

FEC  
FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

SECRETARY OF THE SENATE  
14 JUL 18 PM 12:17

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Dr. Monica Wehby for U.S. Senate

ADDRESS (number and street)

PO Box 3375



Check if different  
than previously  
reported. (ACC)

Portland

OR

97208

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C00550996

3. IS THIS  
REPORT



NEW  
(N)

OR



AMENDED  
(A)

OR

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

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



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the  
State of

MM / DD / YYYY

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



General (30G)



Runoff (30R)



Special (30S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the  
State of

MM / DD / YYYY

5. Covering Period

MM / DD / YYYY  
05 / 01 / 2014

MM / DD / YYYY  
01 / 01 / 2014

MM / DD / YYYY  
12 / 31 / 2014

through

MM / DD / YYYY  
06 / 30 / 2014

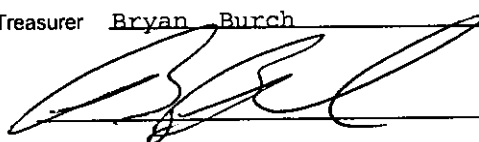
MM / DD / YYYY  
06 / 30 / 2014

MM / DD / YYYY  
06 / 30 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Bryan Burch

Signature of Treasurer



Date

MM / DD / YYYY  
07 / 15 / 2014

MM / DD / YYYY  
07 / 15 / 2014

MM / DD / YYYY  
07 / 15 / 2014

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

Office  
Use  
Only

FEC FORM 3  
(Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Dr. Monica Wehby for U.S. Senate

Report Covering the Period:

From:

MM / DD / YYYY  
05 / 01 / 2014

To:

MM / DD / YYYY  
06 / 30 / 2014

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)) ...	846,145.62	2,049,732.75
(b) Total Contribution Refunds (from Line 20(d)) ..	580.00	12,205.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) ...	845,565.62	2,037,527.75
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) ..	551,034.05	1,390,696.17
(b) Total Offsets to Operating Expenditures (from Line 14) ..	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) ...	551,034.05	1,390,696.17
8. Cash on Hand at Close of Reporting Period (from Line 27) ..	646,831.58	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) ..	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) ..	122,204.35	

For further information contact:

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

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

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

Dr. Monica Wehby for U.S. Senate

Report Covering the Period:

From:

MM / DD / YYYY  
05 / 01 / 2014

To:

MM / DD / YYYY  
06 / 30 / 2014

## **I. RECEIPTS**

### **COLUMN A** Total This Period

### **COLUMN B** Election Cycle-to-Date

#### **11. CONTRIBUTIONS (other than loans) FROM:**

(a) Individuals/Persons Other Than Political Committees

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

530,241.00

1,500,191.50

(ii) Unitemized .....

87,487.28

209,557.64

(iii) TOTAL of contributions from individuals .

617,728.28

1,709,749.14

(b) Political Party Committees...

500.00

500.00

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

227,917.34

334,283.61

(d) The Candidate .....

0.00

5,200.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))..

846,145.62

2,049,732.75

#### **12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..**

0.00

0.00

#### **13. LOANS:**

(a) Made or Guaranteed by the Candidate...

0.00

0.00

(b) All Other Loans...

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b))...

0.00

0.00

#### **14. OFFSETS TO OPERATING EXPENDITURES**

(Refunds, Rebates, etc.) ...

0.00

0.00

#### **15. OTHER RECEIPTS**

(Dividends, Interest, etc.) .....

0.00

0.00

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

846,145.62

2,049,732.75

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES ..	551,034.05	1,390,696.17
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES ..	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate ..	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)) ..	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees ..	580.00	12,205.00
(b) Political Party Committees ..	0.00	0.00
(c) Other Political Committees (such as PACs) ..	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)) ..	580.00	12,205.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	551,614.05	1,402,901.17

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD ...	352,300.01
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3) ..	846,145.62
25. SUBTOTAL (add Line 23 and Line 24) ..	1,198,445.63
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) ...	551,614.05
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25) ..	646,831.58

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

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

FOR LINE NUMBER:  
(check only one)

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12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) Tom Fehlman</p>		<p>Date of Receipt MM / DD / YYYY 05 / 01 / 2014</p>	
<p>A. Mailing Address 4361 Harvey Way City State Zip Code Lake Oswego, OR 97035</p>		<p>Amount of Each Receipt this Period 100.00</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 200.00</p>	
<p>Name of Employer Matheson</p>		<p>Occupation Sales</p>	
<p>Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 200.00</p>	
<p>Full Name (Last, First, Middle Initial) Pierce Koslosky</p>		<p>Date of Receipt MM / DD / YYYY 05 / 01 / 2014</p>	
<p>B. Mailing Address 12908 Binney Street City State Zip Code Omaha, NE 68164</p>		<p>Amount of Each Receipt this Period 500.00</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 500.00</p>	
<p>Name of Employer Magnolia Metal Corporation</p>		<p>Occupation Executive</p>	
<p>Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 500.00</p>	
<p>Full Name (Last, First, Middle Initial) Byron Arndt</p>		<p>Date of Receipt MM / DD / YYYY 05 / 02 / 2014</p>	
<p>C. Mailing Address 6 N Modoc Ave City State Zip Code Medford, OR 97504</p>		<p>Amount of Each Receipt this Period 250.00</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 250.00</p>	
<p>Name of Employer Vista Pathology, PC</p>		<p>Occupation Pathologist</p>	
<p>Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 250.00</p>	
<p>SUBTOTAL of Receipts This Page (optional).....</p>		<p>850.00</p>	
<p>TOTAL This Period (last page this line number only).....</p>		<p></p>	

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

A. Full Name (Last, First, Middle Initial)  
Stewart Baker

Mailing Address  
PO Box 980338  
City State Zip Code  
Houston, TX 77098

FEC ID number of contributing federal political committee.

Name of Employer  
Bremond Company

Occupation  
Property Manager

Receipt For: P2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY  
05 / 02 / 2014

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)  
Gary Hargis

Mailing Address  
3310 Knighton Way  
City State Zip Code  
Forest Grove, OR 97116

FEC ID number of contributing federal political committee.

Name of Employer  
Empire Pacific Risk Management

Occupation  
Business Owner

Receipt For: P2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY  
05 / 02 / 2014

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)  
Richard Roski

Mailing Address  
1210 Manor Drive South  
City State Zip Code  
Weston, FL 88826

FEC ID number of contributing federal political committee.

Name of Employer  
Cleveland Clinic Florida

Occupation  
Physician

Receipt For: P2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY  
05 / 02 / 2014

Amount of Each Receipt this Period

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

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

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<b>A.</b> Full Name (Last, First, Middle Initial) Leighton Wells Mailing Address 717 Edgemont Way City State Zip Code Springfield, OR 97477  FEC ID number of contributing federal political committee. <input type="text" value="C"/>  Name of Employer Occupation Retired  Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)  Election Cycle-to-Date <input type="text" value="275.00"/>		Date of Receipt <input type="text" value="05"/> / <input type="text" value="02"/> / <input type="text" value="2014"/>  Amount of Each Receipt this Period <input type="text" value="50.00"/>
<b>B.</b> Full Name (Last, First, Middle Initial) Rhonda Wyland Mailing Address 43461 SW McKay Dr City State Zip Code Pendleton, OR 97801  FEC ID number of contributing federal political committee. <input type="text" value="C"/>  Name of Employer Occupation Self Employed Pediatrician  Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)  Election Cycle-to-Date <input type="text" value="350.00"/>		Date of Receipt <input type="text" value="05"/> / <input type="text" value="02"/> / <input type="text" value="2014"/>  Amount of Each Receipt this Period <input type="text" value="250.00"/>
<b>C.</b> Full Name (Last, First, Middle Initial) Charles Yarbrough Mailing Address 15300 SW Cabernet Dr City State Zip Code TIGARD, OR 97224  FEC ID number of contributing federal political committee. <input type="text" value="C"/>  Name of Employer Occupation Retired  Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)  Election Cycle-to-Date <input type="text" value="200.00"/>		Date of Receipt <input type="text" value="05"/> / <input type="text" value="02"/> / <input type="text" value="2014"/>  Amount of Each Receipt this Period <input type="text" value="100.00"/>
SUBTOTAL of Receipts This Page (optional) ..... TOTAL This Period (last page this line number only) .....		<input type="text" value="400.00"/> <input type="text"/>

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) A. Mary Daniel</p>		<p>Date of Receipt MM / DD / YYYY 05 / 03 / 2014</p>	
<p>Mailing Address 22118 S Hwy 213 City State Zip Code Oregon City, OR 97045</p>		<p>Amount of Each Receipt this Period 100.00</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 200.00</p>	
<p>Name of Employer Daniel Business Group Inc</p>		<p>Occupation Consultant</p>	
<p>Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 200.00</p>	
<p>Full Name (Last, First, Middle Initial) B. Kevin Gibbons</p>		<p>Date of Receipt MM / DD / YYYY 05 / 03 / 2014</p>	
<p>Mailing Address 7923 East Quaker Road City State Zip Code Orchard Park, NY 14127</p>		<p>Amount of Each Receipt this Period 1,000.00</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 1,000.00</p>	
<p>Name of Employer University of Buffalo Neurosurgery</p>		<p>Occupation Neurosurgeon</p>	
<p>Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 1,000.00</p>	
<p>Full Name (Last, First, Middle Initial) C. Deborah Henry</p>		<p>Date of Receipt MM / DD / YYYY 05 / 03 / 2014</p>	
<p>Mailing Address 11 Balboa Coves City State Zip Code Newport Beach, CA 92663</p>		<p>Amount of Each Receipt this Period 250.00</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 250.00</p>	
<p>Name of Employer Coastline Community College District</p>		<p>Occupation Physician/Professor</p>	
<p>Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 250.00</p>	
<p>SUBTOTAL of Receipts This Page (optional).....</p>		<p>1,350.00</p>	
<p>TOTAL This Period (last page this line number only).....</p>		<p></p>	

