington State DC Zip Code 20001

Purpose of Disbursement
Travel Expenses

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB17.23460.21
Date of Disbursement

08 / 01 / 2008

Amount of Each Disbursement this Period

19.32

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

28020601782

**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)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A.

Full Name (Last, First, Middle Initial)
International News

Mailing Address JFK International Airport

City State Zip Code
Jamaica NY 11430

Purpose of Disbursement
Travel Expenses

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

002
Category/
Type

Transaction ID: SB17.23460.22
Date of Disbursement

MM / DD / YYYY
08 / 01 / 2008

Amount of Each Disbursement this Period

13.23

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Paradies Portland

Mailing Address 7000 NE Airport Way
Room B1416

City State Zip Code
Portland OR 97218

Purpose of Disbursement
Travel Expenses

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

002
Category/
Type

Transaction ID: SB17.23460.23
Date of Disbursement

MM / DD / YYYY
08 / 01 / 2008

Amount of Each Disbursement this Period

22.97

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Hudson News 300 OR

Mailing Address 7000 NE Airport Way

City State Zip Code
Portland OR 97218

Purpose of Disbursement
Travel Expenses

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

002
Category/
Type

Transaction ID: SB17.23460.24
Date of Disbursement

MM / DD / YYYY
08 / 01 / 2008

Amount of Each Disbursement this Period

13.23

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

28020501783

**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)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Paradise Bakery

Mailing Address 1310 SW 3rd Avenue

City State Zip Code
Portland OR 97201

Purpose of Disbursement

Meeting Expenses

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB17.23460.25

Date of Disbursement

08 / 01 / 2008

Amount of Each Disbursement this Period

23.70

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Starbucks

Mailing Address PO Box 3717

City State Zip Code
Seattle WA 98124

Purpose of Disbursement

Meeting Expenses

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB17.23460.26

Date of Disbursement

08 / 01 / 2008

Amount of Each Disbursement this Period

10.50

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Starbucks

Mailing Address PO Box 3717

City State Zip Code
Seattle WA 98124

Purpose of Disbursement

Meeting Expenses

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB17.23460.27

Date of Disbursement

08 / 01 / 2008

Amount of Each Disbursement this Period

8.30

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

28020601784

**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)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A. Full Name (Last, First, Middle Initial)
Senators Dining Room

Mailing Address S-120 Capitol

City Washington State DC Zip Code 20510

Purpose of Disbursement Meeting Expenses
Candidate Name

Office Sought: House Senate President
 Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.23460.29
Date of Disbursement 08 / 01 / 2008

Amount of Each Disbursement this Period 95.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
AT&T Worldnet

Mailing Address PO Box 15158

City Asheville State NC Zip Code 28813

Purpose of Disbursement Internet Service
Candidate Name

Office Sought: House Senate President
 Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.23460.30
Date of Disbursement 08 / 01 / 2008

Amount of Each Disbursement this Period 19.95

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
IMDb

Mailing Address P.O. Box 81226

City Seattle State WA Zip Code 98108

Purpose of Disbursement Internet Service
Candidate Name

Office Sought: House Senate President
 Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.23460.31
Date of Disbursement 08 / 01 / 2008

Amount of Each Disbursement this Period 12.95

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

28020601785

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A.

Full Name (Last, First, Middle Initial)
Bank Of America

Mailing Address PO Box 2930

City State Zip Code
Phoenix AZ 85062

Purpose of Disbursement
Credit Card Merchant Fees

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB17.23620
Date of Disbursement

08 / 01 / 2008

Amount of Each Disbursement this Period

78.24

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Bank Of America

Mailing Address PO Box 2930

City State Zip Code
Phoenix AZ 85062

Purpose of Disbursement
Credit Card Payment

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB17.23499
Date of Disbursement

08 / 22 / 2008

Amount of Each Disbursement this Period

9575.34

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Veritable Quandary

Mailing Address 1220 SW 1st Avenue

City State Zip Code
Portland OR 97204

Purpose of Disbursement
Meeting Expenses

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB17.23499.1
Date of Disbursement

08 / 22 / 2008

Amount of Each Disbursement this Period

33.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

9653.58

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

9653.58

28020601786

**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)

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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A.

Full Name (Last, First, Middle Initial)
Verizon

Mailing Address PO Box 1915

City State Zip Code
Beltsville MD 20705

Purpose of Disbursement

Telephone Service

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.23499.3

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Veritable Quandary

Mailing Address 1220 SW 1st Avenue

City State Zip Code
Portland OR 97204

Purpose of Disbursement

Meeting Expenses

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.23499.5

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Veritable Quandary

Mailing Address 1220 SW 1st Avenue

City State Zip Code
Portland OR 97204

Purpose of Disbursement

Meeting Expenses

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.23499.7

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

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

28020601787

**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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A.

Full Name (Last, First, Middle Initial)
Paradies Portland

Mailing Address 7000 NE Airport Way
Room B1416

City Portland State OR Zip Code 97218

Purpose of Disbursement
Travel Expenses

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB17.23499.9
Date of Disbursement
08 / 22 / 2008

Amount of Each Disbursement this Period
24.94

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Senate Accounting Office

Mailing Address S-309 Capitol

City Washington State DC Zip Code 20510

Purpose of Disbursement
Catering

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB17.23499.10
Date of Disbursement
08 / 22 / 2008

Amount of Each Disbursement this Period
326.61

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Senators Dining Room

Mailing Address S-120 Capitol

City Washington State DC Zip Code 20510

Purpose of Disbursement
Meeting Expenses

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB17.23499.11
Date of Disbursement
08 / 22 / 2008

Amount of Each Disbursement this Period
37.50

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

28020601788

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

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

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(check only one)

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 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A.

