25020190933
25020190933

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

SECRETARY OF THE SENATE
05 APR 20 PM 3: 24
Office Use Only

1. NAME OF COMMITTEE (In full) — USE FEC MAILING LABEL OR TYPE OR PRINT ▼ — Example: If typing, type over the lines

Wyden for Senate

ADDRESS (number and street) ▼ PO Box 3498

☐ Check if different than previously reported. (ACC)

Portland | OR | 97208

2. FEC IDENTIFICATION NUMBER ▼ C00308976

CITY ▲ | STATE ▲ | ZIP CODE ▲

3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)

STATE ▼ DISTRICT OR

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 ☐ ☐ ☐ in the State of ☐

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

☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on ☐ ☐ ☐ in the State of ☐

5. Covering Period 01 01 2005 through 03 31 2005

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 [signature] Date 04 12 2005

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

Wyden for Senate

Report Covering the Period: From: 01 01 2005 To: 03 31 2005

	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(a)).....	18345.00	22520.00
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	18345.00	22520.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	89896.08	240043.66
(b) Total Offsets to Operating Expenditures (from Line 14).....	333.00	333.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	89563.08	239710.66
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1713710.06	
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 02/2003)

Write or Type Committee Name
Wyden for Senate

Report Covering the Period: From: 01 01 2005 To: 03 31 2005

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)	8835.00	11585.00
(ii) Unitemized	510.00	1935.00
(iii) TOTAL of contributions from individuals ▶	9345.00	13520.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACS)	9000.00	9000.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	18345.00	22520.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	5068.09
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.)	333.00	333.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	8947.61	14753.74
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4) ▶	27625.61	42674.83

25020190936

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES	89896.08	240043.66
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00
(b) Of all Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
21. OTHER DISBURSEMENTS	250000.00	500120.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) >	339896.08	740163.66

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	2025980.53
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3)	27625.61
25. SUBTOTAL (add Line 23 and Line 24)	2053606.14
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	339896.08
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	1713710.06

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 5 / 56
[X] 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)
Austin Barney, II
Mailing Address PO Box 736
City: West Simsbury
State: CT
Zip Code: 06092
FEC ID number of contributing federal political committee: C
Name of Employer: Life Legacy Advisors LLC
Occupation: President
Receipt For: 2010
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 425.00

Date of Receipt: 02 / 03 / 2005
Transaction ID: SA11A1.18450
Amount of Each Receipt this Period: 425.00
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial)
Lynn Butkus
Mailing Address 3270 NE Alameda Terrace
City: Portland
State: OR
Zip Code: 97212
FEC ID number of contributing federal political committee: C
Name of Employer: M Benefit Solutions
Occupation: VP & Manager, Client Services
Receipt For: 2010
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 500.00

Date of Receipt: 03 / 24 / 2005
Transaction ID: SA11A1.18473
Amount of Each Receipt this Period: 500.00
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.
Full Name (Last, First, Middle Initial)
Bruce Callahan
Mailing Address 3103 Point O'Woods
City: Austin
State: TX
Zip Code: 78735
FEC ID number of contributing federal political committee: C
Name of Employer: NFP
Occupation: Chairman
Receipt For: 2010
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 1000.00

Date of Receipt: 03 / 15 / 2005
Transaction ID: SA11A1.18462
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) ▶ 1925.00

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: PAGE 6 / 56
(check only one)
[X] 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)
Robert Carter
Mailing Address 5501 Ravine Ridge Cove
City: Austin State: TX Zip Code: 78746
FEC ID number of contributing federal political committee: C
Name of Employer: NFP
Occupation: President
Receipt For: 2010
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 1000.00

Date of Receipt: 03 / 15 / 2005
Transaction ID: SA11A1.18464
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)
Thomas Cohn
Mailing Address 6484 Ellenwood Avenue
City: St. Louis State: MO Zip Code: 63105
FEC ID number of contributing federal political committee: C
Name of Employer: The Todd Organization
Occupation: Chartered Financial Consultant
Receipt For: 2010
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 01 / 13 / 2005
Transaction ID: SA11A1.18488
Amount of Each Receipt this Period: 250.00
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.
Full Name (Last, First, Middle Initial)
James Hebets
Mailing Address 2575 E Camelback Road, Suite 700
City: Phoenix State: AZ Zip Code: 85016
FEC ID number of contributing federal political committee: C
Name of Employer: The Hebets Company
Occupation: President
Receipt For: 2010
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 800.00

Date of Receipt: 01 / 20 / 2005
Transaction ID: SA11A1.18482
Amount of Each Receipt this Period: 800.00
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 2050.00

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: PAGE 7 / 56
(check only one)
[X] 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)
Gary Hirschkron
Mailing Address 45 Walker Street
No. 4
City: New York
State: NY
Zip Code: 10013
FEC ID number of contributing federal political committee: C
Name of Employer: AXA Financial
Occupation: Sr. Vice President
Receipt For: 2010
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 1000.00
Date of Receipt: 03 / 14 / 2005
Transaction ID: SA11A1.18450
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)
Kurt Kidder
Mailing Address 303 W Madison
Suite 800
City: Chicago
State: IL
Zip Code: 60606
FEC ID number of contributing federal political committee: C
Name of Employer: Northwestern Mutual Financial Network
Occupation: Director of Business & Estate Planning
Receipt For: 2010
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 1000.00
Date of Receipt: 02 / 14 / 2005
Transaction ID: SA11A1.18452
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)
Robert Long
Mailing Address 208 Irving Place
City: Greensboro
State: NC
Zip Code: 27408
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Insurance Agent
Receipt For: 2010
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 1000.00
Date of Receipt: 03 / 31 / 2005
Transaction ID: SA11A1.18479
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) ▶ 3000.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 8 / 56

[X] 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)
Ron Merryman
Mailing Address 10390 SW Bonanza Way
City: Tigard State: OR Zip Code: 97224
FEC ID number of contributing federal political committee. C
Name of Employer: Clarity Visual Systems
Occupation: CFO
Receipt For: 2010
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 1000.00

Date of Receipt: 02 / 21 / 2005
Transaction ID: SA11A1.18458
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)
John Smith
Mailing Address 3300 E Briarcliff Road
City: Birmingham State: AL Zip Code: 35223
FEC ID number of contributing federal political committee. C
Name of Employer: Executive Benefits Systems
Occupation: President
Receipt For: 2010
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 360.00