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

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) A. Tom Hoggard</p> <p>Mailing Address PO Box 129 City State Zip Code Lake Oswego, OR 97034</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Self Employed</p> <p>Occupation Medical Doctor</p> <p>Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="450.00"/></p>		<p>Date of Receipt <input type="text" value="05"/> / <input type="text" value="03"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="250.00"/></p>
<p>Full Name (Last, First, Middle Initial) B. Charles W. Pearce</p> <p>Mailing Address 1926 W. Burnside St., Unit 1310 City State Zip Code PORTLAND, OR 97209</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Wehby for Senate</p> <p>Occupation Innovator</p> <p>Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="817.00"/></p>		<p>Date of Receipt <input type="text" value="05"/> / <input type="text" value="03"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="2.00"/></p>
<p>Full Name (Last, First, Middle Initial) C. Kenneth Beer</p> <p>Mailing Address 1500 North Dixie Highway, Suite 30 City State Zip Code West Palm Beach, FL 33401</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Self Employed</p> <p>Occupation Physician</p> <p>Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="2,000.00"/></p>		<p>Date of Receipt <input type="text" value="05"/> / <input type="text" value="04"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="1,000.00"/></p>
<p>SUBTOTAL of Receipts This Page (optional) .....</p> <p>TOTAL This Period (last page this line number only) .....</p>		<p><input type="text" value="1,252.00"/></p> <p><input type="text" value=""/></p>

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<b>A.</b> Full Name (Last, First, Middle Initial) Brooks Bock		<b>Date of Receipt</b> <div>MM / DD / YYYY</div> <div>05 / 05 / 2014</div>	
<b>Mailing Address</b> 1700 Lions Ridge Loop City State Zip Code Vail, CO 816575757		<b>Amount of Each Receipt this Period</b> <div>250.00</div>	
<b>FEC ID number of contributing federal political committee.</b> <div>C</div>			
<b>Name of Employer</b> colorado Mountain Medical, PC		<b>Occupation</b> Physician	
<b>Receipt For: P2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>Election Cycle-to-Date</b> <div>500.00</div>	
<b>B.</b> Full Name (Last, First, Middle Initial) Daniel Dauenhauer		<b>Date of Receipt</b> <div>MM / DD / YYYY</div> <div>05 / 05 / 2014</div>	
<b>Mailing Address</b> 240 NW 117th Ave Apt307 City State Zip Code Portland, OR 97229		<b>Amount of Each Receipt this Period</b> <div>100.00</div>	
<b>FEC ID number of contributing federal political committee.</b> <div>C</div>			
<b>Name of Employer</b>		<b>Occupation</b> Retired	
<b>Receipt For: P2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>Election Cycle-to-Date</b> <div>200.00</div>	
<b>C.</b> Full Name (Last, First, Middle Initial) Donald Hall		<b>Date of Receipt</b> <div>MM / DD / YYYY</div> <div>05 / 05 / 2014</div>	
<b>Mailing Address</b> 12442 SE 162nd Ave City State Zip Code Clackamas, OR 97086		<b>Amount of Each Receipt this Period</b> <div>100.00</div>	
<b>FEC ID number of contributing federal political committee.</b> <div>C</div>			
<b>Name of Employer</b> Best Efforts		<b>Occupation</b> Requested	
<b>Receipt For: P2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>Election Cycle-to-Date</b> <div>400.00</div>	
<b>SUBTOTAL of Receipts This Page (optional)</b> .....		<div>450.00</div>	
<b>TOTAL This Period (last page this line number only)</b> .....			

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) David Horowitz</p> <p>A. Mailing Address 27241 Lapaz Road City State Zip Code Laguna Niguel, CA 97677</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Horowitz Management</p> <p>Occupation Executive</p> <p>Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="5,000.00"/></p>		<p>Date of Receipt <input type="text" value="MM MM"/> / <input type="text" value="DD DD"/> / <input type="text" value="YYYY YYYY"/> 05 05 2014</p> <p>Amount of Each Receipt this Period <input type="text" value="2,600.00"/></p>
<p>Full Name (Last, First, Middle Initial) David Horowitz</p> <p>B. Mailing Address 27241 Lapaz Road City State Zip Code Laguna Niguel, CA 97677</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Horowitz Management</p> <p>Occupation Executive</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="5,000.00"/></p>		<p>Date of Receipt <input type="text" value="MM MM"/> / <input type="text" value="DD DD"/> / <input type="text" value="YYYY YYYY"/> 05 05 2014</p> <p>Amount of Each Receipt this Period <input type="text" value="2,400.00"/></p>
<p>Full Name (Last, First, Middle Initial) Jay Smith</p> <p>C. Mailing Address 185 Cordoba Way City State Zip Code Windsor, CA 95492</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer</p> <p>Occupation Retired</p> <p>Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="250.00"/></p>		<p>Date of Receipt <input type="text" value="MM MM"/> / <input type="text" value="DD DD"/> / <input type="text" value="YYYY YYYY"/> 05 05 2014</p> <p>Amount of Each Receipt this Period <input type="text" value="100.00"/></p>
<p>SUBTOTAL of Receipts This Page (optional).....</p> <p>TOTAL This Period (last page this line number only).....</p>		<p><input type="text" value="5,100.00"/></p> <p><input type="text" value=""/></p>

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

A. Full Name (Last, First, Middle Initial)  
Frank Wilson

Mailing Address  
12593 SW Dickson St  
City State Zip Code  
Tigard, OR 97224

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Retired

Receipt For: P2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

05 05 2014

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)  
Clyde Diller

Mailing Address  
438 Arvilla Court  
City State Zip Code  
SUTHERLIN, OR 97479

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Retired N/A

Receipt For: P2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

05 06 2014

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)  
Charles Faries

Mailing Address  
12535 SW Iron Mountain Road  
City State Zip Code  
Portland, OR 97219

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Retired

Receipt For: P2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

05 06 2014

Amount of Each Receipt this Period

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

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

**SCHEDULE A (FEC Form 3)**  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

Full Name (Last, First, Middle Initial) A. Carl Foster		Date of Receipt MM / DD / YYYY 05 / 06 / 2014	
Mailing Address 4324 SE 178th Place City State Zip Code Vancouver, WA 98683			
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1,000.00	
Name of Employer Self		Occupation CPA	
Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1,000.00	
Full Name (Last, First, Middle Initial) B. Howard D. Groff		Date of Receipt MM / DD / YYYY 05 / 06 / 2014	
Mailing Address 9832 Calvin Ave. City State Zip Code Northridge, CA 91324			
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2,600.00	
Name of Employer Northwest Excavating Co Inc		Occupation Contractor	
Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2,600.00	
Full Name (Last, First, Middle Initial) C. Susan L. Groff		Date of Receipt MM / DD / YYYY 05 / 06 / 2014	
Mailing Address 9832 Calvin Ave. City State Zip Code Northridge, CA 91324			
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2,600.00	
Name of Employer Northwest Excavating Co Inc		Occupation Contractor	
Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2,600.00	
SUBTOTAL of Receipts This Page (optional) .....		6,200.00	
TOTAL This Period (last page this line number only) .....		6,200.00	

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<b>A.</b> Full Name (Last, First, Middle Initial) Gary Huntington		Date of Receipt MM / DD / YYYY 05 / 06 / 2014	
Mailing Address 1000 Park St. City State Zip Code Ashland, OR 97520		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Retired			
Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 300.00	
<b>B.</b> Full Name (Last, First, Middle Initial) Brett Hyland		Date of Receipt MM / DD / YYYY 05 / 06 / 2014	
Mailing Address 4225 SW 52nd Ave City State Zip Code Portland, OR 97221		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Morrison Street Capital Occupation Financial Service			
Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 200.00	
<b>C.</b> Full Name (Last, First, Middle Initial) Norman Lawrence		Date of Receipt MM / DD / YYYY 05 / 06 / 2014	
Mailing Address 3717 Walker Creek Rd City State Zip Code Central Point, OR 97502		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation			
Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00	
SUBTOTAL of Receipts This Page (optional) .....		550.00	
TOTAL This Period (last page this line number only) .....			

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) William Lovelace</p> <p>A. Mailing Address 910 NE D St, Ste 103 City State Zip Code Grants Pass, OR 97526</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer William Lovelace Construction</p> <p>Occupation Owner/Operator</p> <p>Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="3,500.00"/></p>		<p>Date of Receipt <input type="text" value="05"/> / <input type="text" value="06"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="1,000.00"/></p>
<p>Full Name (Last, First, Middle Initial) Richard Markuson</p> <p>B. Mailing Address 419 Nasca Way City State Zip Code Sacramento, CA 958313739</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Pacific Advocacy Group</p> <p>Occupation Lobbyist</p> <p>Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="250.00"/></p>		<p>Date of Receipt <input type="text" value="05"/> / <input type="text" value="06"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="250.00"/></p>
<p>Full Name (Last, First, Middle Initial) Joe McKeown</p> <p>C. Mailing Address PO Box 2280 City State Zip Code Portland, OR 97208</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Al Peirce Co/Columbia Bank</p> <p>Occupation Manager/Manager</p> <p>Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="500.00"/></p>		<p>Date of Receipt <input type="text" value="05"/> / <input type="text" value="06"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="500.00"/></p>
<p>SUBTOTAL of Receipts This Page (optional) .....</p> <p>TOTAL This Period (last page this line number only) .....</p>		<p><input type="text" value="1,750.00"/></p> <p><input type="text" value=""/></p>

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

A. Full Name (Last, First, Middle Initial)  
Tom Palmer

Mailing Address  
220W 7th Ave  
City State Zip Code  
Eugene, OR 97401

FEC ID number of contributing federal political committee.

Name of Employer  
Credit Concepts, Inc.

Occupation  
President

Receipt For: P2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY  
05 / 06 / 2014

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)  
Jane Petty

Mailing Address  
25043 Bolton Hill Rd  
City State Zip Code  
VENETA, OR 97487

FEC ID number of contributing federal political committee.

Name of Employer

Occupation

Receipt For: P2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY  
05 / 06 / 2014

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)  
Jonathan Sherman

Mailing Address  
2425 Fairmount Blvd  
City State Zip Code  
EUGENE, OR 97403

FEC ID number of contributing federal political committee.

