



**SUMMARY PAGE**  
of Receipts and Disbursements

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

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

|                                                                                                                 | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|-----------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans)                                                                         |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e))....                                             | 139346.00               | 234149.10                          |
| (b) Total Contribution Refunds<br>(from Line 20(d)) .....                                                       | 0.00                    | 0.00                               |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)).....                            | 139346.00               | 234149.10                          |
| 7. Net Operating Expenditures                                                                                   |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17) .....                                                        | 50232.46                | 138865.04                          |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14).....                                              | 0.00                    | 0.00                               |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)).....                                      | 50232.46                | 138865.04                          |
| 8. Cash on Hand at Close of<br>Reporting Period (from Line 27).....                                             | 313302.23               |                                    |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D).....  | 0.00                    |                                    |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D)..... | 200000.00               |                                    |

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Bonamici for Congress**

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

| <b>I. RECEIPTS</b>                                                                                         | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Election Cycle-to-Date</b> |
|------------------------------------------------------------------------------------------------------------|---------------------------------------|--------------------------------------------|
| <b>11. CONTRIBUTIONS (other than loans) FROM:</b>                                                          |                                       |                                            |
| (a) Individuals/Persons Other Than Political Committees                                                    |                                       |                                            |
| (i) Itemized (use Schedule A).....                                                                         | 44225.00                              | 78075.00                                   |
| (ii) Unitemized.....                                                                                       | 5121.00                               | 9436.60                                    |
| (iii) TOTAL of contributions from individuals ▶                                                            | 49346.00                              | 87511.60                                   |
| (b) Political Party Committees.....                                                                        | 0.00                                  | 0.00                                       |
| (c) Other Political Committees (such as PACs).....                                                         | 90000.00                              | 146500.00                                  |
| (d) The Candidate.....                                                                                     | 0.00                                  | 137.50                                     |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..                     | 139346.00                             | 234149.10                                  |
| <b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>                                                | 0.00                                  | 0.00                                       |
| <b>13. LOANS:</b>                                                                                          |                                       |                                            |
| (a) Made or Guaranteed by the Candidate.....                                                               | 0.00                                  | 0.00                                       |
| (b) All Other Loans.....                                                                                   | 0.00                                  | 0.00                                       |
| (c) TOTAL LOANS (add Lines 13(a) and (b)).....                                                             | 0.00                                  | 0.00                                       |
| <b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>                                | 0.00                                  | 0.00                                       |
| <b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>                                                 | 1034.57                               | 6930.11                                    |
| <b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b> | 140380.57                             | 241079.21                                  |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. DISBURSEMENTS                                                            | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|------------------------------------------------------------------------------|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES.....                                              | 50232.46                      | 138865.04                          |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES .....                        | 10000.00                      | 10000.00                           |
| 19. LOAN REPAYMENTS:                                                         |                               |                                    |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 0.00                          | 0.00                               |
| (b) Of All Other Loans .....                                                 | 0.00                          | 0.00                               |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 0.00                          | 0.00                               |
| 20. REFUNDS OF CONTRIBUTIONS TO:                                             |                               |                                    |
| (a) Individuals/Persons Other<br>Than Political Committees .....             | 0.00                          | 0.00                               |
| (b) Political Party Committees.....                                          | 0.00                          | 0.00                               |
| (c) Other Political Committees<br>(such as PACs).....                        | 0.00                          | 0.00                               |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 0.00                          | 0.00                               |
| 21. OTHER DISBURSEMENTS .....                                                | 10275.00                      | 29055.00                           |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ▶ | 70507.46                      | 177920.04                          |

**III. CASH SUMMARY**

|                                                                                       |           |
|---------------------------------------------------------------------------------------|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 243429.12 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....                            | 140380.57 |
| 25. SUBTOTAL (add Line 23 and Line 24).....                                           | 383809.69 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 70507.46  |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 313302.23 |

**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 OF 66 |
|                                                                         | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |              |

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

**A.** Full Name (Last, First, Middle Initial)  
**Confederated Tribes of Siletz Indians**

Mailing Address **PO Box 549**

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

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 19 / 2013**

**Transaction ID : CN062613124427Co**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address **2020 SW Market St #102**

City **Portland** State **OR** Zip Code **97201-**

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

Name of Employer Occupation  
**None None**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 19 / 2013**

**Transaction ID : CN062613124353Ra**

Amount of Each Receipt this Period  
 2600.00

**C.** Full Name (Last, First, Middle Initial)  
**Robert S Banks, Jr.**

Mailing Address **7823 NW Gales Ridge Ln.**

City **Portland** State **OR** Zip Code **97229-4247**

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

Name of Employer Occupation  
**Banks Law Office, PC Attorney**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 24 / 2013**

**Transaction ID : CN062613130645Ro**

Amount of Each Receipt this Period  
 500.00

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

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

3600.00

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

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

FOR LINE NUMBER: PAGE 6 OF 66  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

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

Mailing Address 9880 SW Vista Pl.

City Portland State OR Zip Code 97225-

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 21 / 2013

**Transaction ID : CN062613130037Pa**

Amount of Each Receipt this Period  
25.00

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

Mailing Address 615 SW Burlingame Terr

City Portland State OR Zip Code 97239-

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

Name of Employer Northwest Evaluation Occupation Executive Director

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 30 / 2013

**Transaction ID : CN070913090056Ma**

Amount of Each Receipt this Period  
2600.00

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

Mailing Address 615 SW Burlingame Terr

City Portland State OR Zip Code 97239-

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

Name of Employer Northwest Evaluation Occupation Executive Director

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 30 / 2013

**Transaction ID : CN070913090121Ma**

Amount of Each Receipt this Period  
2600.00

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

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

5225.00

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

|                                                                         |                                                                                                                                                                                             |              |
|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                                                                                                                                           | PAGE 7 OF 66 |
|                                                                         | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |              |

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

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

Mailing Address 620 SE 55th Ave

City Portland State OR Zip Code 97215-

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

Name of Employer Womens' Health Care Associates Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 19 / 2013

**Transaction ID : CN062613124323Ma**

Amount of Each Receipt this Period  
 2600.00

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

Mailing Address 2939 NW 53rd Dr

City Portland State OR Zip Code 97210-

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

Name of Employer Swanson, Thomas, Coon & Newton Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 21 / 2013

**Transaction ID : CN042913153958Ch**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 1152 15th St NW Suite 800

City Washington State DC Zip Code 20005-

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

Name of Employer Polsinelli Occupation Managing partner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 19 / 2013

**Transaction ID : CN062613125025Ja**

Amount of Each Receipt this Period  
 500.00

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

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

3600.00

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

|                                                                         |                                                                                                                                                                                      |              |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                                                                                                                                    | PAGE 8 OF 66 |
|                                                                         | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |              |

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

|                                                                                                                                               |                                   |                                                            |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Harriet Denison</b>                                                                          |                                   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 24 / 2013 |  |
| Mailing Address PO Box 29076                                                                                                                  |                                   | <b>Transaction ID : CN062613130451Ha</b>                   |  |
| City<br>Portland                                                                                                                              | State<br>OR                       | Zip Code<br>97296-9076                                     |  |
| FEC ID number of contributing federal political committee.<br>C                                                                               |                                   | Amount of Each Receipt this Period<br>2600.00              |  |
| Name of Employer<br>None                                                                                                                      | Occupation<br>Retired             |                                                            |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>2600.00 |                                                            |  |

|                                                                                                                                               |                                  |                                                            |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. David Ellis</b>                                                                              |                                  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 18 / 2013 |  |
| Mailing Address 3531 SW Boundary St.                                                                                                          |                                  | <b>Transaction ID : CN062613125850Da</b>                   |  |
| City<br>Portland                                                                                                                              | State<br>OR                      | Zip Code<br>97221-                                         |  |
| FEC ID number of contributing federal political committee.<br>C                                                                               |                                  | Amount of Each Receipt this Period<br>250.00               |  |
| Name of Employer<br>Lewis & Clark                                                                                                             | Occupation<br>Attorney           |                                                            |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>250.00 |                                                            |  |

|                                                                                                                                               |                                   |                                                            |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Caroline Fenn</b>                                                                            |                                   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 24 / 2013 |  |
| Mailing Address 2677 NW Westover Rd                                                                                                           |                                   | <b>Transaction ID : CN062613130209Ca</b>                   |  |
| City<br>Portland                                                                                                                              | State<br>OR                       | Zip Code<br>97210-                                         |  |
| FEC ID number of contributing federal political committee.<br>C                                                                               |                                   | Amount of Each Receipt this Period<br>1000.00              |  |
| Name of Employer<br>None                                                                                                                      | Occupation<br>None                |                                                            |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>1000.00 |                                                            |  |

|                                                                 |             |
|-----------------------------------------------------------------|-------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 3850.00     |
| <b>TOTAL</b> This Period (last page this line number only)..... | [Empty Box] |



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

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

FOR LINE NUMBER: PAGE 9 OF 66  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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

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

Mailing Address 9130 NW McKenna Dr

City State Zip Code  
Portland OR 97229-

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

Name of Employer Occupation  
Perkins Coie Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 28 / 2013

**Transaction ID : CN061313135411Ge**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 2645 SW Crestdale Dr

City State Zip Code  
Portland OR 97225-

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

Name of Employer Occupation  
Warner Bros. President of Digital Distribution

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 08 / 2013

**Transaction ID : CN052713212229Th**

Amount of Each Receipt this Period  
500.00

Earmarked from ActBlue

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

Mailing Address 2400 SW Scenic Dr.

City State Zip Code  
Portland OR 97225-

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

Name of Employer Occupation  
Golding Consulting Healthcare consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 28 / 2013

**Transaction ID : CN070213163107Pa**

Amount of Each Receipt this Period  
250.00

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

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

1000.00

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

|                                                                         |                                                                                                                                                                                      |               |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                                                                                                                                    | PAGE 10 OF 66 |
|                                                                         | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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

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

Mailing Address 8099 SW Birchwood Rd

City Portland State OR Zip Code 97225-

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

Name of Employer None Occupation None

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 15 / 2013

**Transaction ID : CN052713211419De**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 52142 Lake Dr

City Scappoose State OR Zip Code 97056-

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

Name of Employer Pacific University Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 28 / 2013

**Transaction ID : CN062813150448Le**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 770 SW Viewmont Dr

City Portland State OR Zip Code 97225-

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

Name of Employer None Occupation Artist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 24 / 2013

**Transaction ID : CN062613130540Ge**

Amount of Each Receipt this Period  
 250.00

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

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

1000.00

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

|                                                                         |                                                                                                                                                                                      |               |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                                                                                                                                    | PAGE 11 OF 66 |
|                                                                         | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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

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

Mailing Address 3339 NW Franklin Ct

City Portland State OR Zip Code 97210-

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

Name of Employer Intel Occupation Engineer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 15 / 2013

**Transaction ID : CN052713211434Jo**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 6117 Buena Vista Dr

City Vancouver State WA Zip Code 98661-

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 11 / 2013

**Transaction ID : CN042913153853Cr**

Amount of Each Receipt this Period  
 2600.00

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

Mailing Address 2122 E Hamlin St

City Seattle State WA Zip Code 98112-

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

Name of Employer Wilson Sonsini Goodrich & Rosati Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 11 / 2013

**Transaction ID : CN042913153917Ba**

Amount of Each Receipt this Period  
 500.00

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

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

3350.00

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

|                                                                         |                                                                                                                                                                                      |               |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)                                                                                                                                                 | PAGE 12 OF 66 |
|                                                                         | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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

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

Mailing Address 479 Laurel Ave.

|                     |             |                    |
|---------------------|-------------|--------------------|
| City<br>San Anselmo | State<br>CA | Zip Code<br>94960- |
|---------------------|-------------|--------------------|

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

|                                           |                      |
|-------------------------------------------|----------------------|
| Name of Employer<br>Dannis Woliver Kelley | Occupation<br>Lawyer |
|-------------------------------------------|----------------------|

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2013

**Transaction ID : CN070213163532Ma**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 30414 LeBleu Rd

|                |             |                    |
|----------------|-------------|--------------------|
| City<br>Eugene | State<br>OR | Zip Code<br>97405- |
|----------------|-------------|--------------------|

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

|                                        |                   |
|----------------------------------------|-------------------|
| Name of Employer<br>King Estate Winery | Occupation<br>CEO |
|----------------------------------------|-------------------|

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 11 / 2013

**Transaction ID : CN042913153829Ed**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 3455 NE Tillamook St

|                  |             |                    |
|------------------|-------------|--------------------|
| City<br>Portland | State<br>OR | Zip Code<br>97212- |
|------------------|-------------|--------------------|

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

|                          |                        |
|--------------------------|------------------------|
| Name of Employer<br>Self | Occupation<br>Attorney |
|--------------------------|------------------------|

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 28 / 2013

**Transaction ID : CN062813150422Ev**

Amount of Each Receipt this Period  
250.00

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

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

1500.00

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

|                                                                         |                                                                                                                                                                                      |               |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                                                                                                                                    | PAGE 13 OF 66 |
|                                                                         | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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

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

Mailing Address 3919 SW Martins Ln

City Portland State OR Zip Code 97239-

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

Name of Employer Stoel Rives Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 30 / 2013

**Transaction ID : CN070913090324Ma**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 238 Winged Foot Drive

City Blue Bell State PA Zip Code 19422-

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

Name of Employer None Occupation None

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 28 / 2013

**Transaction ID : CN042913154055Go**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 5208 Edgemoor Ln

City Bethesda State MD Zip Code 20814-

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

Name of Employer Self Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 19 / 2013