Full Name (Last, First, Middle Initial)
Delta Air

Mailing Address PO Box 20980

City Atlanta State GA Zip Code 30320

Purpose of Disbursement
Airfare

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

002
Category/
Type

Transaction ID: SB17.23499.12
Date of Disbursement

08 / 22 / 2008

Amount of Each Disbursement this Period

414.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Carroll Travel

Mailing Address 201 Massachusetts Avenue NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Travel Agent Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

002
Category/
Type

Transaction ID: SB17.23499.13
Date of Disbursement

08 / 22 / 2008

Amount of Each Disbursement this Period

30.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Senators Dining Room

Mailing Address S-120 Capitol

City Washington State DC Zip Code 20510

Purpose of Disbursement
Meeting Expenses

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

001
Category/
Type

Transaction ID: SB17.23499.14
Date of Disbursement

08 / 22 / 2008

Amount of Each Disbursement this Period

34.50

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

28020501789

**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)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A.

Full Name (Last, First, Middle Initial)
Carroll Travel

Mailing Address 201 Massachussetts Avenue NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Travel Agent Fee

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB17.23499.16
Date of Disbursement

08 / **22** / **2008**

Amount of Each Disbursement this Period

30.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
US Airways

Mailing Address 2345 Crystal Drive

City Arlington State VA Zip Code 22224

Purpose of Disbursement
Airfare

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB17.23499.17
Date of Disbursement

08 / **22** / **2008**

Amount of Each Disbursement this Period

314.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
International News

Mailing Address JFK International Airport

City Jamaica State NY Zip Code 11430

Purpose of Disbursement
Travel Expenses

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB17.23499.18
Date of Disbursement

08 / **22** / **2008**

Amount of Each Disbursement this Period

18.64

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

28020601790

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

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

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

<p>A. Full Name (Last, First, Middle Initial) Senators Dining Room</p>		<p>Transaction ID: SB17.23499.20 Date of Disbursement</p>	
<p>Mailing Address S-120 Capitol</p>		<p><input type="text" value="08"/> / <input type="text" value="22"/> / <input type="text" value="2008"/></p>	
<p>City Washington State DC Zip Code 20510</p>		<p>Amount of Each Disbursement this Period</p>	
<p>Purpose of Disbursement Meeting Expenses</p>		<p><input type="text" value="38.50"/></p>	
<p>Candidate Name</p>		<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>		<p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	
<p>State: District:</p>		<p>[MEMO ITEM]</p>	

<p>B. Full Name (Last, First, Middle Initial) Carroll Travel</p>		<p>Transaction ID: SB17.23499.21 Date of Disbursement</p>	
<p>Mailing Address 201 Massachussetts Avenue NE</p>		<p><input type="text" value="08"/> / <input type="text" value="22"/> / <input type="text" value="2008"/></p>	
<p>City Washington State DC Zip Code 20002</p>		<p>Amount of Each Disbursement this Period</p>	
<p>Purpose of Disbursement Travel Agent Fee</p>		<p><input type="text" value="30.00"/></p>	
<p>Candidate Name</p>		<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>		<p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	
<p>State: District:</p>		<p>[MEMO ITEM]</p>	

<p>C. Full Name (Last, First, Middle Initial) Carroll Travel</p>		<p>Transaction ID: SB17.23499.22 Date of Disbursement</p>	
<p>Mailing Address 201 Massachussetts Avenue NE</p>		<p><input type="text" value="08"/> / <input type="text" value="22"/> / <input type="text" value="2008"/></p>	
<p>City Washington State DC Zip Code 20002</p>		<p>Amount of Each Disbursement this Period</p>	
<p>Purpose of Disbursement Travel Agent Fee</p>		<p><input type="text" value="30.00"/></p>	
<p>Candidate Name</p>		<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>		<p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	
<p>State: District:</p>		<p>[MEMO ITEM]</p>	

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="0.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text" value=""/></p>

28020601791

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
Wyden for Senate

A.

Full Name (Last, First, Middle Initial)
Carroll Travel

Mailing Address 201 Massachussetts Avenue NE

City Washington State DC Zip Code 20002

Purpose of Disbursement Travel Agent Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.23499.23
Date of Disbursement 08 / 22 / 2008

Amount of Each Disbursement this Period 60.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

002
Category/
Type

B.

Full Name (Last, First, Middle Initial)
United Air

Mailing Address PO Box 66100

City Chicago State IL Zip Code 60666

Purpose of Disbursement Airfare

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.23499.24
Date of Disbursement 08 / 22 / 2008

Amount of Each Disbursement this Period 380.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

002
Category/
Type

C.

Full Name (Last, First, Middle Initial)
United Air

Mailing Address PO Box 66100

City Chicago State IL Zip Code 60666

Purpose of Disbursement Airfare

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.23499.25
Date of Disbursement 08 / 22 / 2008

Amount of Each Disbursement this Period 740.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

002
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

28020601792

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

Use separate schedule(s)
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(check only one)

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A.

Full Name (Last, First, Middle Initial)
United Air

Mailing Address PO Box 66100

City Chicago State IL Zip Code 60666

Purpose of Disbursement Airfare
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB17.23499.26
Date of Disbursement
08 / 22 / 2008

Amount of Each Disbursement this Period
740.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53
[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
United Air

Mailing Address PO Box 66100

City Chicago State IL Zip Code 60666

Purpose of Disbursement Airfare
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB17.23499.27
Date of Disbursement
08 / 22 / 2008

Amount of Each Disbursement this Period
700.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53
[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Carroll Travel

Mailing Address 201 Massachussets Avenue NE

City Washington State DC Zip Code 20002

Purpose of Disbursement Travel Agent Fee
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB17.23499.30
Date of Disbursement
08 / 22 / 2008

Amount of Each Disbursement this Period
30.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

28020601793

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

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

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(check only one)

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 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A.

Full Name (Last, First, Middle Initial)
Carroll Travel

Mailing Address 201 Massachussetts Avenue NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Travel Agent Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.23499.31
Date of Disbursement
08 / 22 / 2008

Amount of Each Disbursement this Period
30.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

002
Category/
Type

B.

Full Name (Last, First, Middle Initial)
Frontier Air

Mailing Address 7001 Tower Road

City Denver State CO Zip Code 80249

Purpose of Disbursement
Airfare

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.23499.32
Date of Disbursement
08 / 22 / 2008

Amount of Each Disbursement this Period
426.38

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

002
Category/
Type

C.