Name of Employer  
KeiperSpine

Occupation  
Neurosurgeon

Receipt For: P2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY  
05 / 06 / 2014

Amount of Each Receipt this Period

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

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**SCHEDULE A (FEC Form 3)**  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) A. Wolfhard Almers</p> <p>Mailing Address 1320 SW Hessler Dr City State Zip Code Portland, OR 97239</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer self Occupation retired</p> <p>Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="1,000.00"/></p>		<p>Date of Receipt <input type="text" value="05"/> / <input type="text" value="07"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="500.00"/></p>
<p>Full Name (Last, First, Middle Initial) B. Patrick Benavides</p> <p>Mailing Address 13719 Rogers Rd City State Zip Code Lake Oswego, OR 97035</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer VP &amp; General Manager Occupation Tube Forgings Of America, Inc</p> <p>Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="550.00"/></p>		<p>Date of Receipt <input type="text" value="05"/> / <input type="text" value="07"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="250.00"/></p>
<p>Full Name (Last, First, Middle Initial) C. Thomas Dayspring</p> <p>Mailing Address 10701 Sheppards Way Drive City State Zip Code Glen Allen, VA 230601940</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Foundation for HealthImprovement and T Occupation Physician</p> <p>Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="205.00"/></p>		<p>Date of Receipt <input type="text" value="05"/> / <input type="text" value="07"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="35.00"/></p>
<p>SUBTOTAL of Receipts This Page (optional) .....</p> <p>TOTAL This Period (last page this line number only) .....</p>		<p><input type="text" value="785.00"/></p> <p><input type="text" value=""/></p>

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

A. Full Name (Last, First, Middle Initial)  
Richard Deem

Mailing Address  
1025 N Daniel St.  
City State Zip Code  
Arlington, VA 22201

FEC ID number of contributing federal political committee.

Name of Employer  
American Medical Association

Occupation  
Executive Management

Receipt For: P2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY  
05 / 07 / 2014

Amount of Each Receipt this Period

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

Mailing Address  
1221 SW 10th Ave #106  
City State Zip Code  
Portland, OR 97205

FEC ID number of contributing federal political committee.

Name of Employer  
Retired

Occupation  
Retired

Receipt For: P2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY  
05 / 07 / 2014

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)  
Martin Glass

Mailing Address  
1900 Baseline St  
City State Zip Code  
Cornelius, OR 97113

FEC ID number of contributing federal political committee.

Name of Employer

Occupation

Receipt For: P2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

A. Full Name (Last, First, Middle Initial)  
Clyde Holland

Mailing Address  
1111 Main St. Ste. 700  
City State Zip Code  
Vancouver, WA 98660

FEC ID number of contributing federal political committee.

Name of Employer  
Holland Partnergroup

Occupation  
Real Estate

Receipt For: P2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

05 07 2014

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)  
Rena Holland

Mailing Address  
1111 Main St. Ste. 700  
City State Zip Code  
Vancouver, WA 98660

FEC ID number of contributing federal political committee.

Name of Employer

Occupation  
Homemaker

Receipt For: P2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

05 07 2014

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)  
Richard Jenkins

Mailing Address  
2540 Braewood Ln  
City State Zip Code  
Eugene, OR 97405

FEC ID number of contributing federal political committee.

Name of Employer

Occupation  
Retired

Receipt For: P2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

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

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**SCHEDULE A (FEC Form 3)**  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

A. Full Name (Last, First, Middle Initial)  
Paul Kanev

Mailing Address  
53 Old Farm Rd  
City State Zip Code  
EAST LONGMEADOW, MA 01028

FEC ID number of contributing federal political committee.

Name of Employer  
CT Children's Medical Center

Occupation  
Pediatric Neurosurgeon

Receipt For: P2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

05 07 2014

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)  
Tripti Kataria

Mailing Address  
130 S. Canal St  
City State Zip Code  
CHICAGO, IL 60606

FEC ID number of contributing federal political committee.

Name of Employer  
University of Chicago

Occupation  
Physician

Receipt For: P2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

05 07 2014

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)  
Virginia Kostol

Mailing Address  
3115 N 2nd St  
City State Zip Code  
Baker City, OR 97814

FEC ID number of contributing federal political committee.

Name of Employer

Occupation  
Retired

Receipt For: P2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

05 07 2014

Amount of Each Receipt this Period

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

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**SCHEDULE A (FEC Form 3)**  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

A. Full Name (Last, First, Middle Initial)  
Phillip Lane

Mailing Address  
5100 Culbertson Dr  
City State Zip Code  
Mount Hood Parkdal, OR 97041

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: P2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY  
05 / 07 / 2014

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)  
Daniel Leary

Mailing Address  
665 NW Silverado Dr  
City State Zip Code  
BEAVERTON, OR 97006

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: P2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY  
05 / 07 / 2014

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)  
Nona Lippincott

Mailing Address  
409 Shadow Ranch Ln  
City State Zip Code  
Roseburg, OR 97470

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: P2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

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05 / 07 / 2014

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

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

Mailing Address  
6980 Trout Creek Ridge Rd  
City State Zip Code  
PARKDALE, OR 97041

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Retired

Receipt For: P2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY  
05 / 07 / 2014

Amount of Each Receipt this Period

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

Mailing Address  
PO Box 68537  
City State Zip Code  
OAK GROVE, OR 97268

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Retired

Receipt For: P2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY  
05 / 07 / 2014

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)  
Arthur Moshofsky

Mailing Address  
2850 Lakeview Blvd  
City State Zip Code  
Lake Oswego, OR 97035

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: P2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY  
05 / 07 / 2014

Amount of Each Receipt this Period

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

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

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for each category of the  
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12 13a 13b 14

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

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

Mailing Address  
19605 NE 8th Street  
City State Zip Code  
Camas, WA 98607

FEC ID number of contributing federal political committee.

Name of Employer  
Homemaker

Occupation  
N/A

Receipt For: P2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

05 07 2014

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)  
Allen Orheim

Mailing Address  
16687 SW Monterey Ln  
City State Zip Code  
KING CITY, OR 97224

FEC ID number of contributing federal political committee.

Name of Employer  
Orheim Associates

Occupation  
Consultant

Receipt For: P2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

05 07 2014

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)  
Jon Peters

Mailing Address  
117 NW Vicksburg Ave  
City State Zip Code  
Bend, OR 97770

FEC ID number of contributing federal political committee.

Name of Employer

Occupation

Receipt For: P2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

05 07 2014

Amount of Each Receipt this Period

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

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

**SCHEDULE A (FEC Form 3)**  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

A. Full Name (Last, First, Middle Initial)  
Harlan Pittelkau

Mailing Address  
3002 19th Ave, Apt 4  
City State Zip Code  
Forest Grove, OR 97116

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Retired

Receipt For: P2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
200.00

Date of Receipt

MM / DD / YYYY  
05 / 07 / 2014

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)  
Lola Rampling

Mailing Address  
1855 Kingsley Rd, Apt 75  
City State Zip Code  
Eugene, OR 97401

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NSA D-100

Receipt For: P2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
200.00

Date of Receipt

MM / DD / YYYY  
05 / 07 / 2014

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)  
Edward Soo

Mailing Address  
10014 SW Balmer Cir  
City State Zip Code  
PORTLAND, OR 97219

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Dr. Edward W. Soo, MD Doctor

Receipt For: P2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt

MM / DD / YYYY  
05 / 07 / 2014

Amount of Each Receipt this Period

250.00

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

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

400.00

**SCHEDULE A (FEC Form 3)**  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

A. Full Name (Last, First, Middle Initial)  
Stanley Sturges

Mailing Address  
2411 Saddle Ct  
City State Zip Code  
WEST LINN, OR 97068

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: P2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY  
05 / 07 / 2014

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)  
Joelle Thornhill

Mailing Address  
500 North Capitol NW, Suite 300  
City State Zip Code  
Washington, DC 20001

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
DaVita Vice President

Receipt For: P2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY  
05 / 07 / 2014

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)  
Wesley Tinker

Mailing Address  
16428 SW Hoops Ct  
City State Zip Code  
TIGARD, OR 97223

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Retired

Receipt For: P2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY  
05 / 07 / 2014

Amount of Each Receipt this Period

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

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14020590025

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) A. Sharon Beck</p> <p>Mailing Address 64841 Imbler Rd City State Zip Code Cove, Or 97824</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Self Occupation Rancher</p> <p>Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="1,500.00"/></p>		<p>Date of Receipt <input type="text" value="05"/> / <input type="text" value="08"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="500.00"/></p>
<p>Full Name (Last, First, Middle Initial) B. Charles Carlbon</p> <p>Mailing Address 2642 SW Chelmsford Ave City State Zip Code Portland, OR 97201</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Self Employed Occupation Business Advisor</p> <p>Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="200.00"/></p>		<p>Date of Receipt <input type="text" value="05"/> / <input type="text" value="08"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="100.00"/></p>
<p>Full Name (Last, First, Middle Initial) C. Joseph Cheng</p> <p>Mailing Address 6541 Radcliff Dr. City State Zip Code NASHVILLE, TN 37221</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Vanderbilt University Occupation Neurosurgeon</p> <p>Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="1,500.00"/></p>		<p>Date of Receipt <input type="text" value="05"/> / <input type="text" value="08"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="500.00"/></p>
<p>SUBTOTAL of Receipts This Page (optional) .....</p> <p>TOTAL This Period (last page this line number only) .....</p>		<p><input type="text" value="1,100.00"/></p> <p><input type="text" value=""/></p>

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

A. Full Name (Last, First, Middle Initial)  
William Conner

Mailing Address  
846 108th Ave NE  
City State Zip Code  
BELLEVUE, WA 98004

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Retired

Receipt For: P2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

/   /    
05 08 2014

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)  
Gwendolyn Ellis

Mailing Address  
PO Box 41  
City State Zip Code  
Port Oxford, OR 97465

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Self Employed Requested

Receipt For: P2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

/   /    
05 08 2014

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)  
Rudy Fascell

Mailing Address  
2138 Wembley Pl  
City State Zip Code  
Lake Oswego, OR 97034

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Retired N/A

Receipt For: P2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

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05 08 2014

Amount of Each Receipt this Period

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

A. Full Name (Last, First, Middle Initial)  
Dave Gore

Mailing Address  
1233 NW Lewisburg Ave  
City State Zip Code  
Corvallis, OR 97330

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
WL Gore & Associates Corporate Director

Receipt For: P2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY  
05 / 08 / 2014

Amount of Each Receipt this Period

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

Mailing Address  
2764 Holy Names Pl  
City State Zip Code  
LAKE OSWEGO, OR 97034

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Retired Home Builder

Receipt For: P2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY  
05 / 08 / 2014

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)  
Roger Hull

Mailing Address  
8358 NE Holladay St  
City State Zip Code  
Portland, OR 97220

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Retired Retired

Receipt For: P2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY  
05 / 08 / 2014

Amount of Each Receipt this Period

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**SCHEDULE A (FEC Form 3)**  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<b>A.</b> Full Name (Last, First, Middle Initial) Robert Hutchins		<b>Date of Receipt</b> MM / DD / YYYY 05 / 08 / 2014	
<b>Mailing Address</b> 741 N Phoenix Rd City State Zip Code Medford, OR 97504		<b>Amount of Each Receipt this Period</b> 200.00	
FEC ID number of contributing federal political committee. C			
Name of Employer DA Davidson & Co		Occupation Finanacial Advisor	
<b>Receipt For: P2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>Election Cycle-to-Date</b> 200.00	
<b>B.</b> Full Name (Last, First, Middle Initial) Ivan Langley		<b>Date of Receipt</b> MM / DD / YYYY 05 / 08 / 2014	
<b>Mailing Address</b> 16475 SE Woodland Heights Rd City State Zip Code AMITY, OR 97101		<b>Amount of Each Receipt this Period</b> 150.00	
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation Retired	
<b>Receipt For: P2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>Election Cycle-to-Date</b> 250.00	
<b>C.</b> Full Name (Last, First, Middle Initial) Raymond Maggard		<b>Date of Receipt</b> MM / DD / YYYY 05 / 08 / 2014	
<b>Mailing Address</b> 308 SW Hudson Ln City State Zip Code Grants Pass, OR 97526		<b>Amount of Each Receipt this Period</b> 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation Retired	
<b>Receipt For: P2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>Election Cycle-to-Date</b> 200.00	
<b>SUBTOTAL of Receipts This Page (optional)</b> .....		450.00	
<b>TOTAL This Period (last page this line number only)</b> .....			

