

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Bonamici for Congress

ADDRESS (number and street)

3321 SE 20th Ave

Check if different  
than previously  
reported. (ACC)

Portland

OR

97202

2. FEC IDENTIFICATION NUMBER ▼

C

C00500421

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

OR

01

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

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



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y  
11 / 04 / 2014in the  
State of

OR

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



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y  
10 / 01 / 2014

through

M M / D D / Y Y Y Y  
10 / 15 / 2014

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 Kevin Neely

Signature of Treasurer

Kevin Neely

[Electronically Filed]

Date

M M / D D / Y Y Y Y  
10 / 22 / 2014

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

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Bonamici for Congress

Report Covering the Period:

From:

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

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	4

	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))....	30223.76	898305.11
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	26.73
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	30223.76	898278.38
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	36708.40	484277.67
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	36708.40	484277.67
8. Cash on Hand at Close of Reporting Period (from Line 27).....	483135.76	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	200000.00	

## For further information contact:

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

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

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Bonamici for Congress

Report Covering the Period:

From:

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

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	4

**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

(i) Itemized (use Schedule A).....

14855.00

330012.00

(ii) Unitemized.....

5368.76

62084.36

(iii) TOTAL of contributions from individuals ▶

20223.76

392096.36

(b) Political Party Committees.....

0.00

1300.00

(c) Other Political Committees (such as PACs).....

10000.00

504771.25

(d) The Candidate.....

0.00

137.50

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

30223.76

898305.11

**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.) .....**

0.00

0.00

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

1157.30

9871.99

**16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶**

31381.06

908177.10

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 36

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	36708.40	484277.67
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	12500.00	129250.00
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	26.73
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	26.73
21. OTHER DISBURSEMENTS .....	20500.00	61630.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	69708.40	675184.40

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	521463.10
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	31381.06
25. SUBTOTAL (add Line 23 and Line 24).....	552844.16
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	69708.40
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	483135.76

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

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

FOR LINE NUMBER:

PAGE 5 OF 36

(check only one)

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

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

Full Name (Last, First, Middle Initial)

**Paula Abrams**

Mailing Address 01610 SW Radcliffe Rd

City

Portland

State

OR

Zip Code

97219-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lewis &amp; Clark Law

Occupation

Faculty

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2014

Transaction ID : CN101114095721Pa

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**Susan T Alterman**

Mailing Address 5493 Westfield Ct.

City

Lake Oswego

State

OR

Zip Code

97035-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kell, Alterman &amp; Runstein, LLP

Occupation

Lawyer

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2014

Transaction ID : CN101114095747Su

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**Brentley Bullock**

Mailing Address 10510 SE Crest Hill Rd

City

Happy Valley

State

OR

Zip Code

97086-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Perkins Coie

Occupation

Attorney

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2014

Transaction ID : CN101914112429Br

Amount of Each Receipt this Period

1000.00

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

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

1500.00

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
**Sonja Connor**  
Mailing Address 2600 SW Sherwood Pl

City State Zip Code  
Portland OR 97201-

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OHSU

Occupation  
Dietician

Receipt For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
10 12 2014

Transaction ID : CN101914102048So

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
**Katherine Cowan**  
Mailing Address 4707 Hastings Pl

City State Zip Code  
Lake Oswego OR 97035-

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EID Passport Inc

Occupation  
Attorney

Receipt For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt

M M / D D / Y Y Y Y  
10 12 2014

Transaction ID : CN101914112517Ka

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
**Katherine Cowan**  
Mailing Address 4707 Hastings Pl