Full Name (Last, First, Middle Initial)
Senators Dining Room

Mailing Address S-120 Capitol

City Washington State DC Zip Code 20510

Purpose of Disbursement
Meeting Expenses

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.23499.38
Date of Disbursement
08 / 22 / 2008

Amount of Each Disbursement this Period
45.50

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

001
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

28020601794

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)
Wyden for Senate

A. Full Name (Last, First, Middle Initial)
Carroll Travel

Mailing Address 201 Massachussetts Avenue NE

City Washington State DC Zip Code 20002

Purpose of Disbursement Travel Agent Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.23499.39
Date of Disbursement 08 / 22 / 2008

Amount of Each Disbursement this Period 198.64

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Delta Air

Mailing Address PO Box 20980

City Atlanta State GA Zip Code 30320

Purpose of Disbursement Airfare

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.23499.42
Date of Disbursement 08 / 22 / 2008

Amount of Each Disbursement this Period 225.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Senate Accounting Office

Mailing Address S-309 Capitol

City Washington State DC Zip Code 20510

Purpose of Disbursement Catering

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.23499.43
Date of Disbursement 08 / 22 / 2008

Amount of Each Disbursement this Period 124.08

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

28020601795

**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)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

<p>A. Full Name (Last, First, Middle Initial) Dulles Int'l Airport</p> <p>Mailing Address 1 Aviation Circle</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Travel Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: SB17.23499.44 Date of Disbursement</p> <p><input type="text" value="08"/> <input type="text" value="08"/> / <input type="text" value="22"/> <input type="text" value="22"/> / <input type="text" value="2008"/> <input type="text" value="2008"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="32.74"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>	
<p>Disbursement For: 2010</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>002 Category/ Type</p>	

<p>B. Full Name (Last, First, Middle Initial) Ringside</p> <p>Mailing Address 2165 West Burnside</p> <p>City Portland State OR Zip Code 97210</p> <p>Purpose of Disbursement Meeting Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: SB17.23499.45 Date of Disbursement</p> <p><input type="text" value="08"/> <input type="text" value="08"/> / <input type="text" value="22"/> <input type="text" value="22"/> / <input type="text" value="2008"/> <input type="text" value="2008"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="175.45"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>	
<p>Disbursement For: 2010</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>001 Category/ Type</p>	

<p>C. Full Name (Last, First, Middle Initial) The Greek Taverna</p> <p>Mailing Address 305 Pennsylvania Ave, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Meeting Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: SB17.23499.46 Date of Disbursement</p> <p><input type="text" value="08"/> <input type="text" value="08"/> / <input type="text" value="22"/> <input type="text" value="22"/> / <input type="text" value="2008"/> <input type="text" value="2008"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="97.69"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>	
<p>Disbursement For: 2010</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>001 Category/ Type</p>	

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="0.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

28020501796

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

Use separate schedule(s)
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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A.

Full Name (Last, First, Middle Initial) Hudson News 300 OR		Transaction ID: SB17.23499.47 Date of Disbursement 08 / 22 / 2008	
Mailing Address 7000 NE Airport Way		Amount of Each Disbursement this Period 5.74	
City Portland	State OR	Zip Code 97218	002 Category/ Type
Purpose of Disbursement Travel Expenses			
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

B.

Full Name (Last, First, Middle Initial) United Air		Transaction ID: SB17.23499.48 Date of Disbursement 08 / 22 / 2008	
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 433.00	
City Chicago	State IL	Zip Code 60666	002 Category/ Type
Purpose of Disbursement Airfare			
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

C.

Full Name (Last, First, Middle Initial) United Air		Transaction ID: SB17.23499.49 Date of Disbursement 08 / 22 / 2008	
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 433.00	
City Chicago	State IL	Zip Code 60666	002 Category/ Type
Purpose of Disbursement Airfare			
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

28020501797

**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)

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)

Wyden for Senate

A.	Full Name (Last, First, Middle Initial) United Air	Transaction ID: SB17.23499.50 Date of Disbursement 08 / 22 / 2008
	Mailing Address PO Box 66100	Amount of Each Disbursement this Period 433.00
	City Chicago State IL Zip Code 60666	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Airfare Candidate Name	[MEMO ITEM]
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Comcast Cable Comm.	Transaction ID: SB17.23499.51 Date of Disbursement 08 / 22 / 2008
	Mailing Address 9605 SW Nimbus Ave	Amount of Each Disbursement this Period 180.84
	City Beaverton State OR Zip Code 97008-7198	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Internet Service Candidate Name	[MEMO ITEM]
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Senators Dining Room	Transaction ID: SB17.23499.52 Date of Disbursement 08 / 22 / 2008
	Mailing Address S-120 Capitol	Amount of Each Disbursement this Period 87.00
	City Washington State DC Zip Code 20510	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Meeting Expenses Candidate Name	[MEMO ITEM]
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

28020601798

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A. Full Name (Last, First, Middle Initial)
Orbitz.com

Mailing Address 200 S. Wacker Dr.
Suite 1900

City Chicago State IL Zip Code 60606-5857

Purpose of Disbursement Lodging

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.23499.55
Date of Disbursement 08 / 22 / 2008

Amount of Each Disbursement this Period 328.89

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

002
Category/
Type

B. Full Name (Last, First, Middle Initial)
United Air

Mailing Address PO Box 66100

City Chicago State IL Zip Code 60666

Purpose of Disbursement Airfare

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.23499.57
Date of Disbursement 08 / 22 / 2008

Amount of Each Disbursement this Period 908.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

002
Category/
Type

C. Full Name (Last, First, Middle Initial)
Senators Dining Room

Mailing Address S-120 Capitol

City Washington State DC Zip Code 20510

Purpose of Disbursement Meeting Expenses

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.23499.60
Date of Disbursement 08 / 22 / 2008

Amount of Each Disbursement this Period 103.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

001
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

28020601799

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

Use separate schedule(s)
for each category of the
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20b 19a
20c 19b
21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A. Full Name (Last, First, Middle Initial)
IMDb

Mailing Address P.O. Box 81226

City Seattle State WA Zip Code 98108

Purpose of Disbursement Internet Service
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB17.23499.62
Date of Disbursement
08 / 22 / 2008

Amount of Each Disbursement this Period
12.95

001
Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53
[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
USPS

Mailing Address 815 NW Hoyt

City Portland State OR Zip Code 97208

Purpose of Disbursement Postage
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB17.23499.63
Date of Disbursement
08 / 22 / 2008

Amount of Each Disbursement this Period
136.20

001
Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Bank Of America

Mailing Address PO Box 2930

City Phoenix State AZ Zip Code 85062

Purpose of Disbursement Credit Card Merchant Fees
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB17.23811
Date of Disbursement
09 / 02 / 2008

Amount of Each Disbursement this Period
57.40

001
Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 57.40

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

28020601800

**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 58 / 88
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19a <input type="checkbox"/> 19b <input type="checkbox"/> 20a <input type="checkbox"/> 20b <input type="checkbox"/> 20c <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A.