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

Full Name (Last, First, Middle Initial)

A. Carolyn Miller

Mailing Address

01734 SW Riverdale Road

City

State

Zip Code

Portland, OR 97219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carolyn W Miller PC

Occupation  
Lawyer

Receipt For: P2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

MM / DD / YYYY  
05 / 08 / 2014

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jeanne Quinton

Mailing Address

The Highlands, 190 Madrona Lane

City

State

Zip Code

Seattle, WA 98177

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Retired

Receipt For: P2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

MM / DD / YYYY  
05 / 08 / 2014

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Rebecca Anderson

Mailing Address

3525 S 17th St

City

State

Zip Code

Arlington, VA 22204

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: P2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

MM / DD / YYYY  
05 / 09 / 2014

Amount of Each Receipt this Period

250.00

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

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

1,000.00

**SCHEDULE A (FEC Form 3)**  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Webby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) Jim Burra</p>		<p>Date of Receipt MM / DD / YYYY 05 / 09 / 2014</p>	
<p>A. Mailing Address 25701 Nellie Gail Rd City State Zip Code Laguna Hills, CA 92653</p>		<p>Amount of Each Receipt this Period 500.00</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 500.00</p>	
<p>Name of Employer Endural, LLC</p>		<p>Occupation Business Executive</p>	
<p>Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 500.00</p>	
<p>Full Name (Last, First, Middle Initial) John Camp</p>		<p>Date of Receipt MM / DD / YYYY 05 / 09 / 2014</p>	
<p>B. Mailing Address 34296 Kamph Dr NE City State Zip Code Albany, OR 97322</p>		<p>Amount of Each Receipt this Period 100.00</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 100.00</p>	
<p>Name of Employer</p>		<p>Occupation Retired</p>	
<p>Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 200.00</p>	
<p>Full Name (Last, First, Middle Initial) Robert Herman</p>		<p>Date of Receipt MM / DD / YYYY 05 / 09 / 2014</p>	
<p>C. Mailing Address 1253 NW Klickitat Lane City State Zip Code Camas, WA 98607</p>		<p>Amount of Each Receipt this Period 100.00</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 100.00</p>	
<p>Name of Employer</p>		<p>Occupation Retired</p>	
<p>Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 200.00</p>	
<p>SUBTOTAL of Receipts This Page (optional).....</p>		<p>700.00</p>	
<p>TOTAL This Period (last page this line number only).....</p>		<p></p>	

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

A. Full Name (Last, First, Middle Initial)  
Jennifer Higgins

Mailing Address  
305 S Payne St Apt 306  
City State Zip Code  
Alexandria, VA 22314

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: P2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY  
05 / 09 / 2014

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)  
Earl Kendrick

Mailing Address  
3964 E. Paradise View Drive  
City State Zip Code  
Paradise Valley, AZ 85253

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Arizona Diamondbacks Managing Owner

Receipt For: P2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY  
05 / 09 / 2014

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)  
Randy Kendrick

Mailing Address  
3964 E. Paradise View Drive  
City State Zip Code  
Paradise Valley, AZ 85253

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
N/A Retired Lawyer

Receipt For: P2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

A. Full Name (Last, First, Middle Initial)  
Anne Kolton

Mailing Address  
3750 Seminary Rd  
City State Zip Code  
Alexandria, VA 22304

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: P2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

/   /    
05 09 2014

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)  
Leonard Lichtenfeld

Mailing Address  
103Hiding Place  
City State Zip Code  
Thomasville, GA 31792

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
American Cancer Society Physician Executive

Receipt For: P2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

/   /    
05 09 2014

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)  
Royal Roth

Mailing Address  
745 10th St SE  
City State Zip Code  
Washington, DC 20003

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: P2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

/   /    
05 09 2014

Amount of Each Receipt this Period

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

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

14020590033

**SCHEDULE A (FEC Form 3)**  
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Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<b>A.</b> Full Name (Last, First, Middle Initial) Jean Rowlett Mailing Address 16799 Hwy 66 City State Zip Code Ashland, OR 97520 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Occupation Retired Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date <input type="text" value="225.00"/>		Date of Receipt MM / DD / YYYY 05 / 09 / 2014 Amount of Each Receipt this Period <input type="text" value="100.00"/>
<b>B.</b> Full Name (Last, First, Middle Initial) Terrance Dolan Mailing Address PO Box 2441, 110 S 8th Street City State Zip Code Minneapolis, MN 5402 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Occupation US Bancorp Finance/Banking Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date <input type="text" value="1,000.00"/>		Date of Receipt MM / DD / YYYY 05 / 10 / 2014 Amount of Each Receipt this Period <input type="text" value="1,000.00"/>
<b>C.</b> Full Name (Last, First, Middle Initial) Michael Henningsen Mailing Address 45585 NW David Hill Rd City State Zip Code Forest Grove, OR 97116 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Occupation Henningsen Cold Storage Co Chairman & President Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date <input type="text" value="200.00"/>		Date of Receipt MM / DD / YYYY 05 / 10 / 2014 Amount of Each Receipt this Period <input type="text" value="200.00"/>
SUBTOTAL of Receipts This Page (optional) ..... TOTAL This Period (last page this line number only) .....		<input type="text" value="1,300.00"/> <input type="text"/>

**SCHEDULE A (FEC Form 3)**  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) Doyce Bosch</p>		<p>Date of Receipt MM / DD / YYYY 05 / 12 / 2014</p>	
<p>A. Mailing Address 4515 W Street NW City State Zip Code Washington, DC 20007</p>		<p>Amount of Each Receipt this Period 250.00</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 250.00</p>	
<p>Name of Employer Self Employed</p>		<p>Occupation Government Relations</p>	
<p>Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 250.00</p>	
<p>Full Name (Last, First, Middle Initial) Kristen Eastlick</p>		<p>Date of Receipt MM / DD / YYYY 05 / 12 / 2014</p>	
<p>B. Mailing Address 1708 West Abingdon Dr, Unit 102 City State Zip Code Alexandria, VA 22314</p>		<p>Amount of Each Receipt this Period 250.00</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 250.00</p>	
<p>Name of Employer</p>		<p>Occupation</p>	
<p>Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 250.00</p>	
<p>Full Name (Last, First, Middle Initial) Edward Kutler</p>		<p>Date of Receipt MM / DD / YYYY 05 / 12 / 2014</p>	
<p>C. Mailing Address 6405 Tree Top Cir City State Zip Code Columbia, MD 21045</p>		<p>Amount of Each Receipt this Period 250.00</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 250.00</p>	
<p>Name of Employer</p>		<p>Occupation</p>	
<p>Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 0.00</p>	
<p>SUBTOTAL of Receipts This Page (optional).....</p>		<p>750.00</p>	
<p>TOTAL This Period (last page this line number only).....</p>		<p></p>	

**SCHEDULE A (FEC Form 3)**  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<b>A.</b> Full Name (Last, First, Middle Initial) Carol Langdon Mailing Address 2935 SE Rex St City State Zip Code Portland, OR 97202 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Occupation Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date <input type="text" value="200.00"/>		Date of Receipt <input type="text" value="05"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>  Amount of Each Receipt this Period <input type="text" value="100.00"/>
<b>B.</b> Full Name (Last, First, Middle Initial) Nancy Ellen M'Carthy Mailing Address 3950 Goodpasture Loop City State Zip Code B Eugene, OR 97401 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Occupation Requested Best Efforts Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date <input type="text" value="250.00"/>		Date of Receipt <input type="text" value="05"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>  Amount of Each Receipt this Period <input type="text" value="250.00"/>
<b>C.</b> Full Name (Last, First, Middle Initial) Harry Merlo Mailing Address 2732 SW Scholls Ferry Rd City State Zip Code Portland, OR 97221 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Occupation Merlo Coporation Owner/President Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date <input type="text" value="1,500.00"/>		Date of Receipt <input type="text" value="05"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>  Amount of Each Receipt this Period <input type="text" value="1,000.00"/>
SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....		<input type="text" value="1,350.00"/> <input type="text"/>

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) A. Bill Moshofsky</p> <p>Mailing Address 10585 SW 161st Ct. City State Zip Code Beaverton, OR 97007</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer N/A Occupation Retired</p> <p>Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="2,000.00"/></p>		<p>Date of Receipt <input type="text" value="05"/> / <input type="text" value="12"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="1,000.00"/></p>
<p>Full Name (Last, First, Middle Initial) B. Paul Oldshue</p> <p>Mailing Address 2873 NW Fairfax Ter City State Zip Code Portland, OR 97210</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer U.S. Bank Occupation Banker</p> <p>Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="300.00"/></p>		<p>Date of Receipt <input type="text" value="05"/> / <input type="text" value="12"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="200.00"/></p>
<p>Full Name (Last, First, Middle Initial) C. Christine Perry</p> <p>Mailing Address PO Box 645 City State Zip Code Medina, WA 98039</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer N/A Occupation Retired</p> <p>Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="2,600.00"/></p>		<p>Date of Receipt <input type="text" value="05"/> / <input type="text" value="12"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="2,600.00"/></p>
<p>SUBTOTAL of Receipts This Page (optional) .....</p>		<p><input type="text" value="3,800.00"/></p>
<p>TOTAL This Period (last page this line number only) .....</p>		<p><input type="text" value=""/></p>

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

A. Full Name (Last, First, Middle Initial)  
Wayne Perry

Mailing Address  
PO Box 645  
City State Zip Code  
Medina, WA 98039

FEC ID number of contributing federal political committee.