City State Zip Code  
Lake Oswego OR 97035-

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EID Passport Inc

Occupation  
Attorney

Receipt For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
1350.00

Date of Receipt

M M / D D / Y Y Y Y  
10 13 2014

Transaction ID : CN101914112441Ka

Amount of Each Receipt this Period

100.00

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

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

850.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

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

Mailing Address 22485 NW Yungen Rd

City Hillsboro State OR Zip Code 97124-

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

Name of Employer None Occupation Retired

Receipt For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
 1300.00

Date of Receipt

M M / D D / Y Y Y Y  
 10 05 2014

Transaction ID : CN101114072045EI

Amount of Each Receipt this Period

250.00

Earmarked from ActBlue

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

Mailing Address 4341 SW 54th PI

City Portland State OR Zip Code 97221-

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

Name of Employer Self Occupation Editor

Receipt For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
 350.00

Date of Receipt

M M / D D / Y Y Y Y  
 10 14 2014

Transaction ID : CN101914112327EI

Amount of Each Receipt this Period

250.00

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

Mailing Address 2863 NW Fairfax Terr

City Portland State OR Zip Code 97210-

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

Name of Employer OHSU Occupation Physician

Receipt For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
 1700.00

Date of Receipt

M M / D D / Y Y Y Y  
 10 08 2014

Transaction ID : CN101114095838Da

Amount of Each Receipt this Period

500.00

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

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

1000.00

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 36

(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>James Gulick</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address 311 NW 12th Ave Unit 304		<b>Transaction ID : CN101914101655Ja</b>  Amount of Each Receipt this Period 1000.00
City Portland	State OR	
Zip Code 97209-		
FEC ID number of contributing federal political committee. C		
Name of Employer None	Occupation Retired	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) <b>Carmen Hill Sorenson</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 14210 NW Meadowridge Dr		<b>Transaction ID : CN101914112234Ca</b>  Amount of Each Receipt this Period 120.00
City Portland	State OR	
Zip Code 97205-		
FEC ID number of contributing federal political committee. C		
Name of Employer Babcock & Jenkins	Occupation Social Media & Content strategist	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 420.00	

<b>C.</b> Full Name (Last, First, Middle Initial) <b>Judy Judd</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 12 / 2014
Mailing Address 1241 Island Dr Apt. 101		<b>Transaction ID : CN101914102151Ju</b>  Amount of Each Receipt this Period 700.00
City Ann Arbor	State MI	
Zip Code 48105-		
FEC ID number of contributing federal political committee. C		
Name of Employer Retired	Occupation None	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1700.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1820.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 9 OF 36

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

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

Full Name (Last, First, Middle Initial) <b>Blaine Kozak</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 4522 SW Greenhills Way		Transaction ID : CN101114095702BI
City Portland	State OR	
Zip Code 97221-		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Radiology Consultants	Occupation Physician	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>Grace Lee-Park</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 08 / 2014
Mailing Address PO Box 10251		Transaction ID : CN101114095825Gr
City Portland	State OR	
Zip Code 97296-		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer None	Occupation None	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 475.00	

Full Name (Last, First, Middle Initial) <b>David Leiken</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 13 / 2014
Mailing Address 2990 SW Vista Drive		Transaction ID : CN101914112454Da
City Portland	State OR	
Zip Code 97225-		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Double Tee Concerts	Occupation Concerts	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 36

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

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

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

Mailing Address **8425 NW Hawkins Blvd**

City **Portland** State **OR** Zip Code **97229-**

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

Name of Employer  
**Self employed**

Occupation  
**Attorney**

Receipt For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
**2500.00**

Date of Receipt

M M / D D / Y Y Y Y  
**10 / 05 / 2014**

Transaction ID : **CN101114072107Da**

Amount of Each Receipt this Period

**400.00**

Earmarked from ActBlue

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

Mailing Address **2225 NW Pinnacle Dr**

City **Portland** State **OR** Zip Code **97229-**

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

Name of Employer  
**None**

Occupation  
**None**

Receipt For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
**400.00**

Date of Receipt

M M / D D / Y Y Y Y  
**10 / 12 / 2014**

Transaction ID : **CN101914102330Sa**

Amount of Each Receipt this Period

**200.00**

**C.** Full Name (Last, First, Middle Initial)  
**Sean O'Hollaren**

Mailing Address **5050 SW Hilltop Ln**

City **Portland** State **OR** Zip Code **97221-**

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

Name of Employer  
**Nike**

Occupation  
**Executive**

Receipt For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
**2600.00**

Date of Receipt

M M / D D / Y Y Y Y  
**10 / 15 / 2014**

Transaction ID : **CN101914111854Se**

Amount of Each Receipt this Period

**2600.00**

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

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

**3200.00**

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:

PAGE 11 OF 36

(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Patricia O'Leary</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 06 / 2014	
Mailing Address 3320 SW Underwood Dr		<b>Transaction ID : CN101114065707Pa</b>	
City Portland	State OR	Zip Code 97225-	Amount of Each Receipt this Period _____ 500.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer None	Occupation None		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1000.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Eric Orwoll</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 11 / 2014	
Mailing Address 2210 SW Scenic Dr		<b>Transaction ID : CN101914112535Er</b>	
City Portland	State OR	Zip Code 97225-	Amount of Each Receipt this Period _____ 600.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer OHSU	Occupation MD		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 600.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Joyce Owen</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 12 / 2014	
Mailing Address 1375 Olive Street #402		<b>Transaction ID : CN101914102021Jo</b>	
City Eugene	State OR	Zip Code 97401-	Amount of Each Receipt this Period _____ 200.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer none	Occupation not employed		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 400.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		_____ 1300.00	
<b>TOTAL</b> This Period (last page this line number only).....		_____	

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

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

FOR LINE NUMBER:

PAGE 12 OF 36

(check only one)

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

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

Full Name (Last, First, Middle Initial)

**Malin Lee Petrusich****A.**

Mailing Address 7935 SW Broadmoor Terr

City

Portland

State

OR

Zip Code

97225-

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
NoneOccupation  
Homemaker

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2014

**Transaction ID : CN101914103035Ma**

Amount of Each Receipt this Period

600.00

Earmarked from ActBlue

Full Name (Last, First, Middle Initial)

**Stephen Piucci****B.**

Mailing Address 900 SW 13th Ave

City

Portland

State

OR

Zip Code

97205-

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
SelfOccupation  
Attorney

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2014

**Transaction ID : CN101914112154St**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**Joe Robertson****C.**

Mailing Address 3375 SW Terwilliger

City

Portland

State

OR

Zip Code

97239-

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
OR Health Sciences UnivOccupation  
President

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

2600.00

Date of Receipt

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

**Transaction ID : CN101114095943Jo**

Amount of Each Receipt this Period

600.00

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

1700.00

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

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

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

FOR LINE NUMBER:

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(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Steve Rosenberg</b>		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>14</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	10		14		2014
M M	/	D D	/	Y Y Y Y									
10		14		2014									
Mailing Address 3232 SW Upper Cascade		<b>Transaction ID : CN101914112409St</b>											
City Portland	State OR	Zip Code 97205-											
FEC ID number of contributing federal political committee. <div>C</div>		Amount of Each Receipt this Period <div>540.00</div>											
Name of Employer Gregory Funding	Occupation Real estate												
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div>648.00</div>												
<b>B.</b> Full Name (Last, First, Middle Initial) <b>David Symes</b>		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>15</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	10		15		2014
M M	/	D D	/	Y Y Y Y									
10		15		2014									
Mailing Address 15213 SW Ashley Drive		<b>Transaction ID : CN101914112218Da</b>											
City Portland	State OR	Zip Code 97224-											
FEC ID number of contributing federal political committee. <div>C</div>		Amount of Each Receipt this Period <div>600.00</div>											
Name of Employer Ogletree Deakins	Occupation Attorney												
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div>600.00</div>												
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Joyce Thibodeaux</b>		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>15</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	10		15		2014
M M	/	D D	/	Y Y Y Y									
10		15		2014									
Mailing Address 113 Oakdale Loop		<b>Transaction ID : CN101914111054Jo</b>											
City Houma	State LA	Zip Code 70360-											
FEC ID number of contributing federal political committee. <div>C</div>		Amount of Each Receipt this Period <div>35.00</div>											
Name of Employer not employed	Occupation none												
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div>235.00</div>												
<b>SUBTOTAL</b> of Receipts This Page (optional).....		<div>1175.00</div>											
<b>TOTAL</b> This Period (last page this line number only).....		<div></div>											

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

Use separate schedule(s)  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Lynn Tobias</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 09 / 2014	
Mailing Address 3100 NE Alameda St		<b>Transaction ID : CN101114095930Ly</b>	
City Portland	State OR	Zip Code 97212-	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer self	Occupation Education consulting		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1450.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Helen Towle</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 13 / 2014	
Mailing Address 1452 Barber Drive		<b>Transaction ID : CN101914112502He</b>	
City Eugene	State OR	Zip Code 97405-	Amount of Each Receipt this Period 60.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation HR Consultant		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 360.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Janet Webster</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 15 / 2014	
Mailing Address 113 SE Bay Blvd		<b>Transaction ID : CN101914110907Ja</b>	
City Newport	State OR	Zip Code 97365-	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Oregon State University	Occupation Librarian		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		1060.00	
<b>TOTAL</b> This Period (last page this line number only).....		14855.00	