Full Name (Last, First, Middle Initial)
Bank Of America

Mailing Address PO Box 2930

City Phoenix State AZ Zip Code 85062

Purpose of Disbursement
Credit Card Payment

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB17.23697
Date of Disbursement
09 / 30 / 2008

Amount of Each Disbursement this Period
16774.15

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Veritable Quandary

Mailing Address 1220 SW 1st Avenue

City Portland State OR Zip Code 97204

Purpose of Disbursement
Meeting Expenses

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB17.23697.2
Date of Disbursement
09 / 30 / 2008

Amount of Each Disbursement this Period
30.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Verizon

Mailing Address PO Box 1915

City Beltsville State MD Zip Code 20705

Purpose of Disbursement
Telephone Service

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB17.23697.4
Date of Disbursement
09 / 30 / 2008

Amount of Each Disbursement this Period
306.18

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	▶	16774.15
TOTAL This Period (last page this line number only)	▶	

28020601801

**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 59 / 88
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19a <input type="checkbox"/> 19b <input type="checkbox"/> 20a <input type="checkbox"/> 20b <input type="checkbox"/> 20c <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A.	Full Name (Last, First, Middle Initial) Hudson News 300 OR	Transaction ID: SB17.23697.8
	Mailing Address 7000 NE Airport Way	Date of Disbursement 09 / 30 / 2008
	City Portland State OR Zip Code 97218	Amount of Each Disbursement this Period 31.63
	Purpose of Disbursement Travel Expenses Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> [MEMO ITEM]
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) United Air	Transaction ID: SB17.23697.17
	Mailing Address PO Box 66100	Date of Disbursement 09 / 30 / 2008
	City Chicago State IL Zip Code 60666	Amount of Each Disbursement this Period 45.00
	Purpose of Disbursement Luggage Fees Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> [MEMO ITEM]
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Senate Accounting Office	Transaction ID: SB17.23697.18
	Mailing Address S-309 Capitol	Date of Disbursement 09 / 30 / 2008
	City Washington State DC Zip Code 20510	Amount of Each Disbursement this Period 70.73
	Purpose of Disbursement Catering Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> [MEMO ITEM]
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

280206601802

**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)

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A.

Full Name (Last, First, Middle Initial)
Marriott JW Cherry Creek

Mailing Address 150 Clayton Lane

City State Zip Code
Denver CO 80206

Purpose of Disbursement
Lodging

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB17.23697.19
Date of Disbursement

09 / 30 / 2008

Amount of Each Disbursement this Period

1256.74

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Marriott JW Cherry Creek

Mailing Address 150 Clayton Lane

City State Zip Code
Denver CO 80206

Purpose of Disbursement
Lodging

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB17.23697.20
Date of Disbursement

09 / 30 / 2008

Amount of Each Disbursement this Period

1189.79

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Marriott JW Cherry Creek

Mailing Address 150 Clayton Lane

City State Zip Code
Denver CO 80206

Purpose of Disbursement
Lodging

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB17.23697.23
Date of Disbursement

09 / 30 / 2008

Amount of Each Disbursement this Period

1221.14

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

28020601803

**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)

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NAME OF COMMITTEE (In Full)
Wyden for Senate

<p>A. Full Name (Last, First, Middle Initial) Marriott JW Cherry Creek</p> <p>Mailing Address 150 Clayton Lane</p> <p>City Denver State CO Zip Code 80206</p> <p>Purpose of Disbursement Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.23697.24 Date of Disbursement 09 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 1210.42</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) Marriott JW Cherry Creek</p> <p>Mailing Address 150 Clayton Lane</p> <p>City Denver State CO Zip Code 80206</p> <p>Purpose of Disbursement Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.23697.28 Date of Disbursement 09 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 628.66</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) Marriott JW Cherry Creek</p> <p>Mailing Address 150 Clayton Lane</p> <p>City Denver State CO Zip Code 80206</p> <p>Purpose of Disbursement Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.23697.29 Date of Disbursement 09 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 582.38</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]</p>
<p>SUBTOTAL of Disbursements This Page (optional) ▶</p>	
<p>TOTAL This Period (last page this line number only) ▶</p>	

28020601804

**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)

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20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A.

Full Name (Last, First, Middle Initial)
Marriott JW Cherry Creek

Mailing Address 150 Clayton Lane

City State Zip Code
Denver CO 80206

Purpose of Disbursement
Food and Beverage

Candidate Name

002
Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB17.23697.30
Date of Disbursement

09 / 30 / 2008

Amount of Each Disbursement this Period

15.68

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Marriott JW Cherry Creek

Mailing Address 150 Clayton Lane

City State Zip Code
Denver CO 80206

Purpose of Disbursement
Food and Beverage

Candidate Name

002
Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB17.23697.31
Date of Disbursement

09 / 30 / 2008

Amount of Each Disbursement this Period

5.95

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Fox Car Service

Mailing Address 10501 E. 28th Place

City State Zip Code
Denver CO 80238

Purpose of Disbursement
Travel Expenses

Candidate Name

002
Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB17.23697.32
Date of Disbursement

09 / 30 / 2008

Amount of Each Disbursement this Period

450.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

28020601805

**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)

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20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A. Full Name (Last, First, Middle Initial)
Three Degrees Restaurant

Mailing Address 1510 SW Harbor Way

City Portland State OR Zip Code 97201

Purpose of Disbursement Meeting Expenses

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.23697.34
Date of Disbursement 09 / 30 / 2008