Date of Receipt: 03 / 22 / 2005
Transaction ID: SA11A1.18469
Amount of Each Receipt this Period: 360.00
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.
Full Name (Last, First, Middle Initial)
Patrice Smullin
Mailing Address KOBI P.O. Box 1489
City: Medford State: OR Zip Code: 97501
FEC ID number of contributing federal political committee. C
Name of Employer: California Oregon Broadcasting
Occupation: President
Receipt For: 2010
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 500.00

Date of Receipt: 03 / 18 / 2005
Transaction ID: SA11A1.18466
Amount of Each Receipt this Period: 500.00
Earmarked Television & Radio PAC
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 1860.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 56
(check only one)
[X] 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)
Television and Radio PAC

Mailing Address 1771 N St. NW

City: Washington
State: DC
Zip Code: 20036

FEC ID number of contributing federal political committee: C C00009985

Name of Employer:

Occupation:

Receipt For: 2010
[X] Primary [ ] General
[ ] Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 03 / 18 / 2005

Transaction ID: SA11A1.18466.0

Amount of Each Receipt this Period: 500.00

Conduit-Earmarked Contribution
- Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	8835.00

25020190942

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 10 / 56

☐ 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)
Davita Inc. PAC

Mailing Address 21250 Hawthorne Blvd.
Suite 800

City: Torrance State: CA Zip Code: 90503

FEC ID number of contributing federal political committee: C

Name of Employer

Occupation

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date: 4000.00

Date of Receipt: 03 / 24 / 2005

Transaction ID: SA11C.18475

Amount of Each Receipt this Period: 4000.00

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

B. Full Name (Last, First, Middle Initial)
Health Net, Inc. PAC

Mailing Address 21650 Oxnard Street

City: Woodland Hills State: CA Zip Code: 91367

FEC ID number of contributing federal political committee: C

Name of Employer

Occupation

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 03 / 18 / 2005

Transaction ID: SA11C.18467

Amount of Each Receipt this Period: 500.00

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

C. Full Name (Last, First, Middle Initial)
RadioShack Government Action Fund

Mailing Address 100 Throckmorton
Suite 1900

City: Fort Worth State: TX Zip Code: 76102

FEC ID number of contributing federal political committee: C

Name of Employer

Occupation

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 03 / 30 / 2005

Transaction ID: SA11C.18481

Amount of Each Receipt this Period: 500.00

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

SUBTOTAL of Receipts This Page (optional) ▶ 5000.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 56
(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)
Renal Care Group PAC

Mailing Address 2525 West End Avenue Suite 600

City: Nashville
State: TN
Zip Code: 37203

FEC ID number of contributing federal political committee. C C00382101

Name of Employer

Occupation

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
03 / 24 / 2005

Transaction ID: SA11C.18616

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) ▶ 4000.00

TOTAL This Period (last page this line number only) ▶ 9000.00

25020190944

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 58
(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)
ADP

Mailing Address 4099 SE International Way
Suite #220

City: Milwaukie
State: OR
Zip Code: 97220

FEC ID number of contributing federal political committee. C

Name of Employer

Occupation

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
206.25

Date of Receipt
02 / 23 / 2005

Transaction ID: SA14.16505

Amount of Each Receipt this Period
206.25

Payroll Credit

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

SUBTOTAL of Receipts This Page (optional) ▶ 206.25

TOTAL This Period (last page this line number only) ▶ 206.25

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 56
(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: Charlotte State: NC Zip Code: 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: 8483.54

Date of Receipt: 01 / 28 / 2005
Transaction ID: SA15.18500
Amount of Each Receipt this Period: 2705.85
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: Charlotte State: NC Zip Code: 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: 11227.11

Date of Receipt: 02 / 25 / 2005
Transaction ID: SA15.18501
Amount of Each Receipt this Period: 2743.57
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: Charlotte State: NC Zip Code: 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: 14674.23

Date of Receipt: 03 / 31 / 2005
Transaction ID: SA15.18502
Amount of Each Receipt this Period: 3447.12
Interest
☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 8896.54

TOTAL This Period (last page this line number only) ▶ 8896.54

25020190946

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 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)
Abbott, Ely

Transaction ID: SB17.18250
Date of Disbursement
01 / 15 / 2005

Mailing Address 302 E. Glendale Avenue
Apt. 4

City: Alexandria State: VA Zip Code: 22301

Amount of Each Disbursement this Period: 6036.69

Purpose of Disbursement: Salary

Category/Type: 001

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 [X] Primary [ ] General [ ] Other (specify)

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

Transaction ID: SB17.18243
Date of Disbursement
01 / 12 / 2005

Mailing Address 4099 SE International Way
Suite #220

City: Milwaukie State: OR Zip Code: 97220

Amount of Each Disbursement this Period: 62.00

Purpose of Disbursement: Payroll Taxes

Category/Type: 001

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 [X] Primary [ ] General [ ] Other (specify)

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

Transaction ID: SB17.18248
Date of Disbursement
01 / 15 / 2005

Mailing Address 4099 SE International Way
Suite #220

City: Milwaukie State: OR Zip Code: 97220

Amount of Each Disbursement this Period: 51.49

Purpose of Disbursement: Payroll Processing

Category/Type: 001

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 [X] Primary [ ] General [ ] Other (specify)

SUBTOTAL of Disbursements This Page (optional) ▶ 6150.18

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

25020190947

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 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 Taxes

Candidate Name:

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18249
Date of Disbursement: 01 / 15 / 2005

Amount of Each Disbursement this Period: 17090.88

[ ] 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: Milwaukie State: OR Zip Code: 97220

Purpose of Disbursement: Payroll Fees

Candidate Name:

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18254
Date of Disbursement: 01 / 19 / 2005

Amount of Each Disbursement this Period: 76.85

[ ] 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: Milwaukie State: OR Zip Code: 97220

Purpose of Disbursement: Payroll Taxes

Candidate Name:

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18255
Date of Disbursement: 01 / 21 / 2005