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

Use separate schedule(s)  
for each category of the  
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☐ 11a ☐ 11b ☒ 11c ☐ 11d  
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NAME OF COMMITTEE (In Full)  
**Bonamici for Congress**

A. Full Name (Last, First, Middle Initial)  
**Nelson Mullins Riley & Scarborough PAC**

Mailing Address PO Box 11070

City State Zip Code  
 Columbia SC 29211-

FEC ID number of contributing  
federal political committee.

**C** C00278895

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
 10 12 2014

Transaction ID : CN101914101819Ne

Amount of Each Receipt this Period

1000.00

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

Mailing Address 14 Arrow St

City State Zip Code  
 Cambridge MA 02138-

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

24381.75

Date of Receipt

M M / D D / Y Y Y Y  
 10 05 2014

Transaction ID : CN101114071448Ac

Amount of Each Receipt this Period

1191.00

**[MEMO ITEM]**

Conduit: 18 donors; PAC limit not affected

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

Mailing Address 14 Arrow St

City State Zip Code  
 Cambridge MA 02138-

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

25943.01

Date of Receipt

M M / D D / Y Y Y Y  
 10 12 2014

Transaction ID : CN101914102556Ac

Amount of Each Receipt this Period

1561.26

**[MEMO ITEM]**

conduit: 84 donors; PAC limit not affected

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

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

1000.00

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
**Bonamici for Congress**

Full Name (Last, First, Middle Initial)

**ActBlue**

Mailing Address 14 Arrow St

City

Cambridge

State

MA

Zip Code

02138-

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

27698.01

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 15 2014

**Transaction ID : CN101914110705Ac**

Amount of Each Receipt this Period

1755.00

**[MEMO ITEM]**

Conduit: 25 donors; PAC limit not affected

Full Name (Last, First, Middle Initial)

**Iberdrola USA PAC**

Mailing Address 52 Farm View Drive

City

New Gloucester

State

ME

Zip Code

04260-

FEC ID number of contributing  
federal political committee.

**C** C00422352

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 15 2014

**Transaction ID : CN101914101344Ib**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**Union Pacific Corp Fund for Effective Gov't**

Mailing Address 600 Thirteenth St NW #340

City

Washington

State

DC

Zip Code

20005-

FEC ID number of contributing  
federal political committee.

**C** C00010470

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

5500.00

Date of Receipt

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

**Transaction ID : CN101114071021Un**

Amount of Each Receipt this Period

1000.00

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

2000.00

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



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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**Bonamici for Congress**

Full Name (Last, First, Middle Initial)

**NIKE, Inc. PAC**

Mailing Address One Bowerman Dr

City

Beaverton

State

OR

Zip Code

97005-

FEC ID number of contributing  
federal political committee.

**C** C00142786

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
10 12 2014

Transaction ID : CN101914101832NI

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**League of Conservation Voters Action Fund**

Mailing Address 1920 L Street NW

Suite 800

City

Washington

State

DC

Zip Code

20036-

FEC ID number of contributing  
federal political committee.

**C** C00252940

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

1050.00

Date of Receipt

M M / D D / Y Y Y Y  
10 14 2014

Transaction ID : CN101914101214Le

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**

Conduit: 1 donor; PAC Limit not affected

Full Name (Last, First, Middle Initial)

**Midwives PAC**

Mailing Address 8403 Colesville Rd

Suite 1550

City

Silver Spring

State

MD

Zip Code

20910-

FEC ID number of contributing  
federal political committee.

**C** C00358812

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

2000.00

Date of Receipt

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

Transaction ID : CN101114070954Mi

Amount of Each Receipt this Period

1000.00

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

6000.00

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

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

Use separate schedule(s)  
for each category of the  
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12 13a 13b 14 15

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

Full Name (Last, First, Middle Initial)

**National Active and Retired Federal Employees**

Mailing Address 606 N Washington St

City State Zip Code  
 Alexandria VA 22314-

FEC ID number of contributing  
federal political committee.