**Transaction ID : CN070913084422He**

Amount of Each Receipt this Period  
 250.00

Earmarked from JStreet

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

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

1750.00

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

|                                                                         |                                                                                                                                                                                      |               |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                                                                                                                                    | PAGE 14 OF 66 |
|                                                                         | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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

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

Mailing Address 1211 SW Fifth Ave  
Suite 2250

City Portland State OR Zip Code 97204-

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

Name of Employer Self Occupation Entrepreneur

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 11 / 2013

**Transaction ID : CN042913153905Ka**

Amount of Each Receipt this Period  
250.00

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

Mailing Address Clear Creek  
2389 NW Wilson Street

City Portland State OR Zip Code 97210-

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

Name of Employer Clear Creek Occupation Distiller

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 22 / 2013

**Transaction ID : CN042913142136St**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 5849 McKinley PI N

City Seattle State WA Zip Code 98103-

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

Name of Employer Perkins Coie Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : CN052713211114EI**

Amount of Each Receipt this Period  
1000.00

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

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

2250.00

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

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

FOR LINE NUMBER: PAGE 15 OF 66  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

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

Mailing Address 4625 SW 27th Ave

City Portland State OR Zip Code 97239-

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

Name of Employer Self employed Occupation Attorney

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 19 / 2013

**Transaction ID : CN062613124309St**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 1118 SW Myrtle Dr

City Portland State OR Zip Code 97201-

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

Name of Employer Otak Occupation President

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 28 / 2013

**Transaction ID : CN062813150440Na**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 21355 SW Hillsboro Hwy

City Newberg State OR Zip Code 97132-

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

Name of Employer none Occupation none

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 24 / 2013

**Transaction ID : CN062613130254St**

Amount of Each Receipt this Period  
 2500.00

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

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

4000.00

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

|                                                                         |                                                                                                                                                                                      |               |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                                                                                                                                    | PAGE 16 OF 66 |
|                                                                         | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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

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

Mailing Address 195 W Kensington Ave

City Astoria State OR Zip Code 97103-

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

Name of Employer LEKTRO Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 29 / 2013

**Transaction ID : CN070213163131Er**

Amount of Each Receipt this Period  
 2600.00

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

Mailing Address 1609 8th St NW

City Washington State DC Zip Code 20001-

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

Name of Employer Franklin Square Group Occupation Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 23 / 2013

**Transaction ID : CN042913154034Br**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 1212 E 5Th St

City Newberg State OR Zip Code 97132-

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

Name of Employer none Occupation not employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 26 / 2013

**Transaction ID : CN052713211635Na**

Amount of Each Receipt this Period  
 500.00

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

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

3600.00



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

|                                                                         |                                                                                                                                                                                      |               |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                                                                                                                                    | PAGE 17 OF 66 |
|                                                                         | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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

|                                                                                                                                               |                                   |                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Roy Pulvers</b>                                                                              |                                   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>05 / 23 / 2013 |
| Mailing Address 3250 SW Donner Way Court                                                                                                      |                                   | <b>Transaction ID : CN052713211538Ro</b>                   |
| City<br>Portland                                                                                                                              | State<br>OR                       |                                                            |
| FEC ID number of contributing federal political committee.<br>C                                                                               |                                   | Amount of Each Receipt this Period<br>1000.00              |
| Name of Employer<br>Hinshaw & Culbertson LLP                                                                                                  | Occupation<br>Lawyer              |                                                            |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>1000.00 |                                                            |

|                                                                                                                                               |                                   |                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Joe Robertson</b>                                                                            |                                   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>04 / 14 / 2013 |
| Mailing Address 3375 SW Terwilliger                                                                                                           |                                   | <b>Transaction ID : CN042913153926Jo</b>                   |
| City<br>Portland                                                                                                                              | State<br>OR                       |                                                            |
| FEC ID number of contributing federal political committee.<br>C                                                                               |                                   | Amount of Each Receipt this Period<br>1000.00              |
| Name of Employer<br>OR Health Sciences Univ                                                                                                   | Occupation<br>Physician           |                                                            |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>1000.00 |                                                            |

|                                                                                                                                               |                                     |                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Joel Rubin</b>                                                                               |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 16 / 2013 |
| Mailing Address 2724 Blaine Dr                                                                                                                |                                     | <b>Transaction ID : CN062613125810Jo</b>                   |
| City<br>Chevy Chase                                                                                                                           | State<br>MD                         |                                                            |
| FEC ID number of contributing federal political committee.<br>C                                                                               |                                     | Amount of Each Receipt this Period<br>500.00               |
| Name of Employer<br>CFM Strategic Communications                                                                                              | Occupation<br>VP Government Affairs |                                                            |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>1000.00   |                                                            |

|                                                                 |         |
|-----------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 2500.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

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

FOR LINE NUMBER: PAGE 18 OF 66  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

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

Mailing Address PO Box 12085

City State Zip Code  
Portland OR 97212-

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

Name of Employer Occupation  
Double E Northwest, Inc. Chief Operating Officer

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 27 / 2013

**Transaction ID : CN062813150412Bo**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 1912 NW Aspen

City State Zip Code  
Portland OR 97210-

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

Name of Employer Occupation  
22 Research Asset Manager

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 20 / 2013

**Transaction ID : CN062613125939Jo**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 4431 SW Eleanor Ln

City State Zip Code  
Portland OR 97221-

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

Name of Employer Occupation  
Stoll Berne Attorney

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 30 / 2013

**Transaction ID : CN070913090338Ro**

Amount of Each Receipt this Period  
500.00

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

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

2000.00

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

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

FOR LINE NUMBER: PAGE 19 OF 66  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**Benjamin Nessim Souede**

Mailing Address 3456 NE Peerless PI

City State Zip Code  
Portland OR 97232-

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

Name of Employer Occupation  
Angeli Law Group LLC Attorney

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 02 / 2013

**Transaction ID : CN040513141559Be**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 9155 SW Barnes Rd #240

City State Zip Code  
Portland OR 97225-

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

Name of Employer Occupation  
Providence Physician

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 27 / 2013

**Transaction ID : CN062813150255AI**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 5049 Cathedral Ave NW

City State Zip Code  
Washington DC 20016-

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

Name of Employer Occupation  
Ogilvy Government Relations Lobbyist

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 27 / 2013

**Transaction ID : CN062813150235Go**

Amount of Each Receipt this Period  
500.00

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

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

2500.00

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

|                                                                         |                                                                                                                                                                                      |               |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                                                                                                                                    | PAGE 20 OF 66 |
|                                                                         | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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

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

Mailing Address 3772 Pine Canyon Dr

City Eugene State OR Zip Code 97405-

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 19 / 2013

**Transaction ID : CN062613124345Ka**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 333 NW Ninth Ave  
Unit 1502

City Portland State OR Zip Code 97209-

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

Name of Employer Retired Occupation None

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 02 / 2013

**Transaction ID : CN052713211139Ma**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 3501 SW Council Crest Dr.

City Portland State OR Zip Code 97239-

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

Name of Employer Self employed Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 22 / 2013

**Transaction ID : CN052713211456Je**

Amount of Each Receipt this Period  
 500.00

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

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

2000.00

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

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

FOR LINE NUMBER: (check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 21 OF 66

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

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

Mailing Address 52057 Rabinsky

City Scappoose State OR Zip Code 97056-

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

Name of Employer Retired Occupation None

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 01 / 2013

**Transaction ID : CN061313135424Pa**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

500.00

44225.00

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

|                                                                         |                                                                                                                                                                                      |               |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                                                                                                                                    | PAGE 22 OF 66 |
|                                                                         | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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

**A.** Full Name (Last, First, Middle Initial)  
**IUPAT Political Committee**

Mailing Address 7234 Parkway Dr

City Hanover State MD Zip Code 21076-

FEC ID number of contributing federal political committee. **C** C00000885

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 19 / 2013

**Transaction ID : CN06261312522IU**

Amount of Each Receipt this Period  
 5000.00

**B.** Full Name (Last, First, Middle Initial)  
**American Postal Workers Union (APWU) PAC**

Mailing Address 1300 L Street NW

City Washington State DC Zip Code 20005-

FEC ID number of contributing federal political committee. **C** C00010322

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 30 / 2013

**Transaction ID : CN070913085710Am**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Ironworkers Political Action League**

Mailing Address 1750 New York Ave, N.W.

City Washington State DC Zip Code 20006-

FEC ID number of contributing federal political committee. **C** C00027359

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 30 / 2013

**Transaction ID : CN070913085719lr**

Amount of Each Receipt this Period  
 2500.00

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

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

8500.00

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

|                                                                         |                                                                                                                                                                                      |               |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                                                                                                                                    | PAGE 23 OF 66 |
|                                                                         | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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

**A.** Full Name (Last, First, Middle Initial)  
**Sheet Metal Workers' Int'l Political Action L**

Mailing Address 1750 New York Ave NW

City Washington State DC Zip Code 20006-

FEC ID number of contributing federal political committee. **C** C00007542

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 05 / 2013

**Transaction ID : CN061313135025Sh**

Amount of Each Receipt this Period  
 2500.00

**B.** Full Name (Last, First, Middle Initial)  
**Sheet Metal Workers' Int'l Political Action L**

Mailing Address 1750 New York Ave NW

City Washington State DC Zip Code 20006-

FEC ID number of contributing federal political committee. **C** C00007542

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 19 / 2013

**Transaction ID : CN062613124706Sh**

Amount of Each Receipt this Period  
 2500.00

**C.** Full Name (Last, First, Middle Initial)  
**Professional Aviation Safety Specialists PAC**

Mailing Address 1150 17th St NW #702

City Washington State DC Zip Code 20036-

FEC ID number of contributing federal political committee. **C** C00286807

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 30 / 2013

**Transaction ID : CN070913090028Pr**

Amount of Each Receipt this Period  
 1000.00

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

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

6000.00

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

|                                                                         |                                                                                                                                                                                      |               |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                                                                                                                                    | PAGE 24 OF 66 |
|                                                                         | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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

**A.** Full Name (Last, First, Middle Initial)  
**Boilermakers-Blacksmiths Legislative Educatio**

Mailing Address 753 State Ave  
Suite 565

City State Zip Code  
Kansas City KS 66101-

FEC ID number of contributing federal political committee. **C** C70002506

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 19 / 2013

**Transaction ID : CN062613124503Bo**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 25 Louisiana Ave NW

City State Zip Code  
Washington DC 20001-

FEC ID number of contributing federal political committee. **C** C00032979

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 22 / 2013

**Transaction ID : CN042913142115DR**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 101 Constitution Ave NW  
Suite 500W

City State Zip Code  
Washington DC 20001-

FEC ID number of contributing federal political committee. **C** C00096156

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 27 / 2013

**Transaction ID : CN062813145947Ho**

Amount of Each Receipt this Period  
1000.00

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

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

3000.00



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

|                                                                         |                                                                                                                                                                                      |               |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)                                                                                                                                                 | PAGE 25 OF 66 |
|                                                                         | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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

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

Mailing Address 1100 Wilson Blvd #1500

City State Zip Code  
Arlington VA 22209-

FEC ID number of contributing federal political committee. **C C00097568**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 05 / 2013

**Transaction ID : CN061313134956Ra**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 1125 17th St NW

City State Zip Code  
Washington DC 20036-

FEC ID number of contributing federal political committee. **C C00029504**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 24 / 2013

**Transaction ID : CN062613131223En**

Amount of Each Receipt this Period  
2500.00

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

Mailing Address 1 Financial Plaza

City State Zip Code  
Hartford CT 06103-

FEC ID number of contributing federal political committee. **C C00035683**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2013

**Transaction ID : CN070913085844Un**

Amount of Each Receipt this Period  
1000.00

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

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

4500.00

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

|                                                                         |                                                                                                                                                                                      |               |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)                                                                                                                                                 | PAGE 26 OF 66 |
|                                                                         | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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

**A. Comcast PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1701 JFK Boulevard  
 City Philadelphia State PA Zip Code 19103-  
 FEC ID number of contributing federal political committee. **C C00248716**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 30 / 2013  
**Transaction ID : CN070913085520Co**  
 Amount of Each Receipt this Period  
 1000.00

**B. Seafarers PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5201 Auth Way  
 City Camp Springs State MD Zip Code 20746-  
 FEC ID number of contributing federal political committee. **C C00004325**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 19 / 2013  
**Transaction ID : CN062613124651Se**  
 Amount of Each Receipt this Period  
 1000.00

**C. Weyerhaeuser PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 400 N. Capitol St NW  
 Suite 490  
 City Washington State DC Zip Code 20001-  
 FEC ID number of contributing federal political committee. **C C00007948**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 19 / 2013  
**Transaction ID : CN062613125205We**  
 Amount of Each Receipt this Period  
 2500.00

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

4500.00

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

|                                                                         |                                                                                                                                                                                      |               |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)                                                                                                                                                 | PAGE 27 OF 66 |
|                                                                         | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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

**A.** Full Name (Last, First, Middle Initial)  
**TIAA-CREF PAC**

Mailing Address 601 13th Street NW  
Suite 700 North

City Washington State DC Zip Code 20005-

FEC ID number of contributing federal political committee. **C C00431361**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 19 / 2013

**Transaction ID : CN062613124801TI**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**APSCU Political Action Committee**