Name of Employer  
Shotgun Creek Investments LLC

Occupation  
CEO

Receipt For: P2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

05 12 2014

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)  
Kristi Remington

Mailing Address  
3313 N Kensington St  
City State Zip Code  
Arlington, VA 22207

FEC ID number of contributing federal political committee.

Name of Employer

Occupation

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

05 12 2014

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)  
Helen Rhee

Mailing Address  
1849 Lamont St NW  
City State Zip Code  
Washington, DC 20010

FEC ID number of contributing federal political committee.

Name of Employer

Occupation

Receipt For: P2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

05 12 2014

Amount of Each Receipt this Period

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

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**SCHEDULE A (FEC Form 3)**  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

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

Mailing Address  
6220 NW Skyline Blvd.  
City State Zip Code  
Portland, OR 97229

FEC ID number of contributing federal political committee.

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For: P2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

05 12 2014

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)  
Martin Burbano

Mailing Address  
1818 Pacific Ave  
City State Zip Code  
Forest Grove, OR 97116

FEC ID number of contributing federal political committee.

Name of Employer  
Martin E Burbano, DMD PC

Occupation  
Dentist

Receipt For: P2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

05 13 2014

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)  
Manus Cooney

Mailing Address  
8801 Bel Air Place  
City State Zip Code  
Potomac, MD 20854

FEC ID number of contributing federal political committee.

Name of Employer  
American Continental Group

Occupation  
Partner

Receipt For: P2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

05 13 2014

Amount of Each Receipt this Period

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

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

**SCHEDULE A (FEC Form 3)**  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) Raissa Downs</p> <p>A. Mailing Address 1016 South Carolina Ave SE City State Zip Code Washington, DC 20003</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Tarplin, Downs &amp; Young LLC</p> <p>Occupation Consultant</p> <p>Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="500.00"/></p>		<p>Date of Receipt <input type="text" value="05"/> / <input type="text" value="13"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="250.00"/></p>
<p>Full Name (Last, First, Middle Initial) Phil Knight</p> <p>B. Mailing Address One Bowerman Drive City State Zip Code Beaverton, OR 97005</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Nike, Inc.</p> <p>Occupation Chairman of the Board</p> <p>Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="5,200.00"/></p>		<p>Date of Receipt <input type="text" value="05"/> / <input type="text" value="13"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="2,600.00"/></p>
<p>Full Name (Last, First, Middle Initial) Phil Knight</p> <p>C. Mailing Address One Bowerman Drive City State Zip Code Beaverton, OR 97005</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Nike, Inc.</p> <p>Occupation Chairman of the Board</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="5,200.00"/></p>		<p>Date of Receipt <input type="text" value="05"/> / <input type="text" value="13"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="2,600.00"/></p>
<p>SUBTOTAL of Receipts This Page (optional) .....</p>		<p><input type="text" value="5,450.00"/></p>
<p>TOTAL This Period (last page this line number only) .....</p>		<p><input type="text" value="5,450.00"/></p>

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) A. Rafael Miguel</p> <p>Mailing Address 25 Treasure Dr City State Zip Code TAMPA, FL 33609</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Self/Brandon Pain Medicine Inc</p> <p>Occupation Anesthesiologist/Interventional Pain P</p> <p>Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="500.00"/></p>		<p>Date of Receipt <input type="text" value="05"/> / <input type="text" value="13"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="250.00"/></p>
<p>Full Name (Last, First, Middle Initial) B. Sharon Richardson</p> <p>Mailing Address 7195 SW Newton Pl City State Zip Code PORTLAND, OR 97225</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer</p> <p>Occupation</p> <p>Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="200.00"/></p>		<p>Date of Receipt <input type="text" value="05"/> / <input type="text" value="13"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="100.00"/></p>
<p>Full Name (Last, First, Middle Initial) C. Nicholas Stanley</p> <p>Mailing Address 1136 NW Hoyt Street, Suite 210 City State Zip Code Portland, OR 97209</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer</p> <p>Occupation</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="250.00"/></p>		<p>Date of Receipt <input type="text" value="05"/> / <input type="text" value="13"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="250.00"/></p>
<p>SUBTOTAL of Receipts This Page (optional).....</p> <p>TOTAL This Period (last page this line number only).....</p>		<p><input type="text" value="600.00"/></p> <p><input type="text" value=""/></p>

**SCHEDULE A (FEC Form 3)**  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) Randy Steck</p>		<p>Date of Receipt MM / DD / YYYY 05 / 13 / 2014</p>	
<p>Mailing Address 788 SE 58th Ct. City Hillsboro, OR Zip Code 97123</p>		<p>Amount of Each Receipt this Period 1,000.00</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 1,000.00</p>	
<p>Name of Employer Stex LLC</p>		<p>Occupation Elec. Engineer Consultant</p>	
<p>Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 1,000.00</p>	
<p>Full Name (Last, First, Middle Initial) David Urban</p>		<p>Date of Receipt MM / DD / YYYY 05 / 13 / 2014</p>	
<p>Mailing Address 42 Chestnut St City Wellesley, MA Zip Code 02481</p>		<p>Amount of Each Receipt this Period 250.00</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 250.00</p>	
<p>Name of Employer ACG</p>		<p>Occupation President</p>	
<p>Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 250.00</p>	
<p>Full Name (Last, First, Middle Initial) Elizabeth Van Staaveren</p>		<p>Date of Receipt MM / DD / YYYY 05 / 13 / 2014</p>	
<p>Mailing Address 1008 NW Cascade Way City McMinnville, OR Zip Code 971289512</p>		<p>Amount of Each Receipt this Period 100.00</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 100.00</p>	
<p>Name of Employer Retired</p>		<p>Occupation N/A</p>	
<p>Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 1,400.00</p>	
<p>SUBTOTAL of Receipts This Page (optional).....</p>		<p>1,350.00</p>	
<p>TOTAL This Period (last page this line number only).....</p>		<p></p>	

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<b>A.</b> Full Name (Last, First, Middle Initial) Stephen Babson Mailing Address 1521 Second Ave. #3702 City State Zip Code Seattle, WA 98101 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Endeavour Capital Occupation Managing Director Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date <input type="text" value="2,600.00"/>		Date of Receipt MM / DD / YYYY 05 / 14 / 2014 Amount of Each Receipt this Period <input type="text" value="2,600.00"/>
<b>B.</b> Full Name (Last, First, Middle Initial) Joanne Dahlin Mailing Address 288 SE Spokane St City State Zip Code Portland, OR 97202 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer N/A Occupation Retired Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date <input type="text" value="500.00"/>		Date of Receipt MM / DD / YYYY 05 / 14 / 2014 Amount of Each Receipt this Period <input type="text" value="500.00"/>
<b>C.</b> Full Name (Last, First, Middle Initial) Larry Feiner Mailing Address 550 SW 48th Drive City State Zip Code Portland, OR 97221 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Retired Occupation N/A Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date <input type="text" value="1,000.00"/>		Date of Receipt MM / DD / YYYY 05 / 14 / 2014 Amount of Each Receipt this Period <input type="text" value="1,000.00"/>
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... <b>TOTAL</b> This Period (last page this line number only) .....		<input type="text" value="4,100.00"/> <input type="text"/>

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<b>A.</b> Full Name (Last, First, Middle Initial) Patrick Green Mailing Address 2912 Bluegerass Way City State Zip Code West Linn, OR 97068 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Occupation Davis Wright Tremaine, LLP Attorney Receipt For: P2014 Election Cycle-to-Date <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="text" value="500.00"/>		Date of Receipt MM / DD / YYYY 05 / 14 / 2014 Amount of Each Receipt this Period <input type="text" value="500.00"/>
<b>B.</b> Full Name (Last, First, Middle Initial) J Clayton Hering Mailing Address 1708 SW Highland Rd City State Zip Code Portland, OR 97221 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Occupation Norris Beggs & Simpson Real Estate Receipt For: P2014 Election Cycle-to-Date <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="text" value="350.00"/>		Date of Receipt MM / DD / YYYY 05 / 14 / 2014 Amount of Each Receipt this Period <input type="text" value="350.00"/>
<b>C.</b> Full Name (Last, First, Middle Initial) Dixie Powers Mailing Address 3168 Lakeview Blvd City State Zip Code Lake Oswego, OR 97035 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Occupation self employed business owner Receipt For: P2014 Election Cycle-to-Date <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="text" value="300.00"/>		Date of Receipt MM / DD / YYYY 05 / 14 / 2014 Amount of Each Receipt this Period <input type="text" value="100.00"/>
<b>SUBTOTAL</b> of Receipts This Page (optional)..... <b>TOTAL</b> This Period (last page this line number only).....		<input type="text" value="950.00"/> <input type="text"/>

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) Patrick Raffaniello</p> <p>Mailing Address 325 - 7th St NW City State Zip Code Washington, DC 20004</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Self Occupation Attorney</p> <p>Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="2,600.00"/></p>		<p>Date of Receipt <input type="text" value="05"/> / <input type="text" value="14"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="2,600.00"/></p>
<p>Full Name (Last, First, Middle Initial) Dick Withnell</p> <p>Mailing Address 3691 Rivercrest Dr N City State Zip Code Keizer, OR 97303</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation Retired</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="3,000.00"/></p>		<p>Date of Receipt <input type="text" value="05"/> / <input type="text" value="14"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="400.00"/></p>
<p>Full Name (Last, First, Middle Initial) Dick Withnell</p> <p>Mailing Address 3691 Rivercrest Dr N City State Zip Code Keizer, OR 97303</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation Retired</p> <p>Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="3,000.00"/></p>		<p>Date of Receipt <input type="text" value="05"/> / <input type="text" value="14"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="2,100.00"/></p>
<p>SUBTOTAL of Receipts This Page (optional) .....</p> <p>TOTAL This Period (last page this line number only) .....</p>		<p><input type="text" value="5,100.00"/></p> <p><input type="text" value=""/></p>