**C** C00091561

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
 10 15 2014

Transaction ID : CN101914102507Na

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.**  
 Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**  
 Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

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

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

1000.00

10000.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input checked="" type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Bonamici for Congress**Full Name (Last, First, Middle Initial)  
**A. Democratic Party of Oregon**

Mailing Address 232 NE 9th Ave

City	State	Zip Code
Portland	OR	97232-

FEC ID number of contributing  
federal political committee.**C** C00188367

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2457.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2014

Transaction ID : CN101914101926De

Amount of Each Receipt this Period

1157.30

Rent and Utilities

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

Mailing Address

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

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

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

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

Amount of Each Receipt this Period

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

Mailing Address

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

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

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

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

1157.30

1157.30

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(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)  
**Bonamici for Congress**

Full Name (Last, First, Middle Initial)

**A. Sean McNulty**

Mailing Address 14805 SE Megan Way

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		01		2014

City Clackamas State OR Zip Code 97015-

Amount of Each Disbursement this Period

Purpose of Disbursement  
Wages

001

397.63

Transaction ID : EX092814084017Se

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. ActBlue Technical Services**

Mailing Address 14 Arrow St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		05		2014

City Cambridge State MA Zip Code 02138-

Amount of Each Disbursement this Period

Purpose of Disbursement  
Service fee

001

47.10

Transaction ID : EX101114071514Ac

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**C. ActBlue Technical Services**

Mailing Address 14 Arrow St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		12		2014

City Cambridge State MA Zip Code 02138-

Amount of Each Disbursement this Period

Purpose of Disbursement  
Service fee

001

61.92

Transaction ID : EX101914102659Ac

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

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

506.65

**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 PageFOR 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)  
**Bonamici for Congress**

Full Name (Last, First, Middle Initial)

**A. ActBlue Technical Services**

Mailing Address 14 Arrow St

City	State	Zip Code
Cambridge	MA	02138-

Purpose of Disbursement  
Service fee

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		15		2014

Amount of Each Disbursement this Period

69.40
-------

Transaction ID : EX101914110646Ac

**B. American Express**

Mailing Address PO Box 650448

City	State	Zip Code
Dallas	TX	75265-

Purpose of Disbursement  
Credit card payment - See memo detail

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		07		2014

Amount of Each Disbursement this Period

2226.30
---------

Transaction ID : EX101114071253Am

**c. Angerholzer Broz Consulting LLC**Mailing Address 499 S Capitol St SW  
Suite 422

City	State	Zip Code
Washington	DC	20003-

Purpose of Disbursement  
Fundraising consulting #201626BAP

003

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		06		2014

Amount of Each Disbursement this Period

4036.54
---------

Transaction ID : EX100614091853An

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

6332.24

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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)  
**Bonamici for Congress**

Full Name (Last, First, Middle Initial)

**A. Authorize dot Net**

Mailing Address 10800 NE 8th Street Suite 600

City	State	Zip Code
Bellevue	WA	98004-

Purpose of Disbursement  
credit card processing

001

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

27.95
-------

Transaction ID : EX100514230039Au

**B. Automatic Data Processing (ADP)**

Mailing Address 504 Clinton Center Dr

City	State	Zip Code
Clinton	MS	39056-

Purpose of Disbursement  
Payroll production

001

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

101.31
--------

Transaction ID : EX101114071224Au

**c. Benenson Strategy Group**Mailing Address 720 S Colorado Blvd  
Suite 500N

City	State	Zip Code
Denver	CO	80246-

Purpose of Disbursement  
Trend survey #2014-3284b

005

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		11		2014

Amount of Each Disbursement this Period

750.00
--------

Transaction ID : EX101114081743Be

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

879.26

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 23 OF 36

<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)  
**Bonamici for Congress**

Full Name (Last, First, Middle Initial)

**A. Chadel Place**Mailing Address 15160 NW Laidlaw Rd  
Suite 108

City Portland State OR Zip Code 97229-

Purpose of Disbursement  
Rent (Oct)