Mailing Address 1101 Connecticut Ave NW  
Suite 900

City Washington State DC Zip Code 20036-

FEC ID number of contributing federal political committee. **C C00213066**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 19 / 2013

**Transaction ID : CN062613124900AP**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**National Alliance of Forest Owners PAC**

Mailing Address 122 C Street NW  
Suite 630

City Washington State DC Zip Code 20001-

FEC ID number of contributing federal political committee. **C C00469080**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 19 / 2013

**Transaction ID : CN062613125136Na**

Amount of Each Receipt this Period  
 1000.00

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

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

3000.00

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

|                                                                         |                                                                                                                                                                                      |               |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)                                                                                                                                                 | PAGE 28 OF 66 |
|                                                                         | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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

**A.** Full Name (Last, First, Middle Initial)  
**National Beer Wholesalers Assn PAC**

Mailing Address 1101 King Street, Suite 600

City State Zip Code  
Alexandria VA 22314-

FEC ID number of contributing federal political committee. **C** C00144766

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 24 / 2013

**Transaction ID : CN062613131010Na**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**National Beer Wholesalers Assn PAC**

Mailing Address 1101 King Street, Suite 600

City State Zip Code  
Alexandria VA 22314-

FEC ID number of contributing federal political committee. **C** C00144766

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 24 / 2013

**Transaction ID : CN062613131029Na**

Amount of Each Receipt this Period  
 2500.00

**C.** Full Name (Last, First, Middle Initial)  
**Elect Ellen Rosenblum for Attorney General**

Mailing Address PO Box 42307

City State Zip Code  
Portland OR 97242-

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 27 / 2013

**Transaction ID : CN070213163003EI**

Amount of Each Receipt this Period  
 500.00

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

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

4000.00

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

|                                                                         |                                                                                                                                                                                      |               |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                                                                                                                                    | PAGE 29 OF 66 |
|                                                                         | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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

**A.** Full Name (Last, First, Middle Initial)  
**Community Action Program PAC**

Mailing Address 1 Massachusetts Ave NW  
Suite 310

City Washington State DC Zip Code 20001-

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 30 / 2013

**Transaction ID : CN070913085404Co**

Amount of Each Receipt this Period  
 5000.00

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

Mailing Address 1299 Pennsylvania Ave, NW

City Washington State DC Zip Code 20004-

FEC ID number of contributing federal political committee. **C** C00024869

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 30 / 2013

**Transaction ID : CN070913085449Ge**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**National Marine Manufacturers Assn PAC**

Mailing Address 444 North Capitol St NW  
Suite 645

City Washington State DC Zip Code 20001-

FEC ID number of contributing federal political committee. **C** C00245548

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 30 / 2013

**Transaction ID : CN070913085636Na**

Amount of Each Receipt this Period  
 1000.00

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

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

7000.00

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

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

FOR LINE NUMBER: PAGE 30 OF 66  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A. Full Name (Last, First, Middle Initial)**  
**Nat'l Emergency Medicine PAC (NEMPAC)**

Mailing Address PO Box 619911

City State Zip Code  
Dallas TX 75261-

FEC ID number of contributing federal political committee. **C** C00140061

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 30 / 2013

**Transaction ID : CN070913090010Na**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 16011 NE 36th Way

City State Zip Code  
Redmond WA 98073-

FEC ID number of contributing federal political committee. **C** C00227546

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 22 / 2013

**Transaction ID : CN042913142122Mi**

Amount of Each Receipt this Period  
 1000.00

**C. Full Name (Last, First, Middle Initial)**  
**Alaska Air Group Inc PAC**

Mailing Address PO Box 68900

City State Zip Code  
Seattle WA 98168-

FEC ID number of contributing federal political committee. **C** C00024349

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 24 / 2013

**Transaction ID : CN062613131104AI**

Amount of Each Receipt this Period  
 1000.00

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

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

3000.00

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

|                                                                         |                                                                                                                                                                                      |               |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                                                                                                                                    | PAGE 31 OF 66 |
|                                                                         | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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

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

Mailing Address 14 Arrow St

City Cambridge State MA Zip Code 02138-

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1677.60

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 05 / 2013

**Transaction ID : CN050713104410Ac**

Amount of Each Receipt this Period  
100.00

**[MEMO ITEM]**  
Conduit: 1 donor; PAC limit not affected

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

Mailing Address 14 Arrow St

City Cambridge State MA Zip Code 02138-

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1693.60

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 14 / 2013

**Transaction ID : CN042913154233Ac**

Amount of Each Receipt this Period  
16.00

**[MEMO ITEM]**  
Conduit: 1 donor; PAC limit not affected

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

Mailing Address 14 Arrow St

City Cambridge State MA Zip Code 02138-

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2193.60

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 12 / 2013

**Transaction ID : CN052713212018Ac**

Amount of Each Receipt this Period  
500.00

**[MEMO ITEM]**  
Conduit: 1 donor; PAC limit not affected

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

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

0.00

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

|                                                                         |                                                                                                                                                                                      |               |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)                                                                                                                                                 | PAGE 32 OF 66 |
|                                                                         | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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

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

Mailing Address 14 Arrow St

City Cambridge State MA Zip Code 02138-

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2215.60

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 09 / 2013

**Transaction ID : CN070913084843Ac**

Amount of Each Receipt this Period  
22.00

**[MEMO ITEM]**  
Conduit: 1 donor; PAC limit not affected

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

Mailing Address 14 Arrow St

City Cambridge State MA Zip Code 02138-

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2365.60

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2013

**Transaction ID : CN070913085036Ac**

Amount of Each Receipt this Period  
150.00

**[MEMO ITEM]**  
Conduit: 3 donors; PAC limit not affected

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

Mailing Address 777 6th St. NW, Ste. 200

City Washington State DC Zip Code 20001-

FEC ID number of contributing federal political committee. **C** C00024521

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 24 / 2013

**Transaction ID : CN062613131057AA**

Amount of Each Receipt this Period  
1000.00

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

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

1000.00



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

|                                                                         |                                                                                                                                                                                      |               |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)                                                                                                                                                 | PAGE 33 OF 66 |
|                                                                         | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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

**A.** Full Name (Last, First, Middle Initial)  
**Plum Creek PAC**

Mailing Address 999 Third Ave #4300

City State Zip Code  
Seattle WA 98104-

FEC ID number of contributing federal political committee. **C C00255224**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 19 / 2013

**Transaction ID : CN062613124634PI**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Union Pacific Corp Fund for Effective Gov't**

Mailing Address 600 Thirteenth St NW #340

City State Zip Code  
Washington DC 20005-

FEC ID number of contributing federal political committee. **C C00010470**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2013

**Transaction ID : CN070913085548Un**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address PO Box 961039

City State Zip Code  
Fort Worth TX 76161-

FEC ID number of contributing federal political committee. **C C00235739**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 24 / 2013

**Transaction ID : CN062613131044BN**

Amount of Each Receipt this Period  
 2500.00

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

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

4500.00

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

|                                                                         |                                                                                                                                                                                      |               |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                                                                                                                                    | PAGE 34 OF 66 |
|                                                                         | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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

**A.** Full Name (Last, First, Middle Initial)  
**NIKE, Inc. PAC**

Mailing Address **One Bowerman Dr**

City **Beaverton** State **OR** Zip Code **97005-**

FEC ID number of contributing federal political committee. **C C00142786**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2013**

**Transaction ID : CN07091308565NI**

Amount of Each Receipt this Period  
**2500.00**

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

Mailing Address **1101 Pennsylvania Ave NW #200**

City **Washington** State **DC** Zip Code **20004-**

FEC ID number of contributing federal political committee. **C C00034405**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 19 / 2013**

**Transaction ID : CN062613125042In**

Amount of Each Receipt this Period  
**2500.00**

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

Mailing Address **5000 Headquarters Dr**

City **Plano** State **TX** Zip Code **75024-**

FEC ID number of contributing federal political committee. **C C00478719**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 05 / 2013**

**Transaction ID : CN061313135040Mc**

Amount of Each Receipt this Period  
**1000.00**

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

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

**6000.00**

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

|                                                                         |                                                                                                                                                                                      |               |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                                                                                                                                    | PAGE 35 OF 66 |
|                                                                         | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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

**A.** Full Name (Last, First, Middle Initial)  
**American Nurses Association PAC**

Mailing Address 8515 Georgia Ave  
Suite 400

City Silver Spring State MD Zip Code 20910-

FEC ID number of contributing federal political committee. **C** C00017525

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 30 / 2013

**Transaction ID : CN070913085540Am**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**CULAC the PAC of Credit Union Nat'l Assn**

Mailing Address 601 Pennsylvania Ave NW  
South Building, Suite 600

City Washington State DC Zip Code 20004-

FEC ID number of contributing federal political committee. **C** C00007880

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 30 / 2013

**Transaction ID : CN070913085747CU**

Amount of Each Receipt this Period  
 1500.00

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

Mailing Address 1 DNA Way

City So. San Francisco State CA Zip Code 94080-

FEC ID number of contributing federal political committee. **C** C00199257

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 30 / 2013

**Transaction ID : CN070913085501Ge**

Amount of Each Receipt this Period  
 2500.00

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

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

5000.00

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

|                                                                         |                                                                                                                                                                                      |               |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                                                                                                                                    | PAGE 36 OF 66 |
|                                                                         | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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

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

Mailing Address 1625 L Street NW

City Washington State DC Zip Code 20036-

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 22 / 2013

**Transaction ID : CN042913142047AF**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 1625 L Street NW

City Washington State DC Zip Code 20036-

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 24 / 2013

**Transaction ID : CN062613130836AF**

Amount of Each Receipt this Period  
 4000.00

**C.** Full Name (Last, First, Middle Initial)  
**The NEA Fund for Children & Public Education**

Mailing Address 1201 16th St NW  
Suite 420

City Washington State DC Zip Code 20036-

FEC ID number of contributing federal political committee. **C** C00003251

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 24 / 2013

**Transaction ID : CN062613130911Th**

Amount of Each Receipt this Period  
 1000.00

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

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

6000.00

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

|                                                                         |                                                                                                                                                                                      |               |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                                                                                                                                    | PAGE 37 OF 66 |
|                                                                         | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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

**A.** Full Name (Last, First, Middle Initial)  
**Amalgamated Transit Union COPE**

Mailing Address 5025 Wisconsin Ave, NW

City Washington State DC Zip Code 20016-

FEC ID number of contributing federal political committee. **C** C00032995

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 05 / 2013

**Transaction ID : CN061313135230Am**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**SEIU C.O.P.E.**

Mailing Address 1800 Massachusetts Ave NW

City Washington State DC Zip Code 20036-

FEC ID number of contributing federal political committee. **C** C00004036

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2013

**Transaction ID : CN070913085826SE**

Amount of Each Receipt this Period  
 2500.00

**C.** Full Name (Last, First, Middle Initial)  
**Committee to Preserve Social Security and Med**

Mailing Address 10 G Street NE Suite 600

City Washington State DC Zip Code 20042-

FEC ID number of contributing federal political committee. **C** C00172296

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 19 / 2013

**Transaction ID : CN062613124617Co**

Amount of Each Receipt this Period  
 500.00

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

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

4000.00

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

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

FOR LINE NUMBER: PAGE 38 OF 66  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A. Full Name (Last, First, Middle Initial)**  
**Committee to Preserve Social Security and Med**

Mailing Address 10 G Street NE  
Suite 600

City Washington State DC Zip Code 20042-

FEC ID number of contributing federal political committee. **C C00172296**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1500.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**06 / 19 / 2013**

**Transaction ID : CN062613124606Co**

Amount of Each Receipt this Period  
**1000.00**

**B. Full Name (Last, First, Middle Initial)**  
**UFCW Active Ballot Club**

Mailing Address 1775 K Street NW

City Washington State DC Zip Code 20006-

FEC ID number of contributing federal political committee. **C C00002766**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5000.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**04 / 29 / 2013**

**Transaction ID : CN042913142324UF**

Amount of Each Receipt this Period  
**5000.00**

**C. Full Name (Last, First, Middle Initial)**  
**Physical Therapy PAC (PT-PAC)**

Mailing Address 1111 N Fairfax St

City Alexandria State VA Zip Code 22314-

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**06 / 24 / 2013**

**Transaction ID : CN062613130745Ph**

Amount of Each Receipt this Period  
**1000.00**

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

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

**7000.00**

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

|                                                                         |                                                                                                                                                                                      |               |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                                                                                                                                    | PAGE 39 OF 66 |
|                                                                         | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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