**SCHEDULE A (FEC Form 3)**  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

Full Name (Last, First, Middle Initial) Sharon Beck		Date of Receipt MM / DD / YYYY 05 / 15 / 2014	
A. Mailing Address 64841 Imbler Rd City State Zip Code Cove, Or 97824		Amount of Each Receipt this Period 1,000.00	
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date 1,500.00	
Name of Employer Self		Occupation Rancher	
Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1,500.00	
Full Name (Last, First, Middle Initial) B. Anne Dickerson		Date of Receipt MM / DD / YYYY 05 / 15 / 2014	
Mailing Address 236 W. 26th St. 2W City State Zip Code New York, NY 10001		Amount of Each Receipt this Period 2,600.00	
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date 5,200.00	
Name of Employer N/A		Occupation Retired	
Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5,200.00	
Full Name (Last, First, Middle Initial) C. Anne Dickerson		Date of Receipt MM / DD / YYYY 05 / 15 / 2014	
Mailing Address 236 W. 26th St. 2W City State Zip Code New York, NY 10001		Amount of Each Receipt this Period 2,600.00	
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date 5,200.00	
Name of Employer N/A		Occupation Retired	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5,200.00	
SUBTOTAL of Receipts This Page (optional) .....		6,200.00	
TOTAL This Period (last page this line number only) .....		6,200.00	

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

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for each category of the  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) Bruce Burns</p> <p>A. Mailing Address 01645 SW Corgett Hill Cir City State Zip Code Portland, OR 97219</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Burns Brothers Inc.</p> <p>Occupation President</p> <p>Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="500.00"/></p>		<p>Date of Receipt <input type="text" value="05"/> / <input type="text" value="16"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="500.00"/></p>
<p>Full Name (Last, First, Middle Initial) Michael Erickson</p> <p>B. Mailing Address 255 Stampher Rd. City State Zip Code Lake Oswego, OR 97034</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer AFMS</p> <p>Occupation CEO</p> <p>Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="2,000.00"/></p>		<p>Date of Receipt <input type="text" value="05"/> / <input type="text" value="16"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="2,000.00"/></p>
<p>Full Name (Last, First, Middle Initial) Jedd Roe</p> <p>C. Mailing Address 1910 Ocean Front City State Zip Code Neptune Beach, FL 322664859</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer University of Florida College of Medicine</p> <p>Occupation Professor of Emergency Medicine</p> <p>Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="250.00"/></p>		<p>Date of Receipt <input type="text" value="05"/> / <input type="text" value="16"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="250.00"/></p>
<p>SUBTOTAL of Receipts This Page (optional).....</p> <p>TOTAL This Period (last page this line number only).....</p>		<p><input type="text" value="2,750.00"/></p> <p><input type="text" value="2,750.00"/></p>

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

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) A. Albert Ryckman</p> <p>Mailing Address 800 Kouns Drive NW City State Zip Code Albany, OR 97321</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Self Employed</p> <p>Occupation Physician</p> <p>Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="500.00"/></p>		<p>Date of Receipt <input type="text" value="05"/> / <input type="text" value="16"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="500.00"/></p>
<p>Full Name (Last, First, Middle Initial) B. Shawn Smeallie</p> <p>Mailing Address 1310 Bishop Lane City State Zip Code Alexandria, VA 22302</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer American Continental Group</p> <p>Occupation Lobbyist</p> <p>Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="250.00"/></p>		<p>Date of Receipt <input type="text" value="05"/> / <input type="text" value="16"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="250.00"/></p>
<p>Full Name (Last, First, Middle Initial) C. Larry Tice</p> <p>Mailing Address 775 26 Rd City State Zip Code Grand Junction, CO 81506</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Lower Valley Hospital Corporation</p> <p>Occupation Physician</p> <p>Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="300.00"/></p>		<p>Date of Receipt <input type="text" value="05"/> / <input type="text" value="16"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="100.00"/></p>
<p>SUBTOTAL of Receipts This Page (optional).....</p> <p>TOTAL This Period (last page this line number only).....</p>		<p><input type="text" value="850.00"/></p> <p><input type="text" value=""/></p>

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) David Twyver</p>		<p>Date of Receipt MM / DD / YYYY 05 / 17 / 2014</p>	
<p>A. Mailing Address 949 NW Overton St, Unit 312 City State Zip Code Portland, OR 97209</p>		<p>Amount of Each Receipt this Period 500.00</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 1,500.00</p>	
<p>Name of Employer Occupation Retired</p>		<p>Election Cycle-to-Date 1,500.00</p>	
<p>Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 1,500.00</p>	
<p>Full Name (Last, First, Middle Initial) B. Ezriel Kirnel</p>		<p>Date of Receipt MM / DD / YYYY 05 / 18 / 2014</p>	
<p>Mailing Address 244 Westchester Ave City State Zip Code White Plains, NY 10604</p>		<p>Amount of Each Receipt this Period 500.00</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 500.00</p>	
<p>Name of Employer Occupation BSSNY Neurosurgeon</p>		<p>Election Cycle-to-Date 500.00</p>	
<p>Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 500.00</p>	
<p>Full Name (Last, First, Middle Initial) C. John Dirks</p>		<p>Date of Receipt MM / DD / YYYY 05 / 19 / 2014</p>	
<p>Mailing Address 961 Terrace Dr City State Zip Code Lake Oswego, OR 97034</p>		<p>Amount of Each Receipt this Period 250.00</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 250.00</p>	
<p>Name of Employer Occupation</p>		<p>Election Cycle-to-Date 250.00</p>	
<p>Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 250.00</p>	
<p>SUBTOTAL of Receipts This Page (optional) .....</p>		<p>1,250.00</p>	
<p>TOTAL This Period (last page this line number only) .....</p>		<p></p>	

**SCHEDULE A (FEC Form 3)**  
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Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

A. Full Name (Last, First, Middle Initial)  
Gerald Harmon

Mailing Address  
117 Shearwater Ct  
City State Zip Code  
Georgetown, SC 29440

FEC ID number of contributing federal political committee.

Name of Employer  
Georgetown Health Group

Occupation  
Physician

Receipt For: P2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

/   /    
05 19 2014

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)  
Paul Singer

Mailing Address  
40 West 57th Street, 4th Fl  
City State Zip Code  
New York, NY 10019

FEC ID number of contributing federal political committee.

Name of Employer  
Elliott Management Corp

Occupation  
Principal

Receipt For: P2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

/   /    
05 19 2014

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)  
Paul Singer

Mailing Address  
40 West 57th Street, 4th Fl  
City State Zip Code  
New York, NY 10019

FEC ID number of contributing federal political committee.

Name of Employer  
Elliott Management Corp

Occupation  
Principal

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

/   /    
05 19 2014

Amount of Each Receipt this Period

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

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

**SCHEDULE A (FEC Form 3)**  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) A. Mary Wutke</p> <p>Mailing Address 6 Shefford Circle</p> <p>City State Zip Code Madison, WI 53719</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Self Employed</p> <p>Occupation Finance</p> <p>Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="500.00"/></p>		<p>Date of Receipt <input type="text" value="05"/> / <input type="text" value="19"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="250.00"/></p>
<p>Full Name (Last, First, Middle Initial) B. Thomas Montag</p> <p>Mailing Address 127 East 73rd Street</p> <p>City State Zip Code New Your, NY 10021</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Bank of American Corporation</p> <p>Occupation Co-Chief Operating Officer</p> <p>Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="2,600.00"/></p>		<p>Date of Receipt <input type="text" value="05"/> / <input type="text" value="20"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="2,600.00"/></p>
<p>Full Name (Last, First, Middle Initial) C. Ken Wright</p> <p>Mailing Address PO Box 190</p> <p>City State Zip Code CARLTON, OR 97111</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Ken Wright Cellars</p> <p>Occupation Winemaker</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="4,396.00"/></p>		<p>Date of Receipt <input type="text" value="05"/> / <input type="text" value="20"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="2,494.00"/></p> <p>W e for fundraising e</p>
<p>SUBTOTAL of Receipts This Page (optional).....</p> <p>TOTAL This Period (last page this line number only).....</p>		<p><input type="text" value="5,344.00"/></p> <p><input type="text" value=""/></p>

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<b>A.</b> Full Name (Last, First, Middle Initial) Albert Blumberg		<b>Date of Receipt</b> MM / DD / YYYY 05 / 21 / 2014	
Mailing Address 8 Jenny Lane City State Zip Code BALTIMORE, MD 21208		<b>Amount of Each Receipt this Period</b> 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer ROH PA		Occupation Physician	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 200.00	
<b>B.</b> Full Name (Last, First, Middle Initial) Dawn Buckingham		<b>Date of Receipt</b> MM / DD / YYYY 05 / 21 / 2014	
Mailing Address 404 Hurst Creek Rd. City State Zip Code AUSTIN, TX 78734		<b>Amount of Each Receipt this Period</b> 2,600.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Eye Physicians of Austin		Occupation Physician	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 3,100.00	
<b>C.</b> Full Name (Last, First, Middle Initial) Edward Buckingham		<b>Date of Receipt</b> MM / DD / YYYY 05 / 21 / 2014	
Mailing Address 404 Hurst Creek Rd City State Zip Code Lakeway, TX 78734		<b>Amount of Each Receipt this Period</b> 2,600.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Buckingham Center for Facial Plastic S		Occupation Physician	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2,600.00	
<b>SUBTOTAL of Receipts This Page (optional)</b> .....		5,300.00	
<b>TOTAL This Period (last page this line number only)</b> .....			