Amount of Each Disbursement this Period: 60.78

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

SUBTOTAL of Disbursements This Page (optional) ▶ 17228.51

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

25020190948
25020190948

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)
ADP

Mailing Address 4099 SE International Way
Suite #220

City: Milwaukie State: OR Zip Code: 97220

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

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18265
Date of Disbursement: 01 / 31 / 2005
Amount of Each Disbursement this Period: 49.79
[ ] 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: Milwaukie State: OR Zip Code: 97220

Purpose of Disbursement: Payroll Taxes
Candidate Name:
Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18266
Date of Disbursement: 01 / 31 / 2005
Amount of Each Disbursement this Period: 818.69
[ ] 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: Milwaukie State: OR Zip Code: 97220

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

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18283
Date of Disbursement: 02 / 15 / 2005
Amount of Each Disbursement this Period: 48.39
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 916.87

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

25020190949

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 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 Taxes
Candidate Name:
Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18284
Date of Disbursement: 02 / 15 / 2005

Amount of Each Disbursement this Period: 280.91

[ ] 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: Milwaukie State: OR Zip Code: 97220

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

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18290
Date of Disbursement: 02 / 24 / 2005

Amount of Each Disbursement this Period: 12.00

[ ] 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: Milwaukie State: OR Zip Code: 97220

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

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18292
Date of Disbursement: 02 / 26 / 2005

Amount of Each Disbursement this Period: 48.39

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

SUBTOTAL of Disbursements This Page (optional) ▶ 341.30

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

25020190950

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)
[X] 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 Taxes

Candidate Name

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18293
Date of Disbursement: 02 / 28 / 2005

Amount of Each Disoursemen this Period: 267.18

[ ] 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: Milwaukie State: OR Zip Code: 97220

Purpose of Disbursement
Payroll Taxes

Candidate Name

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18495
Date of Disbursement: 03 / 09 / 2005

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)
ADP

Mailing Address 4099 SE International Way
Suite #220

City: Milwaukie State: OR Zip Code: 97220

Purpose of Disbursement
Payroll Taxes

Candidate Name

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18490
Date of Disbursement: 03 / 15 / 2005

Amount of Each Disbursement this Period: 278.41

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

SUBTOTAL of Disbursements This Page (optional) ▶ 725.59

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)
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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)
ADP

Mailing Address 4099 SE International Way
Suite #220

City: Milwaukie State: OR Zip Code: 97220

Purpose of Disbursement: Payroll Services

Candidate Name:

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18491
Date of Disbursement: 03 / 15 / 2005

Amount of Each Disbursement this Period: 48.39

[ ] 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: Milwaukie State: OR Zip Code: 97220

Purpose of Disbursement: Payroll Fees

Candidate Name:

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18494
Date of Disbursement: 03 / 16 / 2005

Amount of Each Disbursement this Period: 12.00

[ ] 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: Milwaukie State: OR Zip Code: 97220

Purpose of Disbursement: Payroll Processing

Candidate Name:

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18306
Date of Disbursement: 03 / 31 / 2005

Amount of Each Disbursement this Period: 48.39

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

SUBTOTAL of Disbursements This Page (optional) ▶ 108.78

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

25020190952

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)
[X] 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

Transaction ID: SB17.18309
Date of Disbursement: 03 / 31 / 2005

Mailing Address: 4099 SE International Way, Suite #220

City: Milwaukie | State: OR | Zip Code: 97220

Amount of Each Disbursement this Period: 278.40

Purpose of Disbursement: Payroll Taxes

Category/Type: 001

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 [X] Primary [ ] General [ ] Other (specify)

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

Transaction ID: SB17.18260
Date of Disbursement: 01 / 28 / 2005

Mailing Address: PO Box 549

City: Beaverton | State: OR | Zip Code: 97005

Amount of Each Disbursement this Period: 70.71

Purpose of Disbursement: Telephone Service

Category/Type: 001

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 [X] Primary [ ] General [ ] Other (specify)

C. Full Name (Last, First, Middle Initial)
AT&T Wireless

Transaction ID: SB17.18261
Date of Disbursement: 01 / 28 / 2005

Mailing Address: PO Box 549

City: Beaverton | State: OR | Zip Code: 97005

Amount of Each Disbursement this Period: 488.02

Purpose of Disbursement: Telephone Service

Category/Type: 001

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 [X] Primary [ ] General [ ] Other (specify)

SUBTOTAL of Disbursements This Page (optional) ▶ 837.13

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

25020190953

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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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 Wireless

Mailing Address PO Box 549

City: Beaverton State: OR Zip Code: 97005

Purpose of Disbursement: Telephone Service

Candidate Name:

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18262
Date of Disbursement: 01 / 28 / 2005

Amount of Each Disbursement this Period: 70.55

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

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

Mailing Address PO Box 549

City: Beaverton State: OR Zip Code: 97005

Purpose of Disbursement: Telephone Service

Candidate Name:

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18282
Date of Disbursement: 02 / 10 / 2005

Amount of Each Disbursement this Period: 67.24

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

C. Full Name (Last, First, Middle Initial)
AT&T Wireless

Mailing Address PO Box 549

City: Beaverton State: OR Zip Code: 97005

Purpose of Disbursement: Telephone Service

Candidate Name:

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18299
Date of Disbursement: 03 / 03 / 2005

Amount of Each Disbursement this Period: 480.41

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

SUBTOTAL of Disbursements This Page (optional) ▶ 618.20

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

25020190954

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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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)
AT&T Wireless

Transaction ID: SB17.18300
Date of Disbursement: 03 / 03 / 2005

Mailing Address: PO Box 549

City: Beaverton | State: OR | Zip Code: 97005

Amount of Each Disbursement this Period: 77.08

Purpose of Disbursement: Telephone Service

Category/Type: 001

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 [X] Primary [ ] General [ ] Other (specify)

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

Transaction ID: SB17.18302
Date of Disbursement: 03 / 03 / 2005

Mailing Address: PO Box 549

City: Beaverton | State: OR | Zip Code: 97005

Amount of Each Disbursement this Period: 81.69

Purpose of Disbursement: Telephone Service

Category/Type: 001

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 [X] Primary [ ] General [ ] Other (specify)

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

Transaction ID: SB17.18234
Date of Disbursement: 01 / 03 / 2005

Mailing Address: PO Box 2485

City: Spokane | State: WA | Zip Code: 99210

Amount of Each Disbursement this Period: 54.90

Purpose of Disbursement: Credit Card Transaction Fees

Category/Type: 001

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 [X] Primary [ ] General [ ] Other (specify)