**A.** Full Name (Last, First, Middle Initial)  
**IBEW - Voluntary Fund**

Mailing Address 900 Seventh St, NW

City Washington State DC Zip Code 20001-

FEC ID number of contributing federal political committee. **C** C00027342

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 02 / 2013

**Transaction ID : CN041013104121IB**

Amount of Each Receipt this Period  
 5000.00

**B.** Full Name (Last, First, Middle Initial)  
**Committee on Letter Carriers PAC**

Mailing Address 100 Indiana Ave, NW

City Washington State DC Zip Code 20001-

FEC ID number of contributing federal political committee. **C** C00023580

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 19 / 2013

**Transaction ID : CN062613125151Co**

Amount of Each Receipt this Period  
 2500.00

**C.** Full Name (Last, First, Middle Initial)  
**National Active and Retired Federal Employees**

Mailing Address 606 N Washington St

City Alexandria State VA Zip Code 22314-

FEC ID number of contributing federal political committee. **C** C00091561

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2013

**Transaction ID : CN070913085733Na**

Amount of Each Receipt this Period  
 1000.00

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

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

8500.00

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

|                                                                         |                                                                                                                                                                                      |               |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                                                                                                                                    | PAGE 40 OF 66 |
|                                                                         | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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

|                                                                                                                                               |                                   |                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. AT&amp;T PAC</b>                                                                             |                                   | Date of Receipt<br>M M / D D / Y Y Y Y<br>06 / 19 / 2013 |
| Mailing Address 208 S Akard St<br>Suite 2701                                                                                                  |                                   | <b>Transaction ID : CN062613124952AT</b>                 |
| City<br>Dallas                                                                                                                                | State<br>TX                       |                                                          |
| FEC ID number of contributing federal political committee.<br>C C00109017                                                                     |                                   | Amount of Each Receipt this Period<br>1000.00            |
| Name of Employer                                                                                                                              | Occupation                        |                                                          |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>1000.00 |                                                          |

|                                                                                                                                               |                                   |                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. National Air Traffic Controllers PAC</b>                                                     |                                   | Date of Receipt<br>M M / D D / Y Y Y Y<br>06 / 19 / 2013 |
| Mailing Address 1325 Massachusetts Ave NW                                                                                                     |                                   | <b>Transaction ID : CN062613124538Na</b>                 |
| City<br>Washington                                                                                                                            | State<br>DC                       |                                                          |
| FEC ID number of contributing federal political committee.<br>C C00238725                                                                     |                                   | Amount of Each Receipt this Period<br>2000.00            |
| Name of Employer                                                                                                                              | Occupation                        |                                                          |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>3000.00 |                                                          |

|                                                                                                                                               |                                   |                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. National Air Traffic Controllers PAC</b>                                                     |                                   | Date of Receipt<br>M M / D D / Y Y Y Y<br>06 / 24 / 2013 |
| Mailing Address 1325 Massachusetts Ave NW                                                                                                     |                                   | <b>Transaction ID : CN062613130803Na</b>                 |
| City<br>Washington                                                                                                                            | State<br>DC                       |                                                          |
| FEC ID number of contributing federal political committee.<br>C C00238725                                                                     |                                   | Amount of Each Receipt this Period<br>500.00             |
| Name of Employer                                                                                                                              | Occupation                        |                                                          |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>3500.00 |                                                          |

|                                                                 |         |
|-----------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 3500.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |



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

|                                                                               |                                                                                                                                                                                      |               |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)                                                                                                                                                 | PAGE 41 OF 66 |
|                                                                               | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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

**A.** Full Name (Last, First, Middle Initial)  
**International Association of Fire Fighters**

Mailing Address 1750 New York Ave NW

City Washington State DC Zip Code 20006-

FEC ID number of contributing federal political committee. **C C70003108**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 19 / 2013

**Transaction ID : CN062613124524In**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address PO Box 33106

City Washington State DC Zip Code 20033-

FEC ID number of contributing federal political committee. **C C00441949**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 23 / 2013

**Transaction ID : CN070913084536JS**

Amount of Each Receipt this Period  
100.00

**[MEMO ITEM]**  
Conduit: 1 donor; PAC limit not affected

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

Mailing Address PO Box 33106

City Washington State DC Zip Code 20033-

FEC ID number of contributing federal political committee. **C C00441949**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 20 / 2013

**Transaction ID : CN070913084337JS**

Amount of Each Receipt this Period  
250.00

**[MEMO ITEM]**  
Conduit: 2 donors; PAC limit not affected

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

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

1000.00

90000.00

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

|                                                                         |                                                                                                                                                                                      |               |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                                                                                                                                    | PAGE 42 OF 66 |
|                                                                         | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input checked="" type="checkbox"/> 15 |               |

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

**A.** Full Name (Last, First, Middle Initial)  
**Nat'l Council on Compensation Insurance(NCCI)**

Mailing Address 901 Peninsula Corporate Center

City State Zip Code  
Boca Raton FL 33487-

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
594.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 18 / 2013

**Transaction ID : CN052213113052Na**

Amount of Each Receipt this Period  
594.00

Refund of overpayment

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

Mailing Address PO Box 5089

City State Zip Code  
Portland OR 97208-

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
440.57

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 22 / 2013

**Transaction ID : CN042913142202Li**

Amount of Each Receipt this Period  
440.57

Refund of overpayment

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

1034.57

1034.57

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

|                                                                         |                                                                        |                                                             |                                                              |                                                             |  |
|-------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)                                   | PAGE 43 OF 66                                               |                                                              |                                                             |  |
|                                                                         | <input checked="" type="checkbox"/> 17<br><input type="checkbox"/> 20a | <input type="checkbox"/> 18<br><input type="checkbox"/> 20b | <input type="checkbox"/> 19a<br><input type="checkbox"/> 20c | <input type="checkbox"/> 19b<br><input type="checkbox"/> 21 |  |

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

|                                                                      |                                                                                                                           |                                                                                                |
|----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Ellen Flenniken</b> |                                                                                                                           | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 01 / 2013                                  |
| Mailing Address 5944 N Kerby Avenue                                  |                                                                                                                           | Amount of Each Disbursement this Period<br>3770.23<br><b>Transaction ID : EX040513163831E1</b> |
| City<br>Portland                                                     | State<br>OR                                                                                                               |                                                                                                |
| Zip Code<br>97217-                                                   | Purpose of Disbursement<br>Wages                                                                                          | Category/<br>Type<br>001                                                                       |
| Candidate Name                                                       | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |                                                                                                |
| Disbursement For: 2014                                               | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General                                              |                                                                                                |
| <input type="checkbox"/> Other (specify)                             | State: District:                                                                                                          |                                                                                                |

|                                                                      |                                                                                                                           |                                                                                                |
|----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Ellen Flenniken</b> |                                                                                                                           | Date of Disbursement<br>M M / D D / Y Y Y Y<br>05 / 01 / 2013                                  |
| Mailing Address 5944 N Kerby Avenue                                  |                                                                                                                           | Amount of Each Disbursement this Period<br>3769.80<br><b>Transaction ID : EX052213113427E1</b> |
| City<br>Portland                                                     | State<br>OR                                                                                                               |                                                                                                |
| Zip Code<br>97217-                                                   | Purpose of Disbursement<br>Wages                                                                                          | Category/<br>Type<br>001                                                                       |
| Candidate Name                                                       | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |                                                                                                |
| Disbursement For: 2014                                               | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General                                              |                                                                                                |
| <input type="checkbox"/> Other (specify)                             | State: District:                                                                                                          |                                                                                                |

|                                                                      |                                                                                                                           |                                                                                                |
|----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Ellen Flenniken</b> |                                                                                                                           | Date of Disbursement<br>M M / D D / Y Y Y Y<br>06 / 01 / 2013                                  |
| Mailing Address 5944 N Kerby Avenue                                  |                                                                                                                           | Amount of Each Disbursement this Period<br>3769.80<br><b>Transaction ID : EX061313140726E1</b> |
| City<br>Portland                                                     | State<br>OR                                                                                                               |                                                                                                |
| Zip Code<br>97217-                                                   | Purpose of Disbursement<br>Wages                                                                                          | Category/<br>Type<br>001                                                                       |
| Candidate Name                                                       | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |                                                                                                |
| Disbursement For: 2014                                               | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General                                              |                                                                                                |
| <input type="checkbox"/> Other (specify)                             | State: District:                                                                                                          |                                                                                                |

|                                                                 |          |
|-----------------------------------------------------------------|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 11309.83 |
| <b>TOTAL</b> This Period (last page this line number only)..... |          |

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

|                                                                               |                                                                                                                                                         |               |  |  |  |
|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--|--|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)                                                                                                                    | PAGE 44 OF 66 |  |  |  |
|                                                                               | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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

**A. A Thyme and Place**

Full Name (Last, First, Middle Initial)  
Mailing Address 2500 Dewitt Ave

City Alexandria State VA Zip Code 22301-

Purpose of Disbursement  
Catering

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 06 / 17 / 2013

Amount of Each Disbursement this Period: 823.75

Transaction ID : EX062813150819A

Category/Type: 007

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

Full Name (Last, First, Middle Initial)  
Mailing Address 504 Clinton Center Dr

City Clinton State MS Zip Code 39056-

Purpose of Disbursement  
Payroll production

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 04 / 10 / 2013

Amount of Each Disbursement this Period: 86.00

Transaction ID : EX052713210611Ad

Category/Type: 001

**C. Advanced Data Processing (ADP)**

Full Name (Last, First, Middle Initial)  
Mailing Address 504 Clinton Center Dr

City Clinton State MS Zip Code 39056-

Purpose of Disbursement  
TriMet taxes

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 04 / 25 / 2013

Amount of Each Disbursement this Period: 117.76

Transaction ID : EX050713104255Ad

Category/Type: 001

**SUBTOTAL** of Disbursements This Page (optional)..... 1027.51

**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:<br>(check only one)                                                                                                                    | PAGE 45 OF 66 |  |  |  |
|                                                                         | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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

|                                                                                                                                                                                                                                                                        |                                                                                   |                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Advanced Data Processing (ADP)</b>                                                                                                                                                                                    |                                                                                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>05 / 10 / 2013                                |
| Mailing Address 504 Clinton Center Dr                                                                                                                                                                                                                                  |                                                                                   | Amount of Each Disbursement this Period<br>91.50<br><b>Transaction ID : EX060313205103Ad</b> |
| City Clinton State MS Zip Code 39056-                                                                                                                                                                                                                                  | Purpose of Disbursement Payroll production<br>Candidate Name<br>Category/Type 001 |                                                                                              |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:                                                                  |                                                                                              |

|                                                                                                                                                                                                                                                                        |                                                                                   |                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Advanced Data Processing (ADP)</b>                                                                                                                                                                                    |                                                                                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>06 / 10 / 2013                                |
| Mailing Address 504 Clinton Center Dr                                                                                                                                                                                                                                  |                                                                                   | Amount of Each Disbursement this Period<br>91.50<br><b>Transaction ID : EX061313141002Ad</b> |
| City Clinton State MS Zip Code 39056-                                                                                                                                                                                                                                  | Purpose of Disbursement Payroll production<br>Candidate Name<br>Category/Type 001 |                                                                                              |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:                                                                  |                                                                                              |

|                                                                                                                                                                                                                                                                        |                                                                                                      |                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>c. American Express</b>                                                                                                                                                                                                  |                                                                                                      | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 29 / 2013                                  |
| Mailing Address PO Box 650448                                                                                                                                                                                                                                          |                                                                                                      | Amount of Each Disbursement this Period<br>2222.95<br><b>Transaction ID : EX042913150815Am</b> |
| City Dallas State TX Zip Code 75265-                                                                                                                                                                                                                                   | Purpose of Disbursement Credit card payment - See memo detail<br>Candidate Name<br>Category/Type 001 |                                                                                                |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:                                                                                     |                                                                                                |

|                                                                 |         |
|-----------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 2405.95 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|                                                                               |                                               |                                    |                                     |                                    |  |
|-------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 46 OF 66                      |                                     |                                    |  |
|                                                                               | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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

|                                                                                                                                                    |                                                                                                                           |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. American Express</b>                                                                              |                                                                                                                           | Date of Disbursement<br>M M / D D / Y Y Y Y<br>06 / 13 / 2013                                  |
| Mailing Address PO Box 650448                                                                                                                      |                                                                                                                           | Amount of Each Disbursement this Period<br>2749.88<br><b>Transaction ID : EX052713212807Am</b> |
| City<br>Dallas                                                                                                                                     | State<br>TX                                                                                                               |                                                                                                |
| Zip Code<br>75265-                                                                                                                                 | Purpose of Disbursement<br>Credit card payment - See memo detail                                                          | Category/<br>Type<br>001                                                                       |
| Candidate Name                                                                                                                                     | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |                                                                                                |
| Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:                                                                                                          |                                                                                                |

|                                                                                                                                                    |                                                                                                                           |                                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Butters Gallery</b>                                                                               |                                                                                                                           | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 23 / 2013                                 |
| Mailing Address 520 NW Davis St.                                                                                                                   |                                                                                                                           | Amount of Each Disbursement this Period<br>200.00<br><b>Transaction ID : EX042313140817Bu</b> |
| City<br>Portland                                                                                                                                   | State<br>OR                                                                                                               |                                                                                               |
| Zip Code<br>97209-                                                                                                                                 | Purpose of Disbursement<br>Space rental                                                                                   | Category/<br>Type<br>003                                                                      |
| Candidate Name                                                                                                                                     | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |                                                                                               |
| Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:                                                                                                          |                                                                                               |

|                                                                                                                                                    |                                                                                                                           |                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>c. C&amp;E Systems</b>                                                                               |                                                                                                                           | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 10 / 2013                                     |
| Mailing Address PO Box 42306                                                                                                                       |                                                                                                                           | Amount of Each Disbursement this Period<br>417.55<br><b>Transaction ID : EX041013120155C&amp;</b> |
| City<br>Portland                                                                                                                                   | State<br>OR                                                                                                               |                                                                                                   |
| Zip Code<br>97242-                                                                                                                                 | Purpose of Disbursement<br>Compliance, credit card disc, postage                                                          | Category/<br>Type<br>001                                                                          |
| Candidate Name                                                                                                                                     | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |                                                                                                   |
| Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:                                                                                                          |                                                                                                   |