Amount of Each Disbursement this Period 179.70

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

002
Category/
Type

B. Full Name (Last, First, Middle Initial)
United Air

Mailing Address PO Box 66100

City Chicago State IL Zip Code 60666

Purpose of Disbursement Luggage Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.23697.35
Date of Disbursement 09 / 30 / 2008

Amount of Each Disbursement this Period 60.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

002
Category/
Type

C. Full Name (Last, First, Middle Initial)
Market of Choice

Mailing Address 8502 SW Terwilliger Blvd

City Portland State OR Zip Code 97219

Purpose of Disbursement Food and Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.23697.38
Date of Disbursement 09 / 30 / 2008

Amount of Each Disbursement this Period 45.63

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

002
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

28020601806

**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)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A.

Full Name (Last, First, Middle Initial)
Safeway

Mailing Address 1100 NE Broadway

City State Zip Code
Portland OR 97232

Purpose of Disbursement
Food and Beverage

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

002
Category/
Type

Transaction ID: SB17.23697.40
Date of Disbursement

09 / 30 / 2008

Amount of Each Disbursement this Period

35.08

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
United Air

Mailing Address PO Box 66100

City State Zip Code
Chicago IL 60666

Purpose of Disbursement
Luggage Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

002
Category/
Type

Transaction ID: SB17.23697.41
Date of Disbursement

09 / 30 / 2008

Amount of Each Disbursement this Period

30.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Hyatt Hotels Denver Tech Center

Mailing Address 7800 East Tufts Ave

City State Zip Code
Denver CO 80237

Purpose of Disbursement
Lodging

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

002
Category/
Type

Transaction ID: SB17.23697.43
Date of Disbursement

09 / 30 / 2008

Amount of Each Disbursement this Period

1471.58

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

28020601807

**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 / 88
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19a <input type="checkbox"/> 19b <input type="checkbox"/> 20a <input type="checkbox"/> 20b <input type="checkbox"/> 20c <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A.	Full Name (Last, First, Middle Initial) Hyatt Hotels Denver Tech Center	Transaction ID: SB17.23697.44
	Mailing Address 7800 East Tufts Ave	Date of Disbursement 09 / 30 / 2008
	City Denver State CO Zip Code 80237	Amount of Each Disbursement this Period 1258.89
	Purpose of Disbursement Lodging	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	[MEMO ITEM]
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Comcast Cable Comm.	Transaction ID: SB17.23697.45
	Mailing Address 9605 SW Nimbus Ave	Date of Disbursement 09 / 30 / 2008
	City Beaverton State OR Zip Code 97008-7198	Amount of Each Disbursement this Period 58.95
	Purpose of Disbursement Internet Service	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	[MEMO ITEM]
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Marriott JW Cherry Creek	Transaction ID: SB17.23697.47
	Mailing Address 150 Clayton Lane	Date of Disbursement 09 / 30 / 2008
	City Denver State CO Zip Code 80206	Amount of Each Disbursement this Period 573.10
	Purpose of Disbursement Lodging	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	[MEMO ITEM]
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

28020601808

**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 / 88

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A.

Full Name (Last, First, Middle Initial)
Apple Store

Mailing Address 700 SW 5th Ave
#1035

City Portland State OR Zip Code 97204

Purpose of Disbursement
Computer Equipment

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB17.23697.48
Date of Disbursement

09 / 30 / 2008

Amount of Each Disbursement this Period

1514.40

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Apple Store

Mailing Address 700 SW 5th Ave
#1035

City Portland State OR Zip Code 97204

Purpose of Disbursement
Computer Equipment

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB17.23697.49
Date of Disbursement

09 / 30 / 2008

Amount of Each Disbursement this Period

72.35

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Amazon.com

Mailing Address PO Box 81226

City Seattle State WA Zip Code 80217

Purpose of Disbursement
Computer Equipment

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB17.23697.50
Date of Disbursement

09 / 30 / 2008

Amount of Each Disbursement this Period

89.80

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

28020601809

**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)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A.

Full Name (Last, First, Middle Initial)
United Air

Mailing Address PO Box 66100

City State Zip Code
Chicago IL 60666

Purpose of Disbursement
Luggage Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

002
Category/
Type

Transaction ID: SB17.23697.51
Date of Disbursement

09 / 30 / 2008

Amount of Each Disbursement this Period

30.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Hyatt Hotels Denver Tech Center

Mailing Address 7800 East Tufts Ave

City State Zip Code
Denver CO 80237

Purpose of Disbursement
Food and Beverage

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

002
Category/
Type

Transaction ID: SB17.23697.53
Date of Disbursement

09 / 30 / 2008

Amount of Each Disbursement this Period

100.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Hyatt Hotels Denver Tech Center

Mailing Address 7800 East Tufts Ave

City State Zip Code
Denver CO 80237

Purpose of Disbursement
Food and Beverage

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

002
Category/
Type

Transaction ID: SB17.23697.54
Date of Disbursement

09 / 30 / 2008

Amount of Each Disbursement this Period

35.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

28020601810

**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)

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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A.

Full Name (Last, First, Middle Initial)
Marriott JW Cherry Creek

Mailing Address 150 Clayton Lane

City State Zip Code
Denver CO 80206

Purpose of Disbursement
Lodging

Candidate Name

002

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB17.23697.55
Date of Disbursement

09 / 30 / 2008

Amount of Each Disbursement this Period

1383.39

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Alamo Rent-A-Car

Mailing Address 24530 East 78th Ave

City State Zip Code
Denver CO 80249

Purpose of Disbursement
Car Rental

Candidate Name

002

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB17.23697.59
Date of Disbursement

09 / 30 / 2008

Amount of Each Disbursement this Period

233.23

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Marriott JW Cherry Creek

Mailing Address 150 Clayton Lane

City State Zip Code
Denver CO 80206

Purpose of Disbursement
Lodging

Candidate Name

002

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB17.23697.61
Date of Disbursement

09 / 30 / 2008

Amount of Each Disbursement this Period

1204.14

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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 69 / 88

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A. Full Name (Last, First, Middle Initial)
United Air

Mailing Address PO Box 66100

City Chicago State IL Zip Code 60666

Purpose of Disbursement Luggage Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.23697.63
Date of Disbursement
09 / 30 / 2008

Amount of Each Disbursement this Period
15.00

002
Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53
[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
IMDb

Mailing Address P.O. Box 81226

City Seattle State WA Zip Code 98108

Purpose of Disbursement Internet Service

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.23697.64
Date of Disbursement
09 / 30 / 2008

Amount of Each Disbursement this Period
12.95

001
Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Fedex Kinko's

Mailing Address 1605 NE 7th Ave

City Portland State OR Zip Code 97232

Purpose of Disbursement Photocopies

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.23697.67
Date of Disbursement
09 / 30 / 2008

Amount of Each Disbursement this Period
7.74

001
Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

28020601812

**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 / 88

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A.