SUBTOTAL of Disbursements This Page (optional) ▶ 213.67

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

25020190955

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)
[X] 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)
Bank of America
Mailing Address PO Box 2485
City: Spokane State: WA Zip Code: 99210
Purpose of Disbursement: Credit Card Transaction Fees
Candidate Name
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.18235
Date of Disbursement: 01 / 03 / 2005
Amount of Each Disbursement this Period: 40.95
[ ] 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: Phoenix State: AZ Zip Code: 85062
Purpose of Disbursement: Credit Card
Candidate Name
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.18236
Date of Disbursement: 01 / 04 / 2005
Amount of Each Disbursement this Period: 9873.18
[ ] 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 2485
City: Spokane State: WA Zip Code: 99210
Purpose of Disbursement: Annual Membership Fee
Candidate Name
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.18238.1
Date of Disbursement: 01 / 04 / 2005
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) ▶ 9914.13

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

25020190956

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 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)
St. Regis Hotel

Mailing Address 2055 Avenue of the Stars

City: Los Angeles State: CA Zip Code: 90067

Purpose of Disbursement: Lodging

Candidate Name:

Category/Type: 002

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18238.10
Date of Disbursement: 01 / 04 / 2005

Amount of Each Disbursement this Period: 682.79

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

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
St. Regis Hotel

Mailing Address 2055 Avenue of the Stars

City: Los Angeles State: CA Zip Code: 90067

Purpose of Disbursement: Food and Beverage

Candidate Name:

Category/Type: 002

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18238.13
Date of Disbursement: 01 / 04 / 2005

Amount of Each Disbursement this Period: 31.33

[ ] 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:

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18238.31
Date of Disbursement: 01 / 04 / 2005

Amount of Each Disbursement this Period: 42.50

[ ] 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) .....

25020190957

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)
[X] 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

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18238.33
Date of Disbursement: 01 / 04 / 2005

Amount of Each Disbursement this Period: 51.00

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

[MEMO ITEM]

B.
Full Name (Last, First, Middle Initial)
St. Regis Hotel

Mailing Address 2055 Avenue of the Stars

City Los Angeles | State CA | Zip Code 90067

Purpose of Disbursement
Lodging

Candidate Name

Category/Type: 002

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18238.48
Date of Disbursement: 01 / 04 / 2005

Amount of Each Disbursement this Period: 1206.30

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

[MEMO ITEM]

C.
Full Name (Last, First, Middle Initial)
St. Regis Hotel

Mailing Address 2055 Avenue of the Stars

City Los Angeles | State CA | Zip Code 90067

Purpose of Disbursement
Food and Beverage

Candidate Name

Category/Type: 002

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18238.49
Date of Disbursement: 01 / 04 / 2005

Amount of Each Disbursement this Period: 9.74

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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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

PAGE 28 / 58

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NAME OF COMMITTEE (In Full)
Wyden for Senate

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

Transaction ID: SB17.18238.53
Date of Disbursement: 01 / 04 / 2005

Mailing Address: PO Box 2485

City: Spokane | State: WA | Zip Code: 99210

Purpose of Disbursement: Annual Membership Fee
Candidate Name:
Category/Type: 001

Amount of Each Disbursement this Period: 35.00

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

[MEMO ITEM]

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

B. Full Name (Last, First, Middle Initial)
Riverplace Hotel

Transaction ID: SB17.18238.65
Date of Disbursement: 01 / 04 / 2005

Mailing Address: 1510 SW Harbor Way

City: Portland | State: OR | Zip Code: 97201

Purpose of Disbursement: Catering
Candidate Name:
Category/Type: 007

Amount of Each Disbursement this Period: 1286.24

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

[MEMO ITEM]

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

C. Full Name (Last, First, Middle Initial)
Aramark Oregon Convention Center

Transaction ID: SB17.18238.68
Date of Disbursement: 01 / 04 / 2005

Mailing Address: 777 NE MLK Jr. Blvd.

City: Portland | State: OR | Zip Code: 97232

Purpose of Disbursement: Catering
Candidate Name:
Category/Type: 007

Amount of Each Disbursement this Period: 2537.09

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

[MEMO ITEM]

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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25020190959

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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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 2485

City: Spokane State: WA Zip Code: 99210

Purpose of Disbursement: Annual Membership Fee
Candidate Name:
Category/Type: 001

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

Transaction ID: SB17.18238.69
Date of Disbursement: 01 / 04 / 2005
Amount of Each Disbursement this Period: 35.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Poland Spring

Mailing Address 2787 East Imperial Hwy. Suite 100

City: Brea State: CA Zip Code: 97821

Purpose of Disbursement: Office Supplies
Candidate Name:
Category/Type: 001

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

Transaction ID: SB17.18238.72
Date of Disbursement: 01 / 04 / 2005
Amount of Each Disbursement this Period: 279.63
[ ] 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 Massachussetts Avenue NE

City: Washington State: DC Zip Code: 20002

Purpose of Disbursement: Agent Fee
Candidate Name:
Category/Type: 002

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

Transaction ID: SB17.18238.73
Date of Disbursement: 01 / 04 / 2005
Amount of Each Disbursement this Period: 25.00
[ ] 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) ▶

25020190960

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)
United Air

Mailing Address PO Box 86100

City: Chicago State: IL Zip Code: 60666

Purpose of Disbursement: Airfare

Candidate Name

Category/Type: 002

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18238.75
Date of Disbursement: 01 / 04 / 2005

Amount of Each Disbursement this Period: 100.00

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

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

Mailing Address 942 S Shady Grove Road

City: Memphis State: TN Zip Code: 38120

Purpose of Disbursement: Shipping

Candidate Name

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18238.77
Date of Disbursement: 01 / 04 / 2005

Amount of Each Disbursement this Period: 20.92

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

C.
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

Category/Type: 002

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18238.78
Date of Disbursement: 01 / 04 / 2005

Amount of Each Disbursement this Period: 484.70

[ ] 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) ▶

25020190961

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)
[X] 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)
Carroll Travel

Mailing Address 201 Massachussetts Avenue NE

City: Washington State: DC Zip Code: 20002

Purpose of Disbursement: Agent Fee
Candidate Name:

Category/Type: 002

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18238.79
Date of Disbursement: 01 / 04 / 2005

Amount of Each Disbursement this Period: 25.00

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

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

Mailing Address PO Box 1915

City: Beltsville State: MD Zip Code: 20705

Purpose of Disbursement: Internet Service
Candidate Name:

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18238.80
Date of Disbursement: 01 / 04 / 2005

Amount of Each Disbursement this Period: 42.35

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

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:

Category/Type: 002

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18238.81
Date of Disbursement: 01 / 04 / 2005

Amount of Each Disbursement this Period: 476.20

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

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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25020190962

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use seperate 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)
Carroll Travel
Mailing Address 201 Massachussetts Avenue NE
City: Washington State: DC Zip Code: 20002
Purpose of Disbursement: Agent Fee
Candidate Name
Category/Type: 002
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.18238.82
Date of Disbursement: 01 / 04 / 2005
Amount of Each Disbursement this Period: 25.00
[ ] 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
Category/Type: 002
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.18238.83
Date of Disbursement: 01 / 04 / 2005
Amount of Each Disbursement this Period: 20.00
[ ] 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 Massachussetts Avenue NE
City: Washington State: DC Zip Code: 20002
Purpose of Disbursement: Agent Fee
Candidate Name
Category/Type: 002
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.18238.84
Date of Disbursement: 01 / 04 / 2005
Amount of Each Disbursement this Period: 25.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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25020190963

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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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:

Category/Type: 002

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18238.85
Date of Disbursement: 01 / 04 / 2005

Amount of Each Disbursement this Period: 100.00

[ ] 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 2485

City: Spokane State: WA Zip Code: 99210

Purpose of Disbursement: Annual Membership Fee

Candidate Name:

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18238.88
Date of Disbursement: 01 / 04 / 2005

Amount of Each Disbursement this Period: 35.00

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

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Poland Spring

Mailing Address 2767 East Imperial Hwy. Suite 100

City: Brea State: CA Zip Code: 97821

Purpose of Disbursement: Office Supplies

Candidate Name:

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18238.89
Date of Disbursement: 01 / 04 / 2005

Amount of Each Disbursement this Period: 30.05

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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25020190964

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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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)
USPS

Mailing Address 815 NW Hoyt

City: Portland State: OR Zip Code: 97208

Purpose of Disbursement: Postage

Candidate Name

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18238.91
Date of Disbursement: 01 / 04 / 2005

Amount of Each Disbursement this Period: 93.10

[ ] 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 3977

City: Seattle State: WA Zip Code: 98124

Purpose of Disbursement: Credit Card

Candidate Name

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18289
Date of Disbursement: 02 / 15 / 2005

Amount of Each Disbursement this Period: 3215.36

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

C.
Full Name (Last, First, Middle Initial)
Regal/Greenwich

Mailing Address PO Box 11487

City: Glendale State: CA Zip Code: 91214

Purpose of Disbursement: Transportation

Candidate Name

Category/Type: 002

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18289.18
Date of Disbursement: 02 / 15 / 2005

Amount of Each Disbursement this Period: 144.00

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 3215.36

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)
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NAME OF COMMITTEE (In Full)
Wyden for Senate

A. Full Name (Last, First, Middle Initial)
Brainstorm NW

Mailing Address 393 N State Street

City: Lake Oswego State: OR Zip Code: 97034

Purpose of Disbursement: Fundraising Expense
Candidate Name:
Category/Type: 003

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18289.29
Date of Disbursement: 02 / 15 / 2005

Amount of Each Disbursement this Period: 1000.00

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

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Postal Annex

Mailing Address 1631 NE Broadway Street

City: Portland State: OR Zip Code: 97232

Purpose of Disbursement: Postage
Candidate Name:
Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18289.30
Date of Disbursement: 02 / 15 / 2005

Amount of Each Disbursement this Period: 258.76

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

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Aramark Oregon Convention Center

Mailing Address 777 NE MLK Jr. Blvd.

City: Portland State: OR Zip Code: 97232

Purpose of Disbursement: Catering Credit
Candidate Name:
Category/Type: 007

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18289.31
Date of Disbursement: 02 / 15 / 2005

Amount of Each Disbursement this Period: -1737.40

[ ] 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)
[X] 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)
Delta Air

Mailing Address PO Box 20980

City: Atlanta State: GA Zip Code: 30320

Purpose of Disbursement: Airfare
Candidate Name:
Category/Type: 002

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18289.35
Date of Disbursement: 02 / 15 / 2005
Amount of Each Disbursement this Period: 484.70
[ ] 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 Massachussetts Avenue NE

City: Washington State: DC Zip Code: 20002

Purpose of Disbursement: Agent Fee
Candidate Name:
Category/Type: 002

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18289.36
Date of Disbursement: 02 / 15 / 2005
Amount of Each Disbursement this Period: 25.00
[ ] 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: Internet Service
Candidate Name:
Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18289.37
Date of Disbursement: 02 / 15 / 2005
Amount of Each Disbursement this Period: 42.35
[ ] 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) ▶

25020190967

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)
[X] 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)
Bank of America

Transaction ID: SB17.18303
Date of Disbursement: 03 / 11 / 2005

Mailing Address: PO Box 3977

City: Seattle | State: WA | Zip Code: 98124

Amount of Each Disbursement this Period: 3365.00

Purpose of Disbursement: 1120 POL Taxes

Category/Type: 001

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 [X] Primary [ ] General [ ] Other (specify)

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

Transaction ID: SB17.18308
Date of Disbursement: 03 / 18 / 2005

Mailing Address: PO Box 2930

City: Phoenix | State: AZ | Zip Code: 85062

Amount of Each Disbursement this Period: 5842.89

Purpose of Disbursement: Credit Card

Category/Type: 001

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 [X] Primary [ ] General [ ] Other (specify)

C. Full Name (Last, First, Middle Initial)
Go Wireless

Transaction ID: SB17.18306.3
Date of Disbursement: 03 / 18 / 2005

Mailing Address:

City: Portland | State: OR | Zip Code:

Amount of Each Disbursement this Period: 268.99

Purpose of Disbursement: Telephone Service

Category/Type: 001

Candidate Name:

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

[MEMO ITEM]

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

SUBTOTAL of Disbursements This Page (optional) ▶ 9207.89

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

25020190968

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 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:

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18306.5
Date of Disbursement: 03 / 18 / 2005

Amount of Each Disbursement this Period: 126.00

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

[MEMO ITEM]

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

Mailing Address 2614 Connecticut Avenue NW

City: Washington | State: DC | Zip Code: 20008

Purpose of Disbursement: Catering

Candidate Name:

Category/Type: 003

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18306.7
Date of Disbursement: 03 / 18 / 2005

Amount of Each Disbursement this Period: 252.03

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

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Riverplace Hotel

Mailing Address 1510 SW Harbor Way

City: Portland | State: OR | Zip Code: 97201

Purpose of Disbursement: Lodging

Candidate Name:

Category/Type: 002

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18306.14
Date of Disbursement: 03 / 18 / 2005

Amount of Each Disbursement this Period: 105.58

[ ] 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) ▶

25020190969

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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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)
Safeway

Mailing Address 1100 NE Broadway

City: Portland State: OR Zip Code: 97232

Purpose of Disbursement: Food and Beverage

Candidate Name:

Category/Type: 002

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18306.18
Date of Disbursement: 03 / 18 / 2005

Amount of Each Disbursement this Period: 3.25

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

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Washington Flyer Taxi

Mailing Address PO Box 17045

City: Washington State: DC Zip Code: 20041

Purpose of Disbursement:

Candidate Name:

Category/Type: 002

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18306.26
Date of Disbursement: 03 / 18 / 2005

Amount of Each Disbursement this Period: 47.00

[ ] 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:

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18306.37
Date of Disbursement: 03 / 18 / 2005

Amount of Each Disbursement this Period: 4.00

[ ] 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) ▶

25020190970

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:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.18306.38
Date of Disbursement: 03 / 18 / 2005
Amount of Each Disbursement this Period: 89.00
[ ] 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: Travel Expenses
Candidate Name:
Category/Type: 002
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.18306.42
Date of Disbursement: 03 / 18 / 2005
Amount of Each Disbursement this Period: 324.20
[ ] 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 Massachusetts Avenue NE
City: Washington State: DC Zip Code: 20002
Purpose of Disbursement: Agent Fee
Candidate Name:
Category/Type: 002
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.18306.43
Date of Disbursement: 03 / 18 / 2005
Amount of Each Disbursement this Period: 25.00
[ ] 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) ▶

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) [X] 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)
Senate Gift Shop

Mailing Address State Capitol

City: Washington State: DC Zip Code: 20510

Purpose of Disbursement: Volunteer Gifts

Candidate Name

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18306.44

Date of Disbursement: 03 / 18 / 2005

Amount of Each Disbursement this Period: 197.00

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

[MEMO ITEM]

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

Mailing Address PO Box 173865

City: Comcast State: CO Zip Code: 80217

Purpose of Disbursement: Internet Service

Candidate Name

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18306.49

Date of Disbursement: 03 / 18 / 2005

Amount of Each Disbursement this Period: 55.95

[ ] 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: Internet Service

Candidate Name

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18306.50

Date of Disbursement: 03 / 18 / 2005

Amount of Each Disbursement this Period: 42.35

[ ] 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)
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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)
FedEx

Mailing Address 942 S Shady Grove Road

City Memphis | State TN | Zip Code 38120

Purpose of Disbursement
Shipping

Candidate Name

001 Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010
[X] Primary [ ] General
[ ] Other (specify)

Transaction ID: SB17.18306.51
Date of Disbursement 03 / 18 / 2005

Amount of Each Disbursement this Period
21.15

[ ] 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
Agent Fee

Candidate Name

002 Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010
[X] Primary [ ] General
[ ] Other (specify)

Transaction ID: SB17.18308.52
Date of Disbursement 03 / 18 / 2005

Amount of Each Disbursement this Period
25.00

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

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

Mailing Address 900 2nd Street NE

City Washington | State DC | Zip Code 20002

Purpose of Disbursement
Travel Expenses

Candidate Name

002 Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010
[X] Primary [ ] General
[ ] Other (specify)

Transaction ID: SB17.18308.53
Date of Disbursement 03 / 18 / 2005

Amount of Each Disbursement this Period
394.00

[ ] 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) .....

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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)
[X] 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:
Category/Type: 001

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

Transaction ID: SB17.18306.56
Date of Disbursement: 03 / 18 / 2005
Amount of Each Disbursement this Period: 74.00
[ ] 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: Travel Expenses
Candidate Name:
Category/Type: 002

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

Transaction ID: SB17.18306.57
Date of Disbursement: 03 / 18 / 2005
Amount of Each Disbursement this Period: 484.90
[ ] 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 Massachussetts Avenue NE

City: Washington
State: DC
Zip Code: 20002

Purpose of Disbursement: Agent Fee
Candidate Name:
Category/Type: 002

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

Transaction ID: SB17.18306.58
Date of Disbursement: 03 / 18 / 2005
Amount of Each Disbursement this Period: 25.00
[ ] 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) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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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)
FedEx
Mailing Address 942 S Shady Grove Road
City: Memphis State: TN Zip Code: 38120
Purpose of Disbursement: Shipping
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.18306.60
Date of Disbursement: 03 / 18 / 2005
Amount of Each Disbursement this Period: 21.15
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

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:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.18306.61
Date of Disbursement: 03 / 18 / 2005
Amount of Each Disbursement this Period: 46.60
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

C.
Full Name (Last, First, Middle Initial)
USPS
Mailing Address 615 NW Hoyt
City: Portland State: OR Zip Code: 97208
Purpose of Disbursement: Postage
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.18306.62
Date of Disbursement: 03 / 18 / 2005
Amount of Each Disbursement this Period: 80.15
[ ] 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

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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)
USPS

Mailing Address 815 NW Hoyt

City: Portland State: OR Zip Code: 97208

Purpose of Disbursement: Postage

Candidate Name

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18306.84
Date of Disbursement: 03 / 18 / 2005

Amount of Each Disbursement this Period: 3.13

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

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Democratic Conference Luncheon Fund

Mailing Address

City: Washington State: DC Zip Code:

Purpose of Disbursement: Meeting Expenses

Candidate Name

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18304
Date of Disbursement: 03 / 11 / 2005