|                                                                 |         |
|-----------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 3367.43 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|                                                                               |                                               |                                    |                                     |                                    |  |
|-------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 47 OF 66                      |                                     |                                    |  |
|                                                                               | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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

|                                                                                                                           |                                                                                                                                                    |                                                               |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. C&amp;E Systems</b>                                                      |                                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 10 / 2013 |
| Mailing Address PO Box 42306                                                                                              |                                                                                                                                                    | Amount of Each Disbursement this Period<br>638.58             |
| City<br>Portland                                                                                                          | State<br>OR                                                                                                                                        |                                                               |
| Zip Code<br>97242-                                                                                                        | Purpose of Disbursement<br>Reimbursement for Comcast payment                                                                                       | <b>Transaction ID : EX041013105546C&amp;</b>                  |
| Candidate Name                                                                                                            | 001<br>Category/<br>Type                                                                                                                           |                                                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                               |
| State: District:                                                                                                          |                                                                                                                                                    |                                                               |

|                                                                                                                           |                                                                                                                                                    |                                                               |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. C&amp;E Systems</b>                                                      |                                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 29 / 2013 |
| Mailing Address PO Box 42306                                                                                              |                                                                                                                                                    | Amount of Each Disbursement this Period<br>1668.56            |
| City<br>Portland                                                                                                          | State<br>OR                                                                                                                                        |                                                               |
| Zip Code<br>97242-                                                                                                        | Purpose of Disbursement<br>Compliance, Credit Card discounts                                                                                       | <b>Transaction ID : EX042913152043C&amp;</b>                  |
| Candidate Name                                                                                                            | 001<br>Category/<br>Type                                                                                                                           |                                                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                               |
| State: District:                                                                                                          |                                                                                                                                                    |                                                               |

|                                                                                                                           |                                                                                                                                                    |                                                               |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. C&amp;E Systems</b>                                                      |                                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>06 / 03 / 2013 |
| Mailing Address PO Box 42306                                                                                              |                                                                                                                                                    | Amount of Each Disbursement this Period<br>551.60             |
| City<br>Portland                                                                                                          | State<br>OR                                                                                                                                        |                                                               |
| Zip Code<br>97242-                                                                                                        | Purpose of Disbursement<br>Compliance reporting                                                                                                    | <b>Transaction ID : EX060313203713C&amp;</b>                  |
| Candidate Name                                                                                                            | 001<br>Category/<br>Type                                                                                                                           |                                                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                               |
| State: District:                                                                                                          |                                                                                                                                                    |                                                               |

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|-----------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 2858.74 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|                                                                         |                                                                                                                                                         |               |  |  |  |
|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)                                                                                                                    | PAGE 48 OF 66 |  |  |  |
|                                                                         | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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

|                                                                                                                           |                                                                                                                                                    |                                                               |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Catering By Avalon</b>                                                   |                                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>05 / 22 / 2013 |
| Mailing Address                                                                                                           |                                                                                                                                                    | Amount of Each Disbursement this Period<br>487.80             |
| City<br>Washington                                                                                                        | State<br>DC                                                                                                                                        |                                                               |
| Zip Code<br>20008-                                                                                                        |                                                                                                                                                    | <b>Transaction ID : EX061313140450Ca</b>                      |
| Purpose of Disbursement<br>Event catering                                                                                 | Category/<br>Type<br>007                                                                                                                           |                                                               |
| Candidate Name                                                                                                            |                                                                                                                                                    |                                                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                               |
| State: District:                                                                                                          |                                                                                                                                                    |                                                               |

|                                                                                                                           |                                                                                                                                                    |                                                               |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Comcast Cable</b>                                                        |                                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 02 / 2013 |
| Mailing Address PO Box 34227                                                                                              |                                                                                                                                                    | Amount of Each Disbursement this Period<br>638.58             |
| City<br>Seattle                                                                                                           | State<br>WA                                                                                                                                        |                                                               |
| Zip Code<br>98124-                                                                                                        |                                                                                                                                                    | <b>Transaction ID : EX041013105234Co</b>                      |
| Purpose of Disbursement<br>Internet/Phone                                                                                 | Category/<br>Type<br>001                                                                                                                           |                                                               |
| Candidate Name                                                                                                            |                                                                                                                                                    |                                                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                               |
| State: District:                                                                                                          |                                                                                                                                                    |                                                               |

**[MEMO ITEM]**  
Reimbursement detail

|                                                                                                                           |                                                                                                                                                    |                                                               |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>c. Comcast Cable</b>                                                        |                                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 29 / 2013 |
| Mailing Address PO Box 34227                                                                                              |                                                                                                                                                    | Amount of Each Disbursement this Period<br>643.31             |
| City<br>Seattle                                                                                                           | State<br>WA                                                                                                                                        |                                                               |
| Zip Code<br>98124-                                                                                                        |                                                                                                                                                    | <b>Transaction ID : EX042913150722Co</b>                      |
| Purpose of Disbursement<br>Internet/Phone                                                                                 | Category/<br>Type<br>001                                                                                                                           |                                                               |
| Candidate Name                                                                                                            |                                                                                                                                                    |                                                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                               |
| State: District:                                                                                                          |                                                                                                                                                    |                                                               |

|                                                                 |         |
|-----------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 1131.11 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |



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

|                                                                         |                                                                                                                                                         |               |  |  |  |
|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)                                                                                                                    | PAGE 49 OF 66 |  |  |  |
|                                                                         | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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

|                                                                    |                                                                                                               |                                                                                                                                                    |                                                               |  |  |
|--------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Corner Bakery</b> |                                                                                                               |                                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>06 / 05 / 2013 |  |  |
| Mailing Address 1828 L St NW                                       |                                                                                                               |                                                                                                                                                    | Amount of Each Disbursement this Period<br>250.38             |  |  |
| City<br>Washington                                                 | State<br>DC                                                                                                   | Zip Code<br>20036-                                                                                                                                 | Transaction ID : EX061313140915Co                             |  |  |
| Purpose of Disbursement<br>catering                                |                                                                                                               | Category/<br>Type<br>007                                                                                                                           |                                                               |  |  |
| Candidate Name                                                     |                                                                                                               |                                                                                                                                                    |                                                               |  |  |
| Office Sought:                                                     | House<br><input type="checkbox"/><br>Senate<br><input type="checkbox"/> President<br><input type="checkbox"/> | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                               |  |  |
| State:                                                             | District:                                                                                                     |                                                                                                                                                    |                                                               |  |  |

|                                                              |                                                                                                               |                                                                                                                                                    |                                                               |  |  |
|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Cricket</b> |                                                                                                               |                                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 01 / 2013 |  |  |
| Mailing Address 621 SW Broadway                              |                                                                                                               |                                                                                                                                                    | Amount of Each Disbursement this Period<br>40.00              |  |  |
| City<br>Portland                                             | State<br>OR                                                                                                   | Zip Code<br>97201-                                                                                                                                 | Transaction ID : EX040513143120Cr                             |  |  |
| Purpose of Disbursement<br>Telephone                         |                                                                                                               | Category/<br>Type<br>001                                                                                                                           |                                                               |  |  |
| Candidate Name                                               |                                                                                                               |                                                                                                                                                    |                                                               |  |  |
| Office Sought:                                               | House<br><input type="checkbox"/><br>Senate<br><input type="checkbox"/> President<br><input type="checkbox"/> | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                               |  |  |
| State:                                                       | District:                                                                                                     |                                                                                                                                                    |                                                               |  |  |

|                                                              |                                                                                                               |                                                                                                                                                    |                                                               |  |  |
|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Cricket</b> |                                                                                                               |                                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>05 / 01 / 2013 |  |  |
| Mailing Address 621 SW Broadway                              |                                                                                                               |                                                                                                                                                    | Amount of Each Disbursement this Period<br>42.00              |  |  |
| City<br>Portland                                             | State<br>OR                                                                                                   | Zip Code<br>97201-                                                                                                                                 | Transaction ID : EX052213113450Cr                             |  |  |
| Purpose of Disbursement<br>Telephone                         |                                                                                                               | Category/<br>Type<br>001                                                                                                                           |                                                               |  |  |
| Candidate Name                                               |                                                                                                               |                                                                                                                                                    |                                                               |  |  |
| Office Sought:                                               | House<br><input type="checkbox"/><br>Senate<br><input type="checkbox"/> President<br><input type="checkbox"/> | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                               |  |  |
| State:                                                       | District:                                                                                                     |                                                                                                                                                    |                                                               |  |  |

|                                                                 |        |
|-----------------------------------------------------------------|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 332.38 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|                                                                         |                                                                                                                                                         |               |  |  |  |
|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)                                                                                                                    | PAGE 50 OF 66 |  |  |  |
|                                                                         | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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

|                                                                                                                           |                                                                                                                                                    |                                                               |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Cricket</b>                                                              |                                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>05 / 31 / 2013 |
| Mailing Address 621 SW Broadway                                                                                           |                                                                                                                                                    | Amount of Each Disbursement this Period<br>41.00              |
| City<br>Portland                                                                                                          | State<br>OR                                                                                                                                        |                                                               |
| Zip Code<br>97201-                                                                                                        | Purpose of Disbursement<br>Telephone                                                                                                               | <b>Transaction ID : EX061313140742Cr</b>                      |
| Candidate Name                                                                                                            | 001<br>Category/<br>Type                                                                                                                           |                                                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                               |
| State: District:                                                                                                          |                                                                                                                                                    |                                                               |

|                                                                                                                           |                                                                                                                                                    |                                                               |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Democratic Party of Oregon</b>                                           |                                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 10 / 2013 |
| Mailing Address 232 NE 9th Ave                                                                                            |                                                                                                                                                    | Amount of Each Disbursement this Period<br>250.00             |
| City<br>Portland                                                                                                          | State<br>OR                                                                                                                                        |                                                               |
| Zip Code<br>97232-                                                                                                        | Purpose of Disbursement<br>Rent                                                                                                                    | <b>Transaction ID : EX041013120040De</b>                      |
| Candidate Name<br><b>Democratic Party of Oregon</b>                                                                       | 001<br>Category/<br>Type                                                                                                                           |                                                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                               |
| State: District:                                                                                                          |                                                                                                                                                    |                                                               |

|                                                                                                                           |                                                                                                                                                    |                                                               |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>c. Democratic Party of Oregon</b>                                           |                                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 29 / 2013 |
| Mailing Address 232 NE 9th Ave                                                                                            |                                                                                                                                                    | Amount of Each Disbursement this Period<br>500.00             |
| City<br>Portland                                                                                                          | State<br>OR                                                                                                                                        |                                                               |
| Zip Code<br>97232-                                                                                                        | Purpose of Disbursement<br>Rent                                                                                                                    | <b>Transaction ID : EX042913151655De</b>                      |
| Candidate Name<br><b>Democratic Party of Oregon</b>                                                                       | 001<br>Category/<br>Type                                                                                                                           |                                                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                               |
| State: District:                                                                                                          |                                                                                                                                                    |                                                               |

|                                                                 |        |
|-----------------------------------------------------------------|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 791.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|                                                                         |                                                                                                                                                         |               |  |  |  |
|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)                                                                                                                    | PAGE 51 OF 66 |  |  |  |
|                                                                         | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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

|                                                                                                                                                    |                                                                                                                           |                                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Democratic Party of Oregon</b>                                                                    |                                                                                                                           | Date of Disbursement<br>M M / D D / Y Y Y Y<br>05 / 07 / 2013                                 |
| Mailing Address 232 NE 9th Ave                                                                                                                     |                                                                                                                           | Amount of Each Disbursement this Period<br>250.00<br><b>Transaction ID : EX050713103458De</b> |
| City<br>Portland                                                                                                                                   | State<br>OR                                                                                                               |                                                                                               |
| Zip Code<br>97232-                                                                                                                                 | Purpose of Disbursement<br>Rent                                                                                           | Category/<br>Type<br>001                                                                      |
| Candidate Name<br><b>Democratic Party of Oregon</b>                                                                                                | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |                                                                                               |
| Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:                                                                                                          |                                                                                               |

|                                                                                                                                                    |                                                                                                                           |                                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Democratic Party of Oregon</b>                                                                    |                                                                                                                           | Date of Disbursement<br>M M / D D / Y Y Y Y<br>06 / 13 / 2013                                 |
| Mailing Address 232 NE 9th Ave                                                                                                                     |                                                                                                                           | Amount of Each Disbursement this Period<br>250.00<br><b>Transaction ID : EX061313142322De</b> |
| City<br>Portland                                                                                                                                   | State<br>OR                                                                                                               |                                                                                               |
| Zip Code<br>97232-                                                                                                                                 | Purpose of Disbursement<br>Rent                                                                                           | Category/<br>Type<br>001                                                                      |
| Candidate Name<br><b>Democratic Party of Oregon</b>                                                                                                | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |                                                                                               |
| Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:                                                                                                          |                                                                                               |

|                                                                                                                                                    |                                                                                                                           |                                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>c. Friends of Tobias Read</b>                                                                        |                                                                                                                           | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 03 / 2013                                 |
| Mailing Address 2236 SE 10th Ave                                                                                                                   |                                                                                                                           | Amount of Each Disbursement this Period<br>200.00<br><b>Transaction ID : EX040313144008Fr</b> |
| City<br>Portland                                                                                                                                   | State<br>OR                                                                                                               |                                                                                               |
| Zip Code<br>97214-                                                                                                                                 | Purpose of Disbursement<br>office rent                                                                                    | Category/<br>Type<br>001                                                                      |
| Candidate Name                                                                                                                                     | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |                                                                                               |
| Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:                                                                                                          |                                                                                               |