Full Name (Last, First, Middle Initial)
Fedex Kinko's

Mailing Address 1605 NE 7th Ave

City State Zip Code
Portland OR 97232

Purpose of Disbursement
Photocopies

Candidate Name

001
Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB17.23697.68
Date of Disbursement

09 / 30 / 2008

Amount of Each Disbursement this Period

2.88

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
United Air

Mailing Address PO Box 66100

City State Zip Code
Chicago IL 60666

Purpose of Disbursement
Luggage Fees

Candidate Name

002
Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB17.23697.73
Date of Disbursement

09 / 30 / 2008

Amount of Each Disbursement this Period

45.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Blue State Digital

Mailing Address 734 15th Street NW
Suite 1000

City State Zip Code
Washington DC 20005

Purpose of Disbursement
Website Hosting

Candidate Name

001
Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB17.23576
Date of Disbursement

07 / 14 / 2008

Amount of Each Disbursement this Period

1550.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

1550.00

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

28020601813

**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 / 88

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A.

Full Name (Last, First, Middle Initial)
Blue State Digital

Mailing Address 734 15th Street NW
Suite 1000

City Washington State DC Zip Code 20005

Purpose of Disbursement
Website Hosting

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB17.23577
Date of Disbursement

08 / 05 / 2008

Amount of Each Disbursement this Period

1550.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Blue State Digital

Mailing Address 734 15th Street NW
Suite 1000

City Washington State DC Zip Code 20005

Purpose of Disbursement
Website Hosting

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB17.23578
Date of Disbursement

09 / 09 / 2008

Amount of Each Disbursement this Period

1550.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Comcast Cable Comm.

Mailing Address 9605 SW Nimbus Ave

City Beaverton State OR Zip Code 97008-7198

Purpose of Disbursement
Internet Service

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB17.23579
Date of Disbursement

07 / 10 / 2008

Amount of Each Disbursement this Period

55.95

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

3155.95

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

28020601814

**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 / 88

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

<p>A. Full Name (Last, First, Middle Initial) Comcast Cable Comm.</p> <p>Mailing Address 9605 SW Nimbus Ave</p>	<p>Transaction ID: SB17.23580 Date of Disbursement 09 / 03 / 2008</p>
<p>City State Zip Code Beaverton OR 97008-7198</p> <p>Purpose of Disbursement Internet Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Amount of Each Disbursement this Period 111.90</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) DEMOCRATIC PARTY OF OREGON</p> <p>Mailing Address 232 NE 9th Ave. Suite 105</p> <p>City State Zip Code Portland OR 97232</p> <p>Purpose of Disbursement Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.23581 Date of Disbursement 07 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 413.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) DEMOCRATIC PARTY OF OREGON</p> <p>Mailing Address 232 NE 9th Ave. Suite 105</p> <p>City State Zip Code Portland OR 97232</p> <p>Purpose of Disbursement Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.23582 Date of Disbursement 08 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 413.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>SUBTOTAL of Disbursements This Page (optional) ▶ 937.90</p>	
<p>TOTAL This Period (last page this line number only) ▶</p>	

28020601815

**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 / 88

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A.

Full Name (Last, First, Middle Initial)
DEMOCRATIC PARTY OF OREGON

Transaction ID: SB17.23583
Date of Disbursement

Mailing Address 232 NE 9th Ave.
Suite 105

09 / 02 / 2008

City Portland State OR Zip Code 97232

Amount of Each Disbursement this Period

Purpose of Disbursement
Rent

413.00

Candidate Name

001
Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)
Joshua Kardon

Transaction ID: SB17.23631
Date of Disbursement

Mailing Address 2911 NE Hancock Street

07 / 15 / 2008

City Portland State OR Zip Code 97212

Amount of Each Disbursement this Period

Purpose of Disbursement
Salary

802.12

Candidate Name

001
Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)
Joshua Kardon

Transaction ID: SB17.23615
Date of Disbursement

Mailing Address 2911 NE Hancock Street

07 / 31 / 2008

City Portland State OR Zip Code 97212

Amount of Each Disbursement this Period

Purpose of Disbursement
Salary

802.12

Candidate Name

001
Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

2017.24

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

28020601816

**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)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A.

Full Name (Last, First, Middle Initial)
Joshua Kardon

Mailing Address 2911 NE Hancock Street

City State Zip Code
Portland OR 97212

Purpose of Disbursement
Salary

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB17.23621
Date of Disbursement

08 / 15 / 2008

Amount of Each Disbursement this Period

802.12

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Joshua Kardon

Mailing Address 2911 NE Hancock Street

City State Zip Code
Portland OR 97212

Purpose of Disbursement
Salary

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB17.23626
Date of Disbursement

08 / 29 / 2008

Amount of Each Disbursement this Period

802.12

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Joshua Kardon

Mailing Address 2911 NE Hancock Street

City State Zip Code
Portland OR 97212

Purpose of Disbursement
Salary

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB17.23668
Date of Disbursement