14020590052

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) A. Gary Burns</p>		<p>Date of Receipt MM / DD / YYYY 05 / 21 / 2014</p>	
<p>Mailing Address 828 North 25th Terrace City State Zip Code Cornelius, OR 97113</p>		<p>Amount of Each Receipt this Period 100.00</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 300.00</p>	
<p>Name of Employer Occupation Retired</p>		<p>Election Cycle-to-Date 300.00</p>	
<p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 300.00</p>	
<p>Full Name (Last, First, Middle Initial) B. Raymond Carnes</p>		<p>Date of Receipt MM / DD / YYYY 05 / 21 / 2014</p>	
<p>Mailing Address 2545 SW Terwilliger Blvd Apt 627 City State Zip Code Portland, OR 972016320</p>		<p>Amount of Each Receipt this Period 100.00</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 300.00</p>	
<p>Name of Employer Occupation Retired</p>		<p>Election Cycle-to-Date 300.00</p>	
<p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 300.00</p>	
<p>Full Name (Last, First, Middle Initial) C. Thomas Dayspring</p>		<p>Date of Receipt MM / DD / YYYY 05 / 21 / 2014</p>	
<p>Mailing Address 10701 Sheppards Way Drive City State Zip Code Glen Allen, VA 230601940</p>		<p>Amount of Each Receipt this Period 25.00</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 205.00</p>	
<p>Name of Employer Foundation for HealthImprovement and T Physician</p>		<p>Election Cycle-to-Date 205.00</p>	
<p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 205.00</p>	
<p>SUBTOTAL of Receipts This Page (optional) .....</p>		<p>225.00</p>	
<p>TOTAL This Period (last page this line number only) .....</p>		<p></p>	

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) A. Gregory Goodwin</p> <p>Mailing Address 17800 SE Mill Plain Blvd, Suite 19</p> <p>City State Zip Code VANCOUVER, WA 98683</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation Kuni Automotive CEO</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="5,200.00"/></p>		<p>Date of Receipt <input type="text" value="05"/> / <input type="text" value="21"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="2,600.00"/></p>
<p>Full Name (Last, First, Middle Initial) B. Michele Goodwin</p> <p>Mailing Address 17800 SE Mill Plain Blvd, Suite 19</p> <p>City State Zip Code Vancouver, WA 98683</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation Homemaker</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="2,600.00"/></p>		<p>Date of Receipt <input type="text" value="05"/> / <input type="text" value="21"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="2,600.00"/></p>
<p>Full Name (Last, First, Middle Initial) C. Ronald Jutzy</p> <p>Mailing Address 118 N Maple Ave</p> <p>City State Zip Code Boise, ID 83712</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation St Luke's Physician Services Peds Neurosurgery</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="250.00"/></p>		<p>Date of Receipt <input type="text" value="05"/> / <input type="text" value="21"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="250.00"/></p>
<p>SUBTOTAL of Receipts This Page (optional).....</p> <p>TOTAL This Period (last page this line number only).....</p>		<p><input type="text" value="5,450.00"/></p> <p><input type="text" value=""/></p>

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for each category of the  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<b>A.</b> Full Name (Last, First, Middle Initial) Wayne Kaesche		<b>Date of Receipt</b> MM / DD / YYYY 05 / 21 / 2014	
<b>Mailing Address</b> 11420 E Apache Vistas Drive City State Zip Code Scottsdale, AZ 85262		<b>Amount of Each Receipt this Period</b> 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed		Occupation Orthopedic Surgeon	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00	
<b>B.</b> Full Name (Last, First, Middle Initial) Tanya Lockwood		<b>Date of Receipt</b> MM / DD / YYYY 05 / 21 / 2014	
<b>Mailing Address</b> 2610 Southshore Blvd City State Zip Code LAKE OSWEGO, OR 97034		<b>Amount of Each Receipt this Period</b> 500.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Best Efforts		Occupation Requested	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 950.00	
<b>C.</b> Full Name (Last, First, Middle Initial) Gregory McNece		<b>Date of Receipt</b> MM / DD / YYYY 05 / 21 / 2014	
<b>Mailing Address</b> PO Box 1830 City State Zip Code Davis, CA 95617		<b>Amount of Each Receipt this Period</b> 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Davisville Properties, INC		Occupation VP	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00	
<b>SUBTOTAL of Receipts This Page (optional)</b> .....		1,000.00	
<b>TOTAL This Period (last page this line number only)</b> .....			

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

A. Full Name (Last, First, Middle Initial)  
Richard Moss

Mailing Address  
1936 St Clair St  
City State Zip Code  
Medford, OR 97504

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Retired

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt

MM / DD / YYYY  
05 / 21 / 2014

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)  
Roger Nelson

Mailing Address  
706 S Wasson St  
City State Zip Code  
Coos Bay, OR 97420

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Retired

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
200.00

Date of Receipt

MM / DD / YYYY  
05 / 21 / 2014

Amount of Each Receipt this Period

200.00

C. Full Name (Last, First, Middle Initial)  
Tom Palmer

Mailing Address  
220W 7th Ave  
City State Zip Code  
Eugene, OR 97401

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Credit Concepts, Inc. President

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
4,850.00

Date of Receipt

MM / DD / YYYY  
05 / 21 / 2014

Amount of Each Receipt this Period

2,600.00

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

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

3,050.00

**SCHEDULE A (FEC Form 3)**  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

A. Full Name (Last, First, Middle Initial)  
Albert Ray

Mailing Address  
6127 Seacrest View Road  
City State Zip Code  
San Diego, CA 92121

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
SCPMG Physician

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

05 21 2014

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)  
Steve Sommerfeld

Mailing Address  
21020 SW Christensen Rd  
City State Zip Code  
Sheridan, OR 97378

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
APWP Inc Owner/President

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

05 21 2014

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)  
Charles Watkins

Mailing Address  
43 Aquinas  
City State Zip Code  
Lake Oswego, OR 97035

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Wave Form Systems President/CEO

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

05 21 2014

Amount of Each Receipt this Period

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

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

**SCHEDULE A (FEC Form 3)**  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) Blair Wilson</p> <p>Mailing Address 3022 Vanderbilt Place City State Zip Code Nashville, TN 37212</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Self Employed</p> <p>Occupation Investor</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="2,600.00"/></p>		<p>Date of Receipt <input type="text" value="05"/> / <input type="text" value="21"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="2,600.00"/></p>
<p>Full Name (Last, First, Middle Initial) Mary Wutke</p> <p>Mailing Address 6 Shefford Circle City State Zip Code Madison, WI 53719</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Self Employed</p> <p>Occupation Finance</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="500.00"/></p>		<p>Date of Receipt <input type="text" value="05"/> / <input type="text" value="21"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="250.00"/></p>
<p>Full Name (Last, First, Middle Initial) Richard Cruse</p> <p>Mailing Address 958 Edgewood Dr NW City State Zip Code ALBANY, OR 97321</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer N/A</p> <p>Occupation Retired</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="200.00"/></p>		<p>Date of Receipt <input type="text" value="05"/> / <input type="text" value="22"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="50.00"/></p>
<p>SUBTOTAL of Receipts This Page (optional).....</p> <p>TOTAL This Period (last page this line number only).....</p>		<p><input type="text" value="2,900.00"/></p> <p><input type="text" value=""/></p>

**SCHEDULE A (FEC Form 3)**  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

A. Full Name (Last, First, Middle Initial)  
Stephen Leonard

Mailing Address  
7260 Chattahoochee Bluff Dr  
City State Zip Code  
Sandy Springs, GA 30350

FEC ID number of contributing federal political committee.

Name of Employer  
Self Employed

Occupation  
Surgeon

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY  
05 / 22 / 2014

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)  
Jane Ohlemann

Mailing Address  
86091 Ridgeway Dr  
City State Zip Code  
Eugene, OR 97405

FEC ID number of contributing federal political committee.

Name of Employer  
Self

Occupation  
Retired

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY  
05 / 22 / 2014

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)  
Sally Plumley

Mailing Address  
8530 Helmick Rd  
City State Zip Code  
Monmouth, OR 97361

FEC ID number of contributing federal political committee.

Name of Employer  
Self

Occupation  
Retired

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY  
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Amount of Each Receipt this Period

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

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

**SCHEDULE A (FEC Form 3)**  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) Jay Smith</p> <p>Mailing Address 185 Cordoba Way City State Zip Code Windsor, CA 95492</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation Retired</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date 250.00</p>		<p>Date of Receipt MM / DD / YYYY 05 / 22 / 2014</p> <p>Amount of Each Receipt this Period 100.00</p>
<p>Full Name (Last, First, Middle Initial) B Bond Starker</p> <p>Mailing Address 7240 SW Philomath Blvd City State Zip Code Corvallis, OR 97333</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation Starker Forests, Inc Forester/Exec</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date 2,700.00</p>		<p>Date of Receipt MM / DD / YYYY 05 / 22 / 2014</p> <p>Amount of Each Receipt this Period 100.00</p>
<p>Full Name (Last, First, Middle Initial) Joseph Tennant</p> <p>Mailing Address 937 SW 14th St. City State Zip Code Portland, OR 97205</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation Joseph P Tennant Charitable Fund Executive</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date 1,250.00</p>		<p>Date of Receipt MM / DD / YYYY 05 / 22 / 2014</p> <p>Amount of Each Receipt this Period 1,000.00</p>
<p>SUBTOTAL of Receipts This Page (optional).....</p> <p>TOTAL This Period (last page this line number only).....</p>		<p>1,200.00</p>

**SCHEDULE A (FEC Form 3)**  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Webby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) Jon Tompkins</p> <p>A. Mailing Address 61708 Broken Top Drive City State Zip Code Bend, OR 97702</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation Retired</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date 1,000.00</p>		<p>Date of Receipt MM / DD / YYYY 05 / 22 / 2014</p> <p>Amount of Each Receipt this Period 1,000.00</p>
<p>Full Name (Last, First, Middle Initial) Jack Vilendre</p> <p>B. Mailing Address 802 SE 199th Ave City State Zip Code Portland, OR 97233</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation J L Industries, Inc President/Owner</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date 250.00</p>		<p>Date of Receipt MM / DD / YYYY 05 / 22 / 2014</p> <p>Amount of Each Receipt this Period 250.00</p>
<p>Full Name (Last, First, Middle Initial) James Baker</p> <p>C. Mailing Address 1172 Park Avenue #48 City State Zip Code New York, NY 10128</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation Neuberger Berman Investment Management</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date 2,600.00</p>		<p>Date of Receipt MM / DD / YYYY 05 / 23 / 2014</p> <p>Amount of Each Receipt this Period 2,600.00</p>
<p>SUBTOTAL of Receipts This Page (optional).....</p> <p>TOTAL This Period (last page this line number only).....</p>		<p>3,850.00</p>

**SCHEDULE A (FEC Form 3)**  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<b>A.</b> Full Name (Last, First, Middle Initial) Stewart Baker		Date of Receipt MM / DD / YYYY 05 / 23 / 2014	
Mailing Address PO Box 980338 City State Zip Code Houston, TX 77098		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Bremond Company		Occupation Property Manager	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 200.00	
<b>B.</b> Full Name (Last, First, Middle Initial) Norman Blake		Date of Receipt MM / DD / YYYY 05 / 23 / 2014	
Mailing Address 356 Seabreeze Drive City State Zip Code Marco Island, FL 34145		Amount of Each Receipt this Period 2,000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer 		Occupation Retired	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2,000.00	
<b>C.</b> Full Name (Last, First, Middle Initial) David Bowdle		Date of Receipt MM / DD / YYYY 05 / 23 / 2014	
Mailing Address 14539 Kellywood Lane City State Zip Code Houston, TX 77079		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer 		Occupation Retired	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00	
SUBTOTAL of Receipts This Page (optional) .....		2,600.00	
TOTAL This Period (last page this line number only) .....			