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

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

|                                                                         |                                                                        |                                                             |                                                              |                                                             |  |
|-------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)                                   | PAGE 52 OF 66                                               |                                                              |                                                             |  |
|                                                                         | <input checked="" type="checkbox"/> 17<br><input type="checkbox"/> 20a | <input type="checkbox"/> 18<br><input type="checkbox"/> 20b | <input type="checkbox"/> 19a<br><input type="checkbox"/> 20c | <input type="checkbox"/> 19b<br><input type="checkbox"/> 21 |  |

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

|                                                                                                                                                    |                                                                                                                           |                                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Friends of Tobias Read</b>                                                                        |                                                                                                                           | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 03 / 2013                                 |
| Mailing Address 2236 SE 10th Ave                                                                                                                   |                                                                                                                           | Amount of Each Disbursement this Period<br>262.50<br><b>Transaction ID : EX040313143953Fr</b> |
| City<br>Portland                                                                                                                                   | State<br>OR                                                                                                               |                                                                                               |
| Zip Code<br>97214-                                                                                                                                 | Purpose of Disbursement<br>office rent and insurance                                                                      | Category/<br>Type<br>001                                                                      |
| Candidate Name                                                                                                                                     | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |                                                                                               |
| Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:                                                                                                          |                                                                                               |

|                                                                                                                                                    |                                                                                                                           |                                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Friends of Tobias Read</b>                                                                        |                                                                                                                           | Date of Disbursement<br>M M / D D / Y Y Y Y<br>05 / 07 / 2013                                 |
| Mailing Address 2236 SE 10th Ave                                                                                                                   |                                                                                                                           | Amount of Each Disbursement this Period<br>200.00<br><b>Transaction ID : EX050713123407Fr</b> |
| City<br>Portland                                                                                                                                   | State<br>OR                                                                                                               |                                                                                               |
| Zip Code<br>97214-                                                                                                                                 | Purpose of Disbursement<br>office rent                                                                                    | Category/<br>Type<br>001                                                                      |
| Candidate Name                                                                                                                                     | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |                                                                                               |
| Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:                                                                                                          |                                                                                               |

|                                                                                                                                                    |                                                                                                                           |                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>c. Google Apps</b>                                                                                   |                                                                                                                           | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 08 / 2013                                |
| Mailing Address 1600 Amphitheatre Pkwy                                                                                                             |                                                                                                                           | Amount of Each Disbursement this Period<br>55.00<br><b>Transaction ID : EX052213112905Go</b> |
| City<br>Mountain View                                                                                                                              | State<br>CA                                                                                                               |                                                                                              |
| Zip Code<br>94043-                                                                                                                                 | Purpose of Disbursement<br>Google Ads                                                                                     | Category/<br>Type<br>004                                                                     |
| Candidate Name                                                                                                                                     | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |                                                                                              |
| Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:                                                                                                          |                                                                                              |

|                                                                 |        |
|-----------------------------------------------------------------|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 517.50 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|                                                                         |                                               |                                    |                                     |                                    |  |
|-------------------------------------------------------------------------|-----------------------------------------------|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 53 OF 66                      |                                     |                                    |  |
|                                                                         | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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

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

Mailing Address 1600 Amphitheatre Pkwy

City Mountain View State CA Zip Code 94043-

Purpose of Disbursement Google Ads

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 05 / 07 / 2013

Amount of Each Disbursement this Period: 55.00

Transaction ID : EX061313140104Go

Category/Type: 001

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

Mailing Address 1600 Amphitheatre Pkwy

City Mountain View State CA Zip Code 94043-

Purpose of Disbursement Google Ads

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 06 / 07 / 2013

Amount of Each Disbursement this Period: 55.00

Transaction ID : EX061313140944Go

Category/Type: 004

Full Name (Last, First, Middle Initial)  
**c. IRS/Oregon Revenue Dept/TriMet**

Mailing Address Salem

City Salem State OR Zip Code 97301-

Purpose of Disbursement Payroll taxes

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 04 / 01 / 2013

Amount of Each Disbursement this Period: 2334.45

Transaction ID : EX040513163804IR

Category/Type: 001

**SUBTOTAL** of Disbursements This Page (optional)..... 2444.45

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

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

|                                                                         |                                                                                                                                                         |               |  |  |  |
|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)                                                                                                                    | PAGE 54 OF 66 |  |  |  |
|                                                                         | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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

**A. IRS/Oregon Revenue Dept/TriMet**

Full Name (Last, First, Middle Initial)  
Mailing Address Salem

City Salem State OR Zip Code 97301-

Purpose of Disbursement Payroll taxes

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 05 / 01 / 2013

Amount of Each Disbursement this Period: 2335.31

Transaction ID : EX052213113405IR

Category/Type: 001

**B. IRS/Oregon Revenue Dept/TriMet**

Full Name (Last, First, Middle Initial)  
Mailing Address Salem

City Salem State OR Zip Code 97301-

Purpose of Disbursement Payroll taxes

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 06 / 01 / 2013

Amount of Each Disbursement this Period: 2335.31

Transaction ID : EX061313140704IR

Category/Type: 001

**c. Johnny's Half Shell**

Full Name (Last, First, Middle Initial)  
Mailing Address 400 N Capitol St

City Washington State DC Zip Code 20001-

Purpose of Disbursement catering

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 04 / 18 / 2013

Amount of Each Disbursement this Period: 200.00

Transaction ID : EX052213112955Jo

Category/Type: 003

**SUBTOTAL** of Disbursements This Page (optional) ..... 4870.62

**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:<br>(check only one)          | PAGE 55 OF 66                      |                                     |                                    |  |
|                                                                         | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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

|                                                                                                                           |                                                                                                                                                    |                    |                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Johnny's Half Shell</b>                                                  |                                                                                                                                                    |                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>06 / 17 / 2013                                 |
| Mailing Address 400 N Capitol St                                                                                          |                                                                                                                                                    |                    | Amount of Each Disbursement this Period<br>953.10<br><b>Transaction ID : EX062813150737Jo</b> |
| City<br>Washington                                                                                                        | State<br>DC                                                                                                                                        | Zip Code<br>20001- |                                                                                               |
| Purpose of Disbursement<br>catering                                                                                       | Candidate Name                                                                                                                                     |                    | Category/<br>Type<br>007                                                                      |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                    |                                                                                               |
| State: District:                                                                                                          |                                                                                                                                                    |                    |                                                                                               |

|                                                                                                                           |                                                                                                                                                    |                    |                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Liberty Mutual</b>                                                       |                                                                                                                                                    |                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 29 / 2013                                 |
| Mailing Address PO Box 0569                                                                                               |                                                                                                                                                    |                    | Amount of Each Disbursement this Period<br>313.00<br><b>Transaction ID : EX042913151537Li</b> |
| City<br>Carol Stream                                                                                                      | State<br>IL                                                                                                                                        | Zip Code<br>60132- |                                                                                               |
| Purpose of Disbursement<br>Workers Compensation                                                                           | Candidate Name                                                                                                                                     |                    | Category/<br>Type<br>001                                                                      |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                    |                                                                                               |
| State: District:                                                                                                          |                                                                                                                                                    |                    |                                                                                               |

|                                                                                                                           |                                                                                                                                                    |                    |                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>c. Nat'l Council on Compensation Insurance(NCCI)</b>                        |                                                                                                                                                    |                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 04 / 2013                                 |
| Mailing Address 901 Peninsula Corporate Center                                                                            |                                                                                                                                                    |                    | Amount of Each Disbursement this Period<br>594.00<br><b>Transaction ID : EX040513142723Na</b> |
| City<br>Boca Raton                                                                                                        | State<br>FL                                                                                                                                        | Zip Code<br>33487- |                                                                                               |
| Purpose of Disbursement<br>workers compensation insurance                                                                 | Candidate Name                                                                                                                                     |                    | Category/<br>Type<br>001                                                                      |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                    |                                                                                               |
| State: District:                                                                                                          |                                                                                                                                                    |                    |                                                                                               |

|                                                                 |         |
|-----------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 1860.10 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|                                                                         |                                                                        |                                                             |                                                              |                                                             |  |
|-------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)                                   | PAGE 56 OF 66                                               |                                                              |                                                             |  |
|                                                                         | <input checked="" type="checkbox"/> 17<br><input type="checkbox"/> 20a | <input type="checkbox"/> 18<br><input type="checkbox"/> 20b | <input type="checkbox"/> 19a<br><input type="checkbox"/> 20c | <input type="checkbox"/> 19b<br><input type="checkbox"/> 21 |  |

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

|                                                                                                                                                                                                                                                                        |                                                                                      |                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. NGP/VAN Software</b>                                                                                                                                                                                                  |                                                                                      | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 29 / 2013                                  |
| Mailing Address 1101 15th St #500 NW                                                                                                                                                                                                                                   |                                                                                      | Amount of Each Disbursement this Period<br>1650.00<br><b>Transaction ID : EX042913151938NG</b> |
| City Washington State DC Zip Code 20005-                                                                                                                                                                                                                               | Purpose of Disbursement Software subscription<br>Candidate Name<br>Category/Type 001 |                                                                                                |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:                                                                     |                                                                                                |

|                                                                                                                                                                                                                                                                        |                                                                                       |                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Political Development Group LLC (PDG)</b>                                                                                                                                                                             |                                                                                       | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 10 / 2013                                  |
| Mailing Address 499 South Capitol St NW Suite 422                                                                                                                                                                                                                      |                                                                                       | Amount of Each Disbursement this Period<br>4105.75<br><b>Transaction ID : EX041013115225Po</b> |
| City Washington State DC Zip Code 20003-                                                                                                                                                                                                                               | Purpose of Disbursement Fundraising consulting<br>Candidate Name<br>Category/Type 003 |                                                                                                |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:                                                                      |                                                                                                |

|                                                                                                                                                                                                                                                                        |                                                                                       |                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>c. Political Development Group LLC (PDG)</b>                                                                                                                                                                             |                                                                                       | Date of Disbursement<br>M M / D D / Y Y Y Y<br>05 / 07 / 2013                                  |
| Mailing Address 499 South Capitol St NW Suite 422                                                                                                                                                                                                                      |                                                                                       | Amount of Each Disbursement this Period<br>4066.49<br><b>Transaction ID : EX050713103946Po</b> |
| City Washington State DC Zip Code 20003-                                                                                                                                                                                                                               | Purpose of Disbursement Fundraising consulting<br>Candidate Name<br>Category/Type 003 |                                                                                                |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:                                                                      |                                                                                                |

|                                                                 |         |
|-----------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 9822.24 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |



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

|                                                                         |                                                                        |                                                             |                                                              |                                                             |  |
|-------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)                                   | PAGE 57 OF 66                                               |                                                              |                                                             |  |
|                                                                         | <input checked="" type="checkbox"/> 17<br><input type="checkbox"/> 20a | <input type="checkbox"/> 18<br><input type="checkbox"/> 20b | <input type="checkbox"/> 19a<br><input type="checkbox"/> 20c | <input type="checkbox"/> 19b<br><input type="checkbox"/> 21 |  |

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

|                                                                                            |                                                                                                                                                                                                                                                                        |                                                                                                |
|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Political Development Group LLC (PDG)</b> |                                                                                                                                                                                                                                                                        | Date of Disbursement<br>M M / D D / Y Y Y Y<br>06 / 13 / 2013                                  |
| Mailing Address 499 South Capitol St NW<br>Suite 422                                       |                                                                                                                                                                                                                                                                        | Amount of Each Disbursement this Period<br>4079.17<br><b>Transaction ID : EX061313142059Po</b> |
| City Washington State DC Zip Code 20003-                                                   | Purpose of Disbursement Fundraising consulting<br>003<br>Category/Type                                                                                                                                                                                                 |                                                                                                |
| Candidate Name                                                                             | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                                                                |
| State: District:                                                                           |                                                                                                                                                                                                                                                                        |                                                                                                |

|                                                                |                                                                                                                                                                                                                                                                        |                                                                                               |
|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Springbox</b> |                                                                                                                                                                                                                                                                        | Date of Disbursement<br>M M / D D / Y Y Y Y<br>05 / 22 / 2013                                 |
| Mailing Address 2234 NW 24th Ave                               |                                                                                                                                                                                                                                                                        | Amount of Each Disbursement this Period<br>450.00<br><b>Transaction ID : EX061313140547Sp</b> |
| City Portland State OR Zip Code 97209-                         | Purpose of Disbursement Event space<br>007<br>Category/Type                                                                                                                                                                                                            |                                                                                               |
| Candidate Name                                                 | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                                                               |
| State: District:                                               |                                                                                                                                                                                                                                                                        |                                                                                               |

|                                                                       |                                                                                                                                                                                                                                                                        |                                                                                               |
|-----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>c. Verizon Wireless</b> |                                                                                                                                                                                                                                                                        | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 24 / 2013                                 |
| Mailing Address PO Box 660108                                         |                                                                                                                                                                                                                                                                        | Amount of Each Disbursement this Period<br>116.24<br><b>Transaction ID : EX042913151044Ve</b> |
| City Dallas State TX Zip Code 75266-0108                              | Purpose of Disbursement Cellular phone<br>001<br>Category/Type                                                                                                                                                                                                         |                                                                                               |
| Candidate Name                                                        | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>[MEMO ITEM]</b><br>AmEx detail                                                             |
| State: District:                                                      |                                                                                                                                                                                                                                                                        |                                                                                               |