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
10	08	2014

Amount of Each Disbursement this Period

2000.00
---------

Transaction ID : EX100914080538Ch

**B. Costco Wholesale**

Mailing Address 15901 SW Jenkins Rd

City Aloha State OR Zip Code 97006-

Purpose of Disbursement  
Event supplies

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
09	05	2014

Amount of Each Disbursement this Period

300.17
--------

Transaction ID : EX101114074259Co

**[MEMO ITEM]**

AmEx detail

**c. Cricket**

Mailing Address 621 SW Broadway

City Portland State OR Zip Code 97201-

Purpose of Disbursement  
Telephone

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
10	01	2014

Amount of Each Disbursement this Period

36.00
-------

Transaction ID : EX100514230100Cr

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

2036.00

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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)  
**Bonamici for Congress**

Full Name (Last, First, Middle Initial)

**A. FedExOffice**

Mailing Address 11693 Beaverton Hillsdale Hwy

City	State	Zip Code
Beaverton	OR	97005-

Purpose of Disbursement  
postage

001

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 26 / 2014

Amount of Each Disbursement this Period

8.90
------

Transaction ID : EX101114074436Fe

**[MEMO ITEM]**

AmEx detail

**B. FedExOffice**

Mailing Address 11693 Beaverton Hillsdale Hwy

City	State	Zip Code
Beaverton	OR	97005-

Purpose of Disbursement  
Printing and mounting

001

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 29 / 2014

Amount of Each Disbursement this Period

61.25
-------

Transaction ID : EX101114074548Fe

**[MEMO ITEM]**

AmEx detail

**c. FedExOffice**

Mailing Address 11693 Beaverton Hillsdale Hwy

City	State	Zip Code
Beaverton	OR	97005-

Purpose of Disbursement  
postage

001

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

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

Amount of Each Disbursement this Period

29.47
-------

Transaction ID : EX100514230008Fe

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

29.47
-------



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 25 OF 36

<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)  
**Bonamici for Congress**

Full Name (Last, First, Middle Initial)

**A. FedExOffice**

Mailing Address 11693 Beaverton Hillsdale Hwy

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		05		2014

City	State	Zip Code
Beaverton	OR	97005-

Amount of Each Disbursement this Period

49.24
-------

Purpose of Disbursement  
postage

001

Transaction ID : EX100514225933Fe

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**B. First Bank Merchant Services**

Mailing Address PO Box 407066

Date of Disbursement

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

City	State	Zip Code
Fort Lauderdale	FL	33340-

Amount of Each Disbursement this Period

25.00
-------

Purpose of Disbursement  
Merchant fee

001

Transaction ID : EX100514230026Fi

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**c. Fred Meyer**

Mailing Address 11425 SW Beaverton Hillsdale

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		24		2014

City	State	Zip Code
Beaverton	OR	97007-

Amount of Each Disbursement this Period

77.37
-------

Purpose of Disbursement  
Event supplies

007

Transaction ID : EX101114074026Fr

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

**[MEMO ITEM]**  
AmEx detail**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

74.24

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 26 OF 36

<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)  
**Bonamici for Congress**

Full Name (Last, First, Middle Initial)

**A. Fred Meyer**

Mailing Address 11425 SW Beaverton Hillsdale

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		26		2014

City	State	Zip Code
Beaverton	OR	97007-

Amount of Each Disbursement this Period

16.95
-------

Purpose of Disbursement  
office supplies

001

Transaction ID : EX101114074518Fr

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

**[MEMO ITEM]**

AmEx detail

State:

District:

Full Name (Last, First, Middle Initial)

**B. Fred Meyer**

Mailing Address 11425 SW Beaverton Hillsdale

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		30		2014

City	State	Zip Code
Beaverton	OR	97007-

Amount of Each Disbursement this Period

7.78
------

Purpose of Disbursement  
office supplies

007

Transaction ID : EX101114074220Fr

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

**[MEMO ITEM]**

AmEx detail

State:

District:

Full Name (Last, First, Middle Initial)

**c. Fred Meyer**

Mailing Address 11425 SW Beaverton Hillsdale

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		30		2014

City	State	Zip Code
Beaverton	OR	97007-

Amount of Each Disbursement this Period

23.36
-------

Purpose of Disbursement  
office supplies

007

Transaction ID : EX101114074151Fr

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

**[MEMO ITEM]**

AmEx detail

State:

District:

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

0.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 27 OF 36

<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)  
**Bonamici for Congress**