Amount of Each Disbursement this Period: 670.81

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

C. Full Name (Last, First, Middle Initial)
Kerdon, Melissa

Mailing Address 2911 NE Hancock

City: Portland State: OR Zip Code: 97212

Purpose of Disbursement: Accounting Consultant

Candidate Name

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18251
Date of Disbursement: 01 / 15 / 2005

Amount of Each Disbursement this Period: 2415.19

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

SUBTOTAL of Disbursements This Page (optional) ▶ 3086.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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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)
Kardon, Melissa

Mailing Address 2911 NE Hancock

City: Portland State: OR Zip Code: 97212

Purpose of Disbursement: Accounting Consultant

Candidate Name

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18269
Date of Disbursement: 01 / 31 / 2005

Amount of Each Disbursement this Period: 2415.19

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

B.
Full Name (Last, First, Middle Initial)
Kardon, Melissa

Mailing Address 2911 NE Hancock

City: Portland State: OR Zip Code: 97212

Purpose of Disbursement: Accounting Consultant

Candidate Name

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18286
Date of Disbursement: 02 / 15 / 2005

Amount of Each Disbursement this Period: 2415.19

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

C.
Full Name (Last, First, Middle Initial)
Kardon, Melissa

Mailing Address 2911 NE Hancock

City: Portland State: OR Zip Code: 97212

Purpose of Disbursement: Internet Reimbursement

Candidate Name

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18288
Date of Disbursement: 02 / 15 / 2005

Amount of Each Disbursement this Period: 258.79

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

SUBTOTAL of Disbursements This Page (optional) ▶ 5089.17

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

25020190977

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use seperate 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)
Kardon, Melissa

Mailing Address 2911 NE Hancock

City: Portland State: OR Zip Code: 97212

Purpose of Disbursement: Accounting Consultant

Candidate Name

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18295
Date of Disbursement: 02 / 28 / 2005

Amount of Each Disbursement this Period: 2415.19

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

B.
Full Name (Last, First, Middle Initial)
Kardon, Melissa

Mailing Address 2911 NE Hancock

City: Portland State: OR Zip Code: 97212

Purpose of Disbursement: Office Supply Reimbursement

Candidate Name

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18305
Date of Disbursement: 03 / 11 / 2005

Amount of Each Disbursement this Period: 107.94

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

C.
Full Name (Last, First, Middle Initial)
Kardon, Melissa

Mailing Address 2911 NE Hancock

City: Portland State: OR Zip Code: 97212

Purpose of Disbursement: Accounting Consultant

Candidate Name

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18493
Date of Disbursement: 03 / 15 / 2005

Amount of Each Disbursement this Period: 2415.19

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

SUBTOTAL of Disbursements This Page (optional) ▶ 4938.32

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)
[X] 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)
Kardon, Melissa

Transaction ID: SB17.18310
Date of Disbursement: 03 / 31 / 2005

Mailing Address 2911 NE Hancock

City: Portland State: OR Zip Code: 97212

Amount of Each Disbursement this Period: 2415.19

Purpose of Disbursement: Accounting Consultant

Candidate Name

Category/Type: 001

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

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

B. Full Name (Last, First, Middle Initial)
Mainlander Investments

Transaction ID: SB17.18237
Date of Disbursement: 01 / 03 / 2005

Mailing Address 25 82nd Drive, Suite #200

City: Gladstone State: OR Zip Code: 97027

Amount of Each Disbursement this Period: 1109.00

Purpose of Disbursement: Rent

Candidate Name

Category/Type: 001

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

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

C. Full Name (Last, First, Middle Initial)
Mainlander Investments

Transaction ID: SB17.18272
Date of Disbursement: 02 / 01 / 2005

Mailing Address 25 82nd Drive, Suite #200

City: Gladstone State: OR Zip Code: 97027

Amount of Each Disbursement this Period: 1177.00

Purpose of Disbursement: Rent

Candidate Name

Category/Type: 001

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

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

SUBTOTAL of Disbursements This Page (optional) ▶ 4701.19

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

25020190979

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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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)
Mainlander Investments

Transaction ID: SB17.18298
Date of Disbursement: 03 / 03 / 2005

Mailing Address: 25 82nd Drive, Suite #200

City: Gladstone | State: OR | Zip Code: 97027

Amount of Each Disbursement this Period: 1109.00

Purpose of Disbursement: Rent

Candidate Name:

Category/Type: 001

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

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

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

Transaction ID: SB17.18448
Date of Disbursement: 03 / 29 / 2005

Mailing Address: 937 NE Webster

City: Portland | State: OR | Zip Code: 97211

Amount of Each Disbursement this Period: 800.00

Purpose of Disbursement: Computer Consulting

Candidate Name:

Category/Type: 001

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

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

C. Full Name (Last, First, Middle Initial)
Jeff Michels

Transaction ID: SB17.16253
Date of Disbursement: 01 / 15 / 2005

Mailing Address: 1140 23rd Avenue NW #402

City: Washington | State: DC | Zip Code: 20037

Amount of Each Disbursement this Period: 12181.19

Purpose of Disbursement: Salary

Candidate Name:

Category/Type: 001

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

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

SUBTOTAL of Disbursements This Page (optional) ▶ 14090.19

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use seperate 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)
Jeff Michels

Transaction ID: SB17.18266
Date of Disbursement: 01 / 31 / 2005

Mailing Address: 1140 23rd Avenue NW #402

City: Washington | State: DC | Zip Code: 20037

Amount of Each Disbursement this Period: 1660.06

Purpose of Disbursement: Salary

Candidate Name:

Category/Type: 001

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

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

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

Transaction ID: SB17.18246
Date of Disbursement: 01 / 14 / 2005

Mailing Address: PO Box 12489

City: Seattle | State: WA | Zip Code: 98111

Amount of Each Disbursement this Period: 169.67

Purpose of Disbursement: Telephone Service

Candidate Name:

Category/Type: 001

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

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

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

Transaction ID: SB17.18301
Date of Disbursement: 03 / 03 / 2005

Mailing Address: PO Box 12489

City: Seattle | State: WA | Zip Code: 98111

Amount of Each Disbursement this Period: 174.05

Purpose of Disbursement: Telephone Service

Candidate Name:

Category/Type: 001

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

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

SUBTOTAL of Disbursements This Page (optional) ▶ 2003.78

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)
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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)
Ron Wyden