09 / 15 / 2008

Amount of Each Disbursement this Period

802.12

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

2406.36

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

28020601817

**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 / 88
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A.	Full Name (Last, First, Middle Initial) Joshua Kardon	Transaction ID: SB17.23673 Date of Disbursement 09 / 30 / 2008
	Mailing Address 2911 NE Hancock Street	Amount of Each Disbursement this Period 802.12
	City Portland State OR Zip Code 97212	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Salary Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Melissa Kardon	Transaction ID: SB17.23632 Date of Disbursement 07 / 15 / 2008
	Mailing Address 2911 NE Hancock	Amount of Each Disbursement this Period 998.79
	City Portland State OR Zip Code 97212	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Accounting Services Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Melissa Kardon	Transaction ID: SB17.23616 Date of Disbursement 07 / 31 / 2008
	Mailing Address 2911 NE Hancock	Amount of Each Disbursement this Period 998.79
	City Portland State OR Zip Code 97212	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Accounting Services Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	2799.70
TOTAL This Period (last page this line number only)	

28020601818

**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)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

<p>A. Full Name (Last, First, Middle Initial) Melissa Kardon</p>	<p>Transaction ID: SB17.23622 Date of Disbursement</p>
<p>Mailing Address 2911 NE Hancock</p>	<p><input type="checkbox"/> 08 / <input type="checkbox"/> 15 / <input type="checkbox"/> 2008</p>
<p>City Portland State OR Zip Code 97212</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Accounting Services</p>	<p><input type="checkbox"/> 998.79</p>
<p>Candidate Name</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p>B. Full Name (Last, First, Middle Initial) Melissa Kardon</p>	<p>Transaction ID: SB17.23627 Date of Disbursement</p>
<p>Mailing Address 2911 NE Hancock</p>	<p><input type="checkbox"/> 08 / <input type="checkbox"/> 29 / <input type="checkbox"/> 2008</p>
<p>City Portland State OR Zip Code 97212</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Accounting Services</p>	<p><input type="checkbox"/> 998.79</p>
<p>Candidate Name</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p>C. Full Name (Last, First, Middle Initial) Melissa Kardon</p>	<p>Transaction ID: SB17.23669 Date of Disbursement</p>
<p>Mailing Address 2911 NE Hancock</p>	<p><input type="checkbox"/> 09 / <input type="checkbox"/> 15 / <input type="checkbox"/> 2008</p>
<p>City Portland State OR Zip Code 97212</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Accounting Services</p>	<p><input type="checkbox"/> 998.79</p>
<p>Candidate Name</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p>SUBTOTAL of Disbursements This Page (optional) ▶ <input type="checkbox"/> 2996.37</p>	
<p>TOTAL This Period (last page this line number only) ▶ <input type="checkbox"/></p>	

28020601819

**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 / 88
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19a <input type="checkbox"/> 19b <input type="checkbox"/> 20a <input type="checkbox"/> 20b <input type="checkbox"/> 20c <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A. Full Name (Last, First, Middle Initial) Melissa Kardon	Transaction ID: SB17.23674	
	Date of Disbursement 09 / 30 / 2008	
Mailing Address 2911 NE Hancock	Amount of Each Disbursement this Period 998.79	
City Portland State OR Zip Code 97212	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Accounting Services	001 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

B. Full Name (Last, First, Middle Initial) Mandate Media	Transaction ID: SB17.23584	
	Date of Disbursement 07 / 14 / 2008	
Mailing Address 937 NE Webster	Amount of Each Disbursement this Period 4000.00	
City Portland State OR Zip Code 97211	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Website Maintenance	001 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

C. Full Name (Last, First, Middle Initial) Mandate Media	Transaction ID: SB17.23585	
	Date of Disbursement 08 / 15 / 2008	
Mailing Address 937 NE Webster	Amount of Each Disbursement this Period 4000.00	
City Portland State OR Zip Code 97211	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Website Maintenance	001 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	8998.79
TOTAL This Period (last page this line number only)	

28020601820

**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 / 88

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A. Full Name (Last, First, Middle Initial)
Mandate Media

Mailing Address 937 NE Webster

City Portland State OR Zip Code 97211

Purpose of Disbursement Website Maintenance

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.23695
Date of Disbursement 09 / 30 / 2008

Amount of Each Disbursement this Period 4000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Category/Type 001

B. Full Name (Last, First, Middle Initial)
NGP Software

Mailing Address 1225 Eye Street NW Suite 1225

City Washington State DC Zip Code 20005

Purpose of Disbursement Database Maintenance

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.23586
Date of Disbursement 09 / 09 / 2008

Amount of Each Disbursement this Period 2250.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Category/Type 001

C. Full Name (Last, First, Middle Initial)
Northwest Labor Press

Mailing Address PO Box 13150

City Portland State OR Zip Code 97213

Purpose of Disbursement Advertisement

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.23587
Date of Disbursement 08 / 15 / 2008

Amount of Each Disbursement this Period 400.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Category/Type 004

SUBTOTAL of Disbursements This Page (optional) ▶ 6650.00

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

1781060200

**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 / 88

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Sprint

Mailing Address PO Box 152406

City Irvine State TX Zip Code 75015

Purpose of Disbursement
Telephone Service

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB17.23590

Date of Disbursement

07 / 18 / 2008

Amount of Each Disbursement this Period

25.38

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Sprint

Mailing Address PO Box 152406

City Irvine State TX Zip Code 75015

Purpose of Disbursement
Telephone Service

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB17.23591

Date of Disbursement

07 / 22 / 2008

Amount of Each Disbursement this Period

25.40

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Sprint

Mailing Address PO Box 152406

City Irvine State TX Zip Code 75015

Purpose of Disbursement
Telephone Service

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB17.23592

Date of Disbursement

09 / 02 / 2008

Amount of Each Disbursement this Period

25.78

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

76.56

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 80 / 88

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A.

Full Name (Last, First, Middle Initial)
Sprint

Mailing Address PO Box 152406

City Irvine State TX Zip Code 75015

Purpose of Disbursement Telephone Service
Candidate Name

001
Category/
Type

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: SB17.23693
Date of Disbursement

09 / 26 / 2008

Amount of Each Disbursement this Period

25.40

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Jocelyn Tyree

Mailing Address 8935 SW Bellflower Street

City Tigard State OR Zip Code 97224

Purpose of Disbursement Salary
Candidate Name

001
Category/
Type

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: SB17.23633
Date of Disbursement

07 / 15 / 2008

Amount of Each Disbursement this Period

613.73

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Jocelyn Tyree

Mailing Address 8935 SW Bellflower Street

City Tigard State OR Zip Code 97224

Purpose of Disbursement Salary
Candidate Name

001
Category/
Type

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: SB17.23617
Date of Disbursement

07 / 31 / 2008

Amount of Each Disbursement this Period

613.73

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

1252.86

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

28020801823

**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 / 88

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A.