Full Name (Last, First, Middle Initial)

**A. Fred Meyer**

Mailing Address 11425 SW Beaverton Hillsdale

Date of Disbursement

M M	D D	Y Y Y Y
09	05	2014

City	State	Zip Code
Beaverton	OR	97007-

Amount of Each Disbursement this Period

11.24
-------

Purpose of Disbursement  
office supplies

007

Transaction ID : EX101114074326Fr

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

**[MEMO ITEM]**

AmEx detail

State:

District:

Full Name (Last, First, Middle Initial)

**B. Fulcrum**Mailing Address 623 SW Oak St  
Suite 313

Date of Disbursement

M M	D D	Y Y Y Y
10	06	2014

City	State	Zip Code
Portland	OR	97205-

Amount of Each Disbursement this Period

3500.00
---------

Purpose of Disbursement  
Campaign planning #1408

001

Transaction ID : EX100614091553Fu

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**c. Fulcrum**Mailing Address 623 SW Oak St  
Suite 313

Date of Disbursement

M M	D D	Y Y Y Y
10	06	2014

City	State	Zip Code
Portland	OR	97205-

Amount of Each Disbursement this Period

2500.00
---------

Purpose of Disbursement  
Strategic consulting

001

Transaction ID : EX100614091756Fu

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

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

6000.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 28 OF 36

<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)  
**Bonamici for Congress**

Full Name (Last, First, Middle Initial)

**A. Fulcrum**Mailing Address 623 SW Oak St  
Suite 313

City Portland State OR Zip Code 97205-

Purpose of Disbursement  
Campaign data consulting

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		11		2014

Amount of Each Disbursement this Period

1275.00
---------

Transaction ID : EX101114073248Fu

**B. Google Apps**

Mailing Address 1600 Amphitheatre Pkwy

City Mountain View State CA Zip Code 94043-

Purpose of Disbursement  
Google Apps

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		07		2014

Amount of Each Disbursement this Period

41.00
-------

Transaction ID : EX101114071316Go

**C. Kramers Metro Mailing Service, Inc.**Mailing Address 16745 SE Ken's Court  
Suite A

City Milwaukie State OR Zip Code 97267-

Purpose of Disbursement  
postage, mailing services

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		11		2014

Amount of Each Disbursement this Period

11152.60
----------

Transaction ID : EX101114073000Kr

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

12468.60

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 29 OF 36

<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)  
**Bonamici for Congress**

Full Name (Last, First, Middle Initial)

**A. Liberty Mutual**

Mailing Address PO Box 0569

City	State	Zip Code
Carol Stream	IL	60132-

Purpose of Disbursement  
Workers Compensation

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		11		2014

Amount of Each Disbursement this Period

6078.23
---------

Transaction ID : EX101114082119Li

**B. Mandate Media**

Mailing Address 1801 NE Multnomah St

City	State	Zip Code
Portland	OR	97232-

Purpose of Disbursement  
social media consulting #5184

004

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		06		2014

Amount of Each Disbursement this Period

1650.00
---------

Transaction ID : EX100614090258Ma

**c. Morel Ink**

Mailing Address PO Box 4625

City	State	Zip Code
Portland	OR	97208-

Purpose of Disbursement  
Printing - 14-4492, 14-4575

006

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		11		2014

Amount of Each Disbursement this Period

4268.23
---------

Transaction ID : EX101114081535Mo

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

6078.23

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 30 OF 36

<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)  
**Bonamici for Congress**

Full Name (Last, First, Middle Initial)

**A. NGP/VAN Software**

Mailing Address 1101 15th St #500 NW

City	State	Zip Code
Washington	DC	20005-

Purpose of Disbursement  
Software subscription

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		11		2014

Amount of Each Disbursement this Period

2226.75
---------

Transaction ID : EX101114081859NG

**B. Office Depot**

Mailing Address 2595 SW Cedar Hills

City	State	Zip Code
Beaverton	OR	97005-

Purpose of Disbursement  
Office supplies

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		13		2014

Amount of Each Disbursement this Period

60.98
-------

Transaction ID : EX101114074352Of

[MEMO ITEM]