|                                                                 |         |
|-----------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 4529.17 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|                                                                         |                                                                                                                                                         |               |  |  |  |
|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)                                                                                                                    | PAGE 58 OF 66 |  |  |  |
|                                                                         | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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

|                                                                                                                                                    |       |                                                                                                                                                                              |       |          |          |     |        |                                                        |    |        |    |  |      |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------|----------|-----|--------|--------------------------------------------------------|----|--------|----|--|------|
| Full Name (Last, First, Middle Initial)                                                                                                            |       | Date of Disbursement                                                                                                                                                         |       |          |          |     |        |                                                        |    |        |    |  |      |
| <b>A. Whole Foods</b>                                                                                                                              |       | <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>28</td> <td></td> <td>2013</td> </tr> </table> |       | M M      | /        | D D | /      | Y Y Y Y                                                | 03 |        | 28 |  | 2013 |
| M M                                                                                                                                                | /     | D D                                                                                                                                                                          | /     | Y Y Y Y  |          |     |        |                                                        |    |        |    |  |      |
| 03                                                                                                                                                 |       | 28                                                                                                                                                                           |       | 2013     |          |     |        |                                                        |    |        |    |  |      |
| Mailing Address 1210 NW Couch St                                                                                                                   |       | Amount of Each Disbursement this Period                                                                                                                                      |       |          |          |     |        |                                                        |    |        |    |  |      |
| <table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Portland</td> <td>OR</td> <td>97209-</td> </tr> </table>     |       | City                                                                                                                                                                         | State | Zip Code | Portland | OR  | 97209- | <table border="1"> <tr> <td>396.33</td> </tr> </table> |    | 396.33 |    |  |      |
| City                                                                                                                                               | State | Zip Code                                                                                                                                                                     |       |          |          |     |        |                                                        |    |        |    |  |      |
| Portland                                                                                                                                           | OR    | 97209-                                                                                                                                                                       |       |          |          |     |        |                                                        |    |        |    |  |      |
| 396.33                                                                                                                                             |       |                                                                                                                                                                              |       |          |          |     |        |                                                        |    |        |    |  |      |
| Purpose of Disbursement<br>Event refreshments                                                                                                      |       | Transaction ID : EX042913151149Wh                                                                                                                                            |       |          |          |     |        |                                                        |    |        |    |  |      |
| Candidate Name                                                                                                                                     |       | [MEMO ITEM]                                                                                                                                                                  |       |          |          |     |        |                                                        |    |        |    |  |      |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President                                   |       | AmEx detail                                                                                                                                                                  |       |          |          |     |        |                                                        |    |        |    |  |      |
| Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |       |                                                                                                                                                                              |       |          |          |     |        |                                                        |    |        |    |  |      |
| State: District:                                                                                                                                   |       |                                                                                                                                                                              |       |          |          |     |        |                                                        |    |        |    |  |      |

|                                                                                                                                                    |       |                                                                                                                                                                              |       |          |          |     |        |                                                        |    |        |    |  |      |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------|----------|-----|--------|--------------------------------------------------------|----|--------|----|--|------|
| Full Name (Last, First, Middle Initial)                                                                                                            |       | Date of Disbursement                                                                                                                                                         |       |          |          |     |        |                                                        |    |        |    |  |      |
| <b>B. Winning Mark</b>                                                                                                                             |       | <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>04</td> <td></td> <td>10</td> <td></td> <td>2013</td> </tr> </table> |       | M M      | /        | D D | /      | Y Y Y Y                                                | 04 |        | 10 |  | 2013 |
| M M                                                                                                                                                | /     | D D                                                                                                                                                                          | /     | Y Y Y Y  |          |     |        |                                                        |    |        |    |  |      |
| 04                                                                                                                                                 |       | 10                                                                                                                                                                           |       | 2013     |          |     |        |                                                        |    |        |    |  |      |
| Mailing Address 1220 SW Morrison St #910                                                                                                           |       | Amount of Each Disbursement this Period                                                                                                                                      |       |          |          |     |        |                                                        |    |        |    |  |      |
| <table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Portland</td> <td>OR</td> <td>97205-</td> </tr> </table>     |       | City                                                                                                                                                                         | State | Zip Code | Portland | OR  | 97205- | <table border="1"> <tr> <td>749.92</td> </tr> </table> |    | 749.92 |    |  |      |
| City                                                                                                                                               | State | Zip Code                                                                                                                                                                     |       |          |          |     |        |                                                        |    |        |    |  |      |
| Portland                                                                                                                                           | OR    | 97205-                                                                                                                                                                       |       |          |          |     |        |                                                        |    |        |    |  |      |
| 749.92                                                                                                                                             |       |                                                                                                                                                                              |       |          |          |     |        |                                                        |    |        |    |  |      |
| Purpose of Disbursement<br>Campaign monitoring and internet domains                                                                                |       | Transaction ID : EX041013115549Wi                                                                                                                                            |       |          |          |     |        |                                                        |    |        |    |  |      |
| Candidate Name                                                                                                                                     |       | [MEMO ITEM]                                                                                                                                                                  |       |          |          |     |        |                                                        |    |        |    |  |      |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President                                   |       | AmEx detail                                                                                                                                                                  |       |          |          |     |        |                                                        |    |        |    |  |      |
| Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |       |                                                                                                                                                                              |       |          |          |     |        |                                                        |    |        |    |  |      |
| State: District:                                                                                                                                   |       |                                                                                                                                                                              |       |          |          |     |        |                                                        |    |        |    |  |      |

|                                                                                                                                                    |       |                                                                                                                                                                              |       |          |          |     |        |                                                        |    |        |    |  |      |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------|----------|-----|--------|--------------------------------------------------------|----|--------|----|--|------|
| Full Name (Last, First, Middle Initial)                                                                                                            |       | Date of Disbursement                                                                                                                                                         |       |          |          |     |        |                                                        |    |        |    |  |      |
| <b>C. Winning Mark</b>                                                                                                                             |       | <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>13</td> <td></td> <td>2013</td> </tr> </table> |       | M M      | /        | D D | /      | Y Y Y Y                                                | 06 |        | 13 |  | 2013 |
| M M                                                                                                                                                | /     | D D                                                                                                                                                                          | /     | Y Y Y Y  |          |     |        |                                                        |    |        |    |  |      |
| 06                                                                                                                                                 |       | 13                                                                                                                                                                           |       | 2013     |          |     |        |                                                        |    |        |    |  |      |
| Mailing Address 1220 SW Morrison St #910                                                                                                           |       | Amount of Each Disbursement this Period                                                                                                                                      |       |          |          |     |        |                                                        |    |        |    |  |      |
| <table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Portland</td> <td>OR</td> <td>97205-</td> </tr> </table>     |       | City                                                                                                                                                                         | State | Zip Code | Portland | OR  | 97205- | <table border="1"> <tr> <td>597.00</td> </tr> </table> |    | 597.00 |    |  |      |
| City                                                                                                                                               | State | Zip Code                                                                                                                                                                     |       |          |          |     |        |                                                        |    |        |    |  |      |
| Portland                                                                                                                                           | OR    | 97205-                                                                                                                                                                       |       |          |          |     |        |                                                        |    |        |    |  |      |
| 597.00                                                                                                                                             |       |                                                                                                                                                                              |       |          |          |     |        |                                                        |    |        |    |  |      |
| Purpose of Disbursement<br>Campaign monitoring                                                                                                     |       | Transaction ID : EX061313142240Wi                                                                                                                                            |       |          |          |     |        |                                                        |    |        |    |  |      |
| Candidate Name                                                                                                                                     |       | [MEMO ITEM]                                                                                                                                                                  |       |          |          |     |        |                                                        |    |        |    |  |      |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President                                   |       | AmEx detail                                                                                                                                                                  |       |          |          |     |        |                                                        |    |        |    |  |      |
| Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |       |                                                                                                                                                                              |       |          |          |     |        |                                                        |    |        |    |  |      |
| State: District:                                                                                                                                   |       |                                                                                                                                                                              |       |          |          |     |        |                                                        |    |        |    |  |      |

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|-----------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 1346.92 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|                                                                         |                                                                                                                                                         |               |  |  |  |
|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)                                                                                                                    | PAGE 59 OF 66 |  |  |  |
|                                                                         | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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

|                                                                                                                  |                                                                                                                                                    |                                                          |
|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. WP Engine</b>                                                   |                                                                                                                                                    | Date of Disbursement<br>MM / DD / YYYY<br>05 / 17 / 2013 |
| Mailing Address 701 Brazos St                                                                                    |                                                                                                                                                    | Amount of Each Disbursement this Period<br>290.00        |
| City Austin                                                                                                      | State TX Zip Code 78701-                                                                                                                           |                                                          |
| Purpose of Disbursement<br>Event tickets                                                                         | Category/Type<br>007                                                                                                                               | <b>Transaction ID : EX061313140322WP</b>                 |
| Candidate Name                                                                                                   |                                                                                                                                                    |                                                          |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                          |
| State: District:                                                                                                 |                                                                                                                                                    |                                                          |

|                                                                                                                  |                                                                                                                                    |                                         |
|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B.</b>                                                             |                                                                                                                                    | Date of Disbursement<br>MM / DD / YYYY  |
| Mailing Address                                                                                                  |                                                                                                                                    | Amount of Each Disbursement this Period |
| City                                                                                                             | State Zip Code                                                                                                                     |                                         |
| Purpose of Disbursement                                                                                          | Category/Type                                                                                                                      |                                         |
| Candidate Name                                                                                                   |                                                                                                                                    |                                         |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                         |
| State: District:                                                                                                 |                                                                                                                                    |                                         |

|                                                                                                                  |                                                                                                                                    |                                         |
|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C.</b>                                                             |                                                                                                                                    | Date of Disbursement<br>MM / DD / YYYY  |
| Mailing Address                                                                                                  |                                                                                                                                    | Amount of Each Disbursement this Period |
| City                                                                                                             | State Zip Code                                                                                                                     |                                         |
| Purpose of Disbursement                                                                                          | Category/Type                                                                                                                      |                                         |
| Candidate Name                                                                                                   |                                                                                                                                    |                                         |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                         |
| State: District:                                                                                                 |                                                                                                                                    |                                         |

|                                                                 |          |
|-----------------------------------------------------------------|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 290.00   |
| <b>TOTAL</b> This Period (last page this line number only)..... | 49604.95 |

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

|                                                                               |                                      |                                               |                                     |                                    |
|-------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one) |                                               | PAGE 60 OF 66                       |                                    |
|                                                                               | <input type="checkbox"/> 17<br>20a   | <input checked="" type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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

|                                                                                                  |                                                                                                                                                                                                                                                                        |                                                                                                        |
|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Democratic Congressional Campaign Committee</b> |                                                                                                                                                                                                                                                                        | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>05 / 31 / 2013</b>                                   |
| Mailing Address 430 S. Capitol St SE<br>2nd Floor                                                |                                                                                                                                                                                                                                                                        | Amount of Each Disbursement this Period<br><b>10000.00</b><br><b>Transaction ID : EX060313100710De</b> |
| City Washington State DC Zip Code 20003-                                                         | Purpose of Disbursement<br>Transfer to DCCC<br><b>008</b><br>Category/Type                                                                                                                                                                                             |                                                                                                        |
| Candidate Name<br><b>Democratic Congressional Campaign Committee</b>                             | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                                                                        |
| State: District:                                                                                 |                                                                                                                                                                                                                                                                        |                                                                                                        |

|                                                      |                                                                                                                                                                                                                                                     |                                             |
|------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> |                                                                                                                                                                                                                                                     | Date of Disbursement<br>M M / D D / Y Y Y Y |
| Mailing Address                                      |                                                                                                                                                                                                                                                     | Amount of Each Disbursement this Period     |
| City State Zip Code                                  | Purpose of Disbursement<br>Category/Type                                                                                                                                                                                                            |                                             |
| Candidate Name                                       | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                             |
| State: District:                                     |                                                                                                                                                                                                                                                     |                                             |

|                                                      |                                                                                                                                                                                                                                                     |                                             |
|------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> |                                                                                                                                                                                                                                                     | Date of Disbursement<br>M M / D D / Y Y Y Y |
| Mailing Address                                      |                                                                                                                                                                                                                                                     | Amount of Each Disbursement this Period     |
| City State Zip Code                                  | Purpose of Disbursement<br>Category/Type                                                                                                                                                                                                            |                                             |
| Candidate Name                                       | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                             |
| State: District:                                     |                                                                                                                                                                                                                                                     |                                             |

|                                                                 |                 |
|-----------------------------------------------------------------|-----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>10000.00</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... | <b>10000.00</b> |

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

|                                                                               |                                      |                                    |                                     |                                               |
|-------------------------------------------------------------------------------|--------------------------------------|------------------------------------|-------------------------------------|-----------------------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one) |                                    | PAGE 61 OF 66                       |                                               |
|                                                                               | <input type="checkbox"/> 17<br>20a   | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input checked="" type="checkbox"/> 19b<br>21 |