Full Name (Last, First, Middle Initial)
Jocelyn Tyree

Mailing Address 8935 SW Bellflower Street

City Tigard State OR Zip Code 97224

Purpose of Disbursement Salary

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.23675
Date of Disbursement 09 / 30 / 2008

Amount of Each Disbursement this Period 613.73

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Category/Type 001

B.

Full Name (Last, First, Middle Initial)
Jocelyn Tyree

Mailing Address 8935 SW Bellflower Street

City Tigard State OR Zip Code 97224

Purpose of Disbursement Reimbursement for Travel Expenses

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.23696
Date of Disbursement 09 / 30 / 2008

Amount of Each Disbursement this Period 182.50

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Category/Type 002

C.

Full Name (Last, First, Middle Initial)
UPS

Mailing Address PO Box 650580

City Dallas State TX Zip Code 75265

Purpose of Disbursement Shipping

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.23593
Date of Disbursement 07 / 18 / 2008

Amount of Each Disbursement this Period 82.02

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Category/Type 001

SUBTOTAL of Disbursements This Page (optional) 878.25

TOTAL This Period (last page this line number only)

28020601825

**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 / 88

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A.

Full Name (Last, First, Middle Initial)
UPS

Transaction ID: SB17.23594
Date of Disbursement

Mailing Address PO Box 650580

/

City State Zip Code
Dallas TX 75265

Amount of Each Disbursement this Period

Purpose of Disbursement
Shipping

Category/
Type

Candidate Name

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)
UPS

Transaction ID: SB17.23595
Date of Disbursement

Mailing Address PO Box 650580

/

City State Zip Code
Dallas TX 75265

Amount of Each Disbursement this Period

Purpose of Disbursement
Shipping

Category/
Type

Candidate Name

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)
UPS

Transaction ID: SB17.23597
Date of Disbursement

Mailing Address PO Box 650580

/

City State Zip Code
Dallas TX 75265

Amount of Each Disbursement this Period

Purpose of Disbursement
Shipping

Category/
Type

Candidate Name

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

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

28020601826

**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 / 88

17 18 19a 19b
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A. Full Name (Last, First, Middle Initial)
UPS

Mailing Address PO Box 650580

City Dallas State TX Zip Code 75265

Purpose of Disbursement Shipping
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB17.23598
Date of Disbursement
09 / 09 / 2008

Amount of Each Disbursement this Period
56.96

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

001
Category/Type

B. Full Name (Last, First, Middle Initial)
UPS

Mailing Address PO Box 650580

City Dallas State TX Zip Code 75265

Purpose of Disbursement Shipping
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB17.23692
Date of Disbursement
09 / 26 / 2008

Amount of Each Disbursement this Period
34.36

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

001
Category/Type

C. Full Name (Last, First, Middle Initial)
Verizon

Mailing Address PO.Box 1915

City Beltsville State MD Zip Code 20705

Purpose of Disbursement Telephone Service
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB17.23599
Date of Disbursement
07 / 14 / 2008

Amount of Each Disbursement this Period
175.40

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

001
Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶ 266.72

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

28020601827

**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)

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17 18 19a 19b
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A. Full Name (Last, First, Middle Initial)
Verizon

Mailing Address PO Box 1915

City Beltsville State MD Zip Code 20705

Purpose of Disbursement Telephone Service

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.23600
Date of Disbursement 07 / 15 / 2008

Amount of Each Disbursement this Period 115.33

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Category/Type 001

B. Full Name (Last, First, Middle Initial)
Verizon

Mailing Address PO Box 1915

City Beltsville State MD Zip Code 20705

Purpose of Disbursement Telephone Service

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.23601
Date of Disbursement 07 / 18 / 2008

Amount of Each Disbursement this Period 180.42

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Category/Type 001

C. Full Name (Last, First, Middle Initial)
Verizon

Mailing Address PO Box 1915

City Beltsville State MD Zip Code 20705

Purpose of Disbursement Telephone Service

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.23602
Date of Disbursement 07 / 18 / 2008

Amount of Each Disbursement this Period 80.07

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ▶ 375.82

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

28020601828

**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 / 88
	<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)
Wyden for Senate

A.	Full Name (Last, First, Middle Initial) Verizon	Transaction ID: SB17.23606 Date of Disbursement 09 / 02 / 2008
	Mailing Address PO Box 1915	Amount of Each Disbursement this Period 115.35
	City Beltsville State MD Zip Code 20705	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Telephone Service Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

B.	Full Name (Last, First, Middle Initial) Verizon	Transaction ID: SB17.23607 Date of Disbursement 09 / 02 / 2008
	Mailing Address PO Box 1915	Amount of Each Disbursement this Period 175.42
	City Beltsville State MD Zip Code 20705	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Telephone Service Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

C.	Full Name (Last, First, Middle Initial) Verizon	Transaction ID: SB17.23694 Date of Disbursement 09 / 26 / 2008
	Mailing Address PO Box 1915	Amount of Each Disbursement this Period 80.07
	City Beltsville State MD Zip Code 20705	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Telephone Service Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

SUBTOTAL of Disbursements This Page (optional)	370.84
TOTAL This Period (last page this line number only)	

28020601830

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United States Senate
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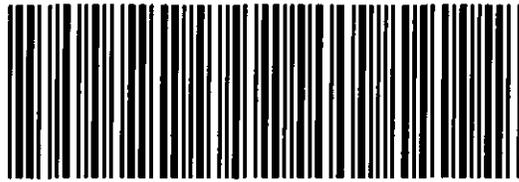
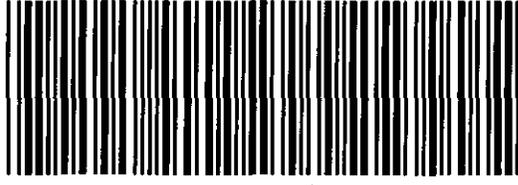
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