AmEx detail

**C. Rush Order Tees**

Mailing Address 11500 Roosevelt Blvd

City	State	Zip Code
Philadelphia	PA	19116-

Purpose of Disbursement  
T-shirt printing

006

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		14		2014

Amount of Each Disbursement this Period

576.75
--------

Transaction ID : EX101914113012Ru

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

2226.75

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 31 OF 36

<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)  
**Bonamici for Congress**

Full Name (Last, First, Middle Initial)

**A. Target Corp.**

Mailing Address 939 SW Morrison

City Portland State OR Zip Code 97205-

Purpose of Disbursement  
Office supplies

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		23		2014

Amount of Each Disbursement this Period

107.31
--------

Transaction ID : EX101114074417Ta

**[MEMO ITEM]**

AmEx detail

**B. Target Corp.**

Mailing Address 939 SW Morrison

City Portland State OR Zip Code 97205-

Purpose of Disbursement  
Office supplies

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		30		2014

Amount of Each Disbursement this Period

19.18
-------

Transaction ID : EX101114074131Ta

**[MEMO ITEM]**

AmEx detail

**c. Target Corp.**

Mailing Address 939 SW Morrison

City Portland State OR Zip Code 97205-

Purpose of Disbursement  
Office supplies

007

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		30		2014

Amount of Each Disbursement this Period

99.99
-------

Transaction ID : EX101114074110Ta

**[MEMO ITEM]**

AmEx detail

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

0.00
------

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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 32 OF 36

<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)  
**Bonamici for Congress**

Full Name (Last, First, Middle Initial)

**A. US Airways**

Mailing Address 4000 Sky Harbor

City	State	Zip Code
Phoenix	AZ	85034-

Purpose of Disbursement  
Air travel

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		09		2014

Amount of Each Disbursement this Period

182.60
--------

Transaction ID : EX101114073754US

**[MEMO ITEM]**

AmEx detail

**B. US Postal Service**

Mailing Address 4550 SW Betts Ave

City	State	Zip Code
Beaverton	OR	97005-

Purpose of Disbursement  
Postage

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		18		2014

Amount of Each Disbursement this Period

107.00
--------

Transaction ID : EX101114073922US

**[MEMO ITEM]**

AmEx detail

**c. Whole Foods**

Mailing Address 1210 NW Couch St

City	State	Zip Code
Portland	OR	97209-

Purpose of Disbursement  
Event refreshments

007

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		24		2014

Amount of Each Disbursement this Period

463.19
--------

Transaction ID : EX101114074003Wh

**[MEMO ITEM]**

AmEx detail

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

0.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 35 OF 36

<input 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 checked="" type="checkbox"/> 21

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

Full Name (Last, First, Middle Initial)

**A. Future PAC**

Mailing Address 2236 SE 10th Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		06		2014

City State Zip Code  
Portland OR 97214-

Amount of Each Disbursement this Period

10000.00
----------

Purpose of Disbursement  
Contribution to local committee

012

Transaction ID : EX100614090222Fu

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. Senate Democratic Leadership Fund**

Mailing Address 2236 SE 10th Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		06		2014

City State Zip Code  
Portland OR 97214-

Amount of Each Disbursement this Period

10000.00
----------

Purpose of Disbursement  
contribution to local committee

012

Transaction ID : EX100614090150Se

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**c. Yes on 88**

Mailing Address PO Box 42307

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		12		2014

City State Zip Code  
Portland OR 97242-

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
local campaign contribution

012

Transaction ID : EX101214134814Ye

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

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

20500.00

20500.00

**SCHEDULE C (FEC Form 3)**  
**LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 36 OF 36

FOR LINE NUMBER:  
(check only one)☐ 13a  
☐ 13bNAME OF COMMITTEE (In Full)  
Bonamici for Congress

Transaction ID : DBDbt10031109544607

LOAN SOURCE Full Name (Last, First, Middle Initial)

Suzanne Bonamici

**[PERSONAL FUNDS]**

Election: 2011

☐ Primary☐ General☒ Other (specify) ▼Mailing Address  
PO Box 1632

City

State

ZIP Code

Beaverton

OR

97075-

Original Amount of Loan

200000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

200000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
09 / 30 / 2011

Date Due

M M / D D / Y Y Y Y

As available

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

200000.00

**TOTALS** This Period (last page in this line only)..... ►

200000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.