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

|                                                                                     |                                                                                                                                                                                                                                                                        |                                                                                                |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Carol Shea-Porter for Congress</b> |                                                                                                                                                                                                                                                                        | Date of Disbursement<br>M M / D D / Y Y Y Y<br>05 / 31 / 2013                                  |
| Mailing Address 430 South Capitol St SE<br>2nd Floor                                |                                                                                                                                                                                                                                                                        | Amount of Each Disbursement this Period<br>1000.00<br><b>Transaction ID : EX060313104522Ca</b> |
| City Washington State DC Zip Code 20003-                                            | Purpose of Disbursement<br>011<br>Category/Type                                                                                                                                                                                                                        |                                                                                                |
| Candidate Name<br><b>Carol Shea-Porter for Congress</b>                             | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                                                                |
| State: District:                                                                    |                                                                                                                                                                                                                                                                        |                                                                                                |

|                                                                            |                                                                                                                                                                                                                                                                        |                                                                                               |
|----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. City Club of Portland</b> |                                                                                                                                                                                                                                                                        | Date of Disbursement<br>M M / D D / Y Y Y Y<br>06 / 03 / 2013                                 |
| Mailing Address 901 SW Washington                                          |                                                                                                                                                                                                                                                                        | Amount of Each Disbursement this Period<br>275.00<br><b>Transaction ID : EX061313140845Ci</b> |
| City Portland State OR Zip Code 97205-                                     | Purpose of Disbursement<br>Event Tickets<br>012<br>Category/Type                                                                                                                                                                                                       |                                                                                               |
| Candidate Name                                                             | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                                                               |
| State: District:                                                           |                                                                                                                                                                                                                                                                        |                                                                                               |

|                                                                           |                                                                                                                                                                                                                                                                                   |                                                                                                |
|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>c. DelBene for Congress</b> |                                                                                                                                                                                                                                                                                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>05 / 31 / 2013                                  |
| Mailing Address 430 South Capitol St SE<br>2nd floor                      |                                                                                                                                                                                                                                                                                   | Amount of Each Disbursement this Period<br>1000.00<br><b>Transaction ID : EX060313101810De</b> |
| City Washington State DC Zip Code 20003-                                  | Purpose of Disbursement<br>011<br>Category/Type                                                                                                                                                                                                                                   |                                                                                                |
| Candidate Name<br><b>SUZAN KAY DELBENE</b>                                | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                                                                |
| State: WA District: 08                                                    |                                                                                                                                                                                                                                                                                   |                                                                                                |

|                                                                 |         |
|-----------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 2275.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|                                                                         |                                                                                                                                                         |               |
|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)                                                                                                                    | PAGE 62 OF 66 |
|                                                                         | <input type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input checked="" type="checkbox"/> 19b<br>21 |               |

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

|                                                                                                                           |                                                                                                                                                    |                                                               |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Democratic Party of Oregon</b>                                           |                                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 02 / 2013 |
| Mailing Address 232 NE 9th Ave                                                                                            |                                                                                                                                                    | Amount of Each Disbursement this Period<br>250.00             |
| City<br>Portland                                                                                                          | State<br>OR                                                                                                                                        |                                                               |
| Zip Code<br>97232-                                                                                                        | Purpose of Disbursement<br>event tickets                                                                                                           | Transaction ID : EX042913151234De                             |
| Candidate Name<br><b>Democratic Party of Oregon</b>                                                                       | Category/<br>Type<br>011                                                                                                                           |                                                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | [MEMO ITEM]<br>AmEx detail                                    |
| State: District:                                                                                                          |                                                                                                                                                    |                                                               |

|                                                                                                                           |                                                                                                                                                    |                                                               |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Friends of Cheri Bustos</b>                                              |                                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>05 / 31 / 2013 |
| Mailing Address 430 South Capitol St. SE<br>2nd Floor                                                                     |                                                                                                                                                    | Amount of Each Disbursement this Period<br>1000.00            |
| City<br>Washington                                                                                                        | State<br>DC                                                                                                                                        |                                                               |
| Zip Code<br>20003-                                                                                                        | Purpose of Disbursement                                                                                                                            | Transaction ID : EX060313101407Fr                             |
| Candidate Name<br><b>Friends of Cheri Bustos</b>                                                                          | Category/<br>Type<br>011                                                                                                                           |                                                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                               |
| State: District:                                                                                                          |                                                                                                                                                    |                                                               |

|                                                                                                                           |                                                                                                                                                    |                                                               |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>c. Friends of Elizabeth Esty</b>                                            |                                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>05 / 31 / 2013 |
| Mailing Address 430 South Capitol St SE<br>2nd Floor                                                                      |                                                                                                                                                    | Amount of Each Disbursement this Period<br>1000.00            |
| City<br>Washington                                                                                                        | State<br>DC                                                                                                                                        |                                                               |
| Zip Code<br>20003-                                                                                                        | Purpose of Disbursement                                                                                                                            | Transaction ID : EX060313103345Fr                             |
| Candidate Name<br><b>Friends of Elizabeth Esty</b>                                                                        | Category/<br>Type<br>011                                                                                                                           |                                                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                               |
| State: District:                                                                                                          |                                                                                                                                                    |                                                               |

|                                                                 |         |
|-----------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 2000.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|                                                                               |                                                                                                                                                         |               |
|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)                                                                                                                    | PAGE 63 OF 66 |
|                                                                               | <input type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input checked="" type="checkbox"/> 19b<br>21 |               |

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

|                                                                                                                                                    |                                                                                                                  |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Friends of Lois Capps</b>                                                                         |                                                                                                                  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>05 / 31 / 2013                                  |
| Mailing Address 430 South Capitol St. SE<br>2nd floor                                                                                              |                                                                                                                  | Amount of Each Disbursement this Period<br>1000.00<br><b>Transaction ID : EX060313101627Fr</b> |
| City Washington State DC Zip Code 20003-                                                                                                           | Purpose of Disbursement<br>011<br>Category/Type                                                                  |                                                                                                |
| Candidate Name<br><b>Friends of Lois Capps</b>                                                                                                     | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |                                                                                                |
| Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:                                                                                                 |                                                                                                |

|                                                                                                                                                    |                                                                                                                  |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Julia Brownley for Congress</b>                                                                   |                                                                                                                  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>05 / 31 / 2013                                  |
| Mailing Address 430 South Capitol St SE<br>2nd Floor                                                                                               |                                                                                                                  | Amount of Each Disbursement this Period<br>1000.00<br><b>Transaction ID : EX060313101236Ju</b> |
| City Washington State DC Zip Code 20003-                                                                                                           | Purpose of Disbursement<br>011<br>Category/Type                                                                  |                                                                                                |
| Candidate Name<br><b>Julia Brownley for Congress</b>                                                                                               | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |                                                                                                |
| Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:                                                                                                 |                                                                                                |

|                                                                                                                                                    |                                                                                                                  |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>c. Kirkpatrick for Congress</b>                                                                      |                                                                                                                  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>05 / 31 / 2013                                  |
| Mailing Address 430 South Capitol St SE<br>2nd floor                                                                                               |                                                                                                                  | Amount of Each Disbursement this Period<br>1000.00<br><b>Transaction ID : EX060313103523Ki</b> |
| City Washington State DC Zip Code 20003-                                                                                                           | Purpose of Disbursement<br>011<br>Category/Type                                                                  |                                                                                                |
| Candidate Name<br><b>Kirkpatrick for Congress</b>                                                                                                  | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |                                                                                                |
| Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:                                                                                                 |                                                                                                |

|                                                                 |         |
|-----------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 3000.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|                                                                               |                                                                                                                                                         |               |  |  |  |
|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--|--|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)                                                                                                                    | PAGE 64 OF 66 |  |  |  |
|                                                                               | <input type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input checked="" type="checkbox"/> 19b<br>21 |               |  |  |  |

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

|                                                                                                                                                    |                                                                                                                  |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Kuster for Congress</b>                                                                           |                                                                                                                  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>05 / 31 / 2013                                  |
| Mailing Address 430 South Capitol St SE<br>2nd floor                                                                                               |                                                                                                                  | Amount of Each Disbursement this Period<br>1000.00<br><b>Transaction ID : EX060313103658Ku</b> |
| City Washington State DC Zip Code 20003-                                                                                                           | Purpose of Disbursement<br>011<br>Category/Type                                                                  |                                                                                                |
| Candidate Name<br><b>Kuster for Congress</b>                                                                                                       | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |                                                                                                |
| Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:                                                                                                 |                                                                                                |

|                                                                                                                                                    |                                                                                                                  |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Kyrsten Sinema for Congress</b>                                                                   |                                                                                                                  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>05 / 31 / 2013                                  |
| Mailing Address 430 South Capitol St SE<br>2nd Floor                                                                                               |                                                                                                                  | Amount of Each Disbursement this Period<br>1000.00<br><b>Transaction ID : EX060313104824Ky</b> |
| City Washington State DC Zip Code 20003-                                                                                                           | Purpose of Disbursement<br>011<br>Category/Type                                                                  |                                                                                                |
| Candidate Name<br><b>Kyrsten Sinema for Congress</b>                                                                                               | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |                                                                                                |
| Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:                                                                                                 |                                                                                                |

|                                                                                                                                                    |                                                                                                                  |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Multnomah County Democrats</b>                                                                    |                                                                                                                  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 26 / 2013                                  |
| Mailing Address 3127 NE 67th Ave                                                                                                                   |                                                                                                                  | Amount of Each Disbursement this Period<br>1000.00<br><b>Transaction ID : EX052213113335Mu</b> |
| City Portland State OR Zip Code 97213-                                                                                                             | Purpose of Disbursement<br>Table sponsorship<br>012<br>Category/Type                                             |                                                                                                |
| Candidate Name<br><b>Multnomah County Democrats</b>                                                                                                | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |                                                                                                |
| Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:                                                                                                 |                                                                                                |

|                                                                 |         |
|-----------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 3000.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |



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

|                                                                               |                                      |                                    |                                     |                                               |
|-------------------------------------------------------------------------------|--------------------------------------|------------------------------------|-------------------------------------|-----------------------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one) |                                    | PAGE 65 OF 66                       |                                               |
|                                                                               | <input type="checkbox"/> 17<br>20a   | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input checked="" type="checkbox"/> 19b<br>21 |

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

|                                                                                                                  |                                                                                                                                                    |                                                                                   |
|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. National Democratic Committee</b>                               |                                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>04 / 10 / 2013</b>              |
| Mailing Address 430 South Capitol St SE                                                                          |                                                                                                                                                    | Amount of Each Disbursement this Period<br><b>662.60</b>                          |
| City Washington State DC Zip Code 20003-                                                                         | Purpose of Disbursement event tickets<br><b>011</b><br>Category/Type                                                                               |                                                                                   |
| Candidate Name<br><b>National Democratic Committee</b>                                                           |                                                                                                                                                    | <b>Transaction ID : EX042913151340Na</b><br><br><b>[MEMO ITEM]</b><br>AmEx detail |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                                                   |
| State: District:                                                                                                 |                                                                                                                                                    |                                                                                   |

|                                                                                                                  |                                                                                                                                    |                                             |
|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B.</b>                                                             |                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y |
| Mailing Address                                                                                                  |                                                                                                                                    | Amount of Each Disbursement this Period     |
| City State Zip Code                                                                                              | Purpose of Disbursement<br><b>Category/Type</b>                                                                                    |                                             |
| Candidate Name                                                                                                   |                                                                                                                                    |                                             |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                             |
| State: District:                                                                                                 |                                                                                                                                    |                                             |

|                                                                                                                  |                                                                                                                                    |                                             |
|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C.</b>                                                             |                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y |
| Mailing Address                                                                                                  |                                                                                                                                    | Amount of Each Disbursement this Period     |
| City State Zip Code                                                                                              | Purpose of Disbursement<br><b>Category/Type</b>                                                                                    |                                             |
| Candidate Name                                                                                                   |                                                                                                                                    |                                             |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                             |
| State: District:                                                                                                 |                                                                                                                                    |                                             |

|                                                                 |                 |
|-----------------------------------------------------------------|-----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>0.00</b>     |
| <b>TOTAL</b> This Period (last page this line number only)..... | <b>10275.00</b> |

**SCHEDULE C (FEC Form 3)  
LOANS**

NAME OF COMMITTEE (In Full) **Bonamici for Congress** Transaction ID : **DBDbt10031109544607**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Suzanne Bonamici Election: 2011  
 Primary  
 General  
 Other (specify) ▼

Mailing Address PO Box 1632  
 City State ZIP Code  
 Beaverton OR 97075-

|                         |                            |                                             |
|-------------------------|----------------------------|---------------------------------------------|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 200000.00               | 0.00                       | 200000.00                                   |

**TERMS**  
 Date Incurred: M 09 / D 30 / Y 2011 Date Due: M M / D D / As available Interest Rate: 0.00 % (apr) Secured:  Yes  No

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

|                                            |                                    |
|--------------------------------------------|------------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer                   |
| Mailing Address                            | Occupation                         |
| City State ZIP Code                        | Amount Guaranteed Outstanding: [ ] |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer                   |
| Mailing Address                            | Occupation                         |
| City State ZIP Code                        | Amount Guaranteed Outstanding: [ ] |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer                   |
| Mailing Address                            | Occupation                         |
| City State ZIP Code                        | Amount Guaranteed Outstanding: [ ] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer                   |
| Mailing Address                            | Occupation                         |
| City State ZIP Code                        | Amount Guaranteed Outstanding: [ ] |

|                                                              |   |           |
|--------------------------------------------------------------|---|-----------|
| <b>SUBTOTALS</b> This Period This Page (optional).....       | ▶ | 200000.00 |
| <b>TOTALS</b> This Period (last page in this line only)..... | ▶ | 200000.00 |

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