Mailing Address PO Box 3498

City: Portland State: OR Zip Code: 97208

Purpose of Disbursement: Travel Expense Reimbursement

Candidate Name

Category/Type: 002

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18241
Date of Disbursement: 01 / 04 / 2005

Amount of Each Disbursement this Period: 247.16

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

B. Full Name (Last, First, Middle Initial)
Ron Wyden

Mailing Address PO Box 3498

City: Portland State: OR Zip Code: 97208

Purpose of Disbursement: Travel Expense Reimbursement

Candidate Name

Category/Type: 002

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18291
Date of Disbursement: 02 / 24 / 2005

Amount of Each Disbursement this Period: 322.50

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

C. Full Name (Last, First, Middle Initial)
Ron Wyden

Mailing Address PO Box 3498

City: Portland State: OR Zip Code: 97208

Purpose of Disbursement: Travel Expense Reimbursement

Candidate Name

Category/Type: 002

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18498
Date of Disbursement: 03 / 29 / 2005

Amount of Each Disbursement this Period: 228.75

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

SUBTOTAL of Disbursements This Page (optional) ▶ 798.41

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

25020190982

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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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)
Sprint

Mailing Address PO Box 152406

City: Irvine State: TX Zip Code: 75015

Purpose of Disbursement: Telephone Service
Candidate Name:
Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18257
Date of Disbursement: 01 / 28 / 2005

Amount of Each Disbursement this Period: 133.28

[ ] 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:
Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18258
Date of Disbursement: 01 / 28 / 2005

Amount of Each Disbursement this Period: 86.75

[ ] 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:
Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18259
Date of Disbursement: 01 / 28 / 2005

Amount of Each Disbursement this Period: 5.30

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

SUBTOTAL of Disbursements This Page (optional) ▶ 225.33

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

25020190983

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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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)
Sprint

Mailing Address PO Box 152405

City: Irving | State: TX | Zip Code: 75015

Purpose of Disbursement: Telephone Service
Candidate Name:
Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18274
Date of Disbursement: 02 / 10 / 2005

Amount of Each Disbursement this Period: 10.64

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

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

Mailing Address 2803 SE 27th

City: Portland | State: OR | Zip Code: 97202

Purpose of Disbursement: Salary
Candidate Name:
Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18252
Date of Disbursement: 01 / 15 / 2005

Amount of Each Disbursement this Period: 642.45

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

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

Mailing Address 2803 SE 27th

City: Portland | State: OR | Zip Code: 97202

Purpose of Disbursement: Salary
Candidate Name:
Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18267
Date of Disbursement: 01 / 31 / 2005

Amount of Each Disbursement this Period: 642.79

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

SUBTOTAL of Disbursements This Page (optional) ▶ 1295.88

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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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)
Tyree, Jocelyn
Mailing Address 2803 SE 27th
City: Portland State: OR Zip Code: 97202
Purpose of Disbursement: Salary
Candidate Name
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.18287
Date of Disbursement: 02 / 15 / 2005
Amount of Each Disbursement this Period: 642.79
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Tyree, Jocelyn
Mailing Address 2803 SE 27th
City: Portland State: OR Zip Code: 97202
Purpose of Disbursement: Salary
Candidate Name
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.18294
Date of Disbursement: 02 / 28 / 2005
Amount of Each Disbursement this Period: 642.78
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Tyree, Jocelyn
Mailing Address 2803 SE 27th
City: Portland State: OR Zip Code: 97202
Purpose of Disbursement: Salary
Candidate Name
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.18492
Date of Disbursement: 03 / 15 / 2005
Amount of Each Disbursement this Period: 642.79
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 1928.36

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use seperate 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)
Tyree, Jocelyn

Mailing Address 2803 SE 27th

City: Portland State: OR Zip Code: 97202

Purpose of Disbursement: Salary

Candidate Name:

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18311
Date of Disbursement: 03 / 31 / 2005

Amount of Each Disbursement this Period: 642.80

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

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:

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18247
Date of Disbursement: 01 / 14 / 2005

Amount of Each Disbursement this Period: 73.12

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

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:

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18275
Date of Disbursement: 02 / 10 / 2005

Amount of Each Disbursement this Period: 22.17

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

SUBTOTAL of Disbursements This Page (optional) ▶ 738.09

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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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)
UPS

Mailing Address PO Box 650580

City: Dallas State: TX Zip Code: 75265

Purpose of Disbursement: Shipping

Candidate Name

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18231
Date of Disbursement: 02 / 10 / 2005

Amount of Each Disbursement this Period: 24.09

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

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

Mailing Address PO Box 1915

City: Bellsville State: MD Zip Code: 20705

Purpose of Disbursement: Telephone Service

Candidate Name

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18244
Date of Disbursement: 01 / 14 / 2005

Amount of Each Disbursement this Period: 36.99

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

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

Mailing Address PO Box 1915

City: Bellsville State: MD Zip Code: 20705

Purpose of Disbursement: Telephone Service

Candidate Name

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18245
Date of Disbursement: 01 / 14 / 2005

Amount of Each Disbursement this Period: 220.84

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

SUBTOTAL of Disbursements This Page (optional) ▶ 281.92

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

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SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use seperate 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)
Verizon

Mailing Address PO Box 1915

City: Beltsville
State: MD
Zip Code: 20705

Purpose of Disbursement: Telephone Service

Candidate Name

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18263
Date of Disbursement: 01 / 28 / 2005

Amount of Each Disbursement this Period: 204.52

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

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

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18264
Date of Disbursement: 01 / 28 / 2005

Amount of Each Disbursement this Period: 37.24

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

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 241.76

TOTAL This Period (last page this line number only) ..... ▶ 88896.01

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use seperate 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)
DSCC

Mailing Address 122 Maryland NE

City: Washington
State: DC
Zip Code: 20002

Purpose of Disbursement
Unlimited Transfer to the DSCC

Candidate Name

011
Category/ Type

Transaction ID: SB21.18307
Date of Disbursement
03 | 29 | 2005

Amount of Each Disbursement this Period
250000.00

☐ 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)

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SECRETARY

PAMELA D. GAVIN
SUPERINTENDENT

HART SENATE OFFICE BUILDING
SUITE 232
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PHONE (202) 224-0322

United States Senate

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