**SCHEDULE A (FEC Form 3)**  
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Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Webby for U.S. Senate

<b>A.</b> Full Name (Last, First, Middle Initial) Donald Coote		<b>Date of Receipt</b> MM / DD / YYYY 05 / 23 / 2014	
Mailing Address 477 SW Augustus Drive City State Zip Code Dallas, OR 97338		<b>Amount of Each Receipt this Period</b> 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Self		Occupation Retired	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 375.00	
<b>B.</b> Full Name (Last, First, Middle Initial) Michael DeRosa		<b>Date of Receipt</b> MM / DD / YYYY 05 / 23 / 2014	
Mailing Address 4042 Howell Road City State Zip Code Malvern, PA 19355		<b>Amount of Each Receipt this Period</b> 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Element Management LP		Occupation Venture Capitalist	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00	
<b>C.</b> Full Name (Last, First, Middle Initial) Charles Faries		<b>Date of Receipt</b> MM / DD / YYYY 05 / 23 / 2014	
Mailing Address 12535 SW Iron Mountain Road City State Zip Code Portland, OR 97219		<b>Amount of Each Receipt this Period</b> 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation Retired	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 450.00	
<b>SUBTOTAL of Receipts This Page (optional)</b> .....		600.00	
<b>TOTAL This Period (last page this line number only)</b> .....			

**SCHEDULE A (FEC Form 3)**  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Webby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) Robert Freedman</p> <p>A. Mailing Address 3850 Newport Lane City State Zip Code Boulder, CO 80304</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation Ball Aerospace Aerospace Engineer</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="250.00"/></p>		<p>Date of Receipt <input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="250.00"/></p>
<p>Full Name (Last, First, Middle Initial) Gerald Good</p> <p>B. Mailing Address 312 9th St City State Zip Code Lake Oswego, OR 97034</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation Retired Retired</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="4,650.00"/></p>		<p>Date of Receipt <input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="2,600.00"/></p>
<p>Full Name (Last, First, Middle Initial) Mabel Harris</p> <p>C. Mailing Address 5042 SW Hilltop Lane City State Zip Code Portland, OR 97221</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation retired homemaker</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="3,200.00"/></p>		<p>Date of Receipt <input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="1,000.00"/></p>
<p>SUBTOTAL of Receipts This Page (optional) .....</p> <p>TOTAL This Period (last page this line number only) .....</p>		<p><input type="text" value="3,850.00"/></p> <p><input type="text" value=""/></p>

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

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for each category of the  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) David Holmes</p> <p>Mailing Address 4437 Andrea Drive NW City State Zip Code Salem, OR 97304</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation Retired</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="200.00"/></p>		<p>Date of Receipt <input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="100.00"/></p>
<p>Full Name (Last, First, Middle Initial) William Klein</p> <p>Mailing Address 25511 Lone Pine Cir City State Zip Code Laguna Hills, CA 92653</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation Retired</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="2,600.00"/></p>		<p>Date of Receipt <input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="2,600.00"/></p>
<p>Full Name (Last, First, Middle Initial) John Koch</p> <p>Mailing Address 10 royal Palm Wauy, Apt 5 E/F City State Zip Code Palm Beach, FL 33480</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation Retired</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="250.00"/></p>		<p>Date of Receipt <input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="250.00"/></p>
<p>SUBTOTAL of Receipts This Page (optional).....</p> <p>TOTAL This Period (last page this line number only).....</p>		<p><input type="text" value="2,950.00"/></p> <p><input type="text" value=""/></p>

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<b>A.</b> Full Name (Last, First, Middle Initial) Kevin Marcus		<b>Date of Receipt</b> <div>MM / DD / YYYY</div> <div>05 / 23 / 2014</div>	
<b>Mailing Address</b> 46 Orchard Hill Rd City State Zip Code Kastonah, NY 10536		<b>Amount of Each Receipt this Period</b> <div>500.00</div>	
<b>FEC ID number of contributing federal political committee.</b> <div>C</div>			
<b>Name of Employer</b> Ipreo Holdings		<b>Occupation</b> Executive	
<b>Receipt For: G2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>Election Cycle-to-Date</b> <div>500.00</div>	
<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Thomas McElroy		<b>Date of Receipt</b> <div>MM / DD / YYYY</div> <div>05 / 23 / 2014</div>	
<b>Mailing Address</b> 1555 Old Stage Rd City State Zip Code Central Point, OR 97502		<b>Amount of Each Receipt this Period</b> <div>100.00</div>	
<b>FEC ID number of contributing federal political committee.</b> <div>C</div>			
<b>Name of Employer</b> VA-SORCC WhiteCity, OR		<b>Occupation</b> Dentist	
<b>Receipt For: G2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>Election Cycle-to-Date</b> <div>200.00</div>	
<b>C.</b> Full Name (Last, First, Middle Initial) Sam Naro		<b>Date of Receipt</b> <div>MM / DD / YYYY</div> <div>05 / 23 / 2014</div>	
<b>Mailing Address</b> 2655 SW 175th Ave. City State Zip Code ALOHA, OR 97006		<b>Amount of Each Receipt this Period</b> <div>50.00</div>	
<b>FEC ID number of contributing federal political committee.</b> <div>C</div>			
<b>Name of Employer</b> Southwest Bible Church		<b>Occupation</b> Pastor	
<b>Receipt For: G2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>Election Cycle-to-Date</b> <div>200.00</div>	
<b>SUBTOTAL of Receipts This Page (optional)</b> .....		<div>650.00</div>	
<b>TOTAL This Period (last page this line number only)</b> .....			

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<b>A.</b> Full Name (Last, First, Middle Initial) Robert O'Brien		Date of Receipt MM / DD / YYYY 05 / 23 / 2014	
Mailing Address PO Box 30477 City State Zip Code Sea Island, GA 31561		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Retired			
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00	
<b>B.</b> Full Name (Last, First, Middle Initial) Clark Ochikubo		Date of Receipt MM / DD / YYYY 05 / 23 / 2014	
Mailing Address 1938 Country Club Drive City State Zip Code Glendora, CA 91741		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Pediatrics Medical Group Physician			
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 200.00	
<b>C.</b> Full Name (Last, First, Middle Initial) Jonathan Orloff		Date of Receipt MM / DD / YYYY 05 / 23 / 2014	
Mailing Address PO Box 70 City State Zip Code Rockaway Beach, OR 97136		Amount of Each Receipt this Period 1,000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation FEI Company Physicist			
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1,000.00	
SUBTOTAL of Receipts This Page (optional).....		1,700.00	
TOTAL This Period (last page this line number only).....			

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<b>A.</b> Full Name (Last, First, Middle Initial) Timothy Palmer		<b>Date of Receipt</b> MM / DD / YYYY 05 / 23 / 2014	
Mailing Address 3341 W Terrell Branch Court SE City State Zip Code Marietta, GA 30067		<b>Amount of Each Receipt this Period</b> 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Kodak Alaris Inc		Occupation Marketing	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00	
<b>B.</b> Full Name (Last, First, Middle Initial) Melvin Petersen		<b>Date of Receipt</b> MM / DD / YYYY 05 / 23 / 2014	
Mailing Address 945 Natchez Drive City State Zip Code Walnut Creek, CA 94598		<b>Amount of Each Receipt this Period</b> 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer 		Occupation Retired	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00	
<b>C.</b> Full Name (Last, First, Middle Initial) Bradley Radoff		<b>Date of Receipt</b> MM / DD / YYYY 05 / 23 / 2014	
Mailing Address 1177 West Loop South, Suite 1625 City State Zip Code Houston, TX 77027		<b>Amount of Each Receipt this Period</b> 2,600.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed		Occupation Investment Manager	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2,600.00	
<b>SUBTOTAL of Receipts This Page (optional)</b> .....		3,100.00	
<b>TOTAL This Period (last page this line number only)</b> .....			

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<b>A.</b> Full Name (Last, First, Middle Initial) Richard Ross Mailing Address 820 Eastwood Lane City State Zip Code Glenview, IL 60025 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Occupation Retired Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date <input type="text" value="250.00"/>		Date of Receipt MM / DD / YYYY 05 / 23 / 2014 Amount of Each Receipt this Period <input type="text" value="250.00"/>
<b>B.</b> Full Name (Last, First, Middle Initial) Bruce Sawyer Mailing Address 4 Waterbury Ct City State Zip Code Baltimore, MD 212121055 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Occupation Retired Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date <input type="text" value="500.00"/>		Date of Receipt MM / DD / YYYY 05 / 23 / 2014 Amount of Each Receipt this Period <input type="text" value="500.00"/>
<b>C.</b> Full Name (Last, First, Middle Initial) Marc Schwartz Mailing Address 2100 W 3rd St City State Zip Code Los Angeles, CA 90057 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Occupation House Clinic Neurosurgeon Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date <input type="text" value="1,000.00"/>		Date of Receipt MM / DD / YYYY 05 / 23 / 2014 Amount of Each Receipt this Period <input type="text" value="1,000.00"/>
SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....		<input type="text" value="1,750.00"/> <input type="text"/>

**SCHEDULE A (FEC Form 3)**  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<b>A.</b> Full Name (Last, First, Middle Initial) Susan Stewart		<b>Date of Receipt</b> MM / DD / YYYY 05 / 23 / 2014	
<b>Mailing Address</b> 2628 Edgewater Drive City State Zip Code EUGENE, OR 97401		<b>Amount of Each Receipt this Period</b> 500.00	
<b>FEC ID number of contributing federal political committee.</b> C		<b>Amount of Each Receipt this Period</b> 1,000.00	
<b>Name of Employer</b> N/A		<b>Occupation</b> Homemaker	
<b>Receipt For: G2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>Election Cycle-to-Date</b> 1,000.00	
<b>B.</b> Full Name (Last, First, Middle Initial) Thomas Stewart		<b>Date of Receipt</b> MM / DD / YYYY 05 / 23 / 2014	
<b>Mailing Address</b> 2628 Edgewater Drive City State Zip Code Eugene, OR 97401		<b>Amount of Each Receipt this Period</b> 2,100.00	
<b>FEC ID number of contributing federal political committee.</b> C		<b>Amount of Each Receipt this Period</b> 5,200.00	
<b>Name of Employer</b> Andrew Thomas & Co.		<b>Occupation</b> Finance	
<b>Receipt For: G2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>Election Cycle-to-Date</b> 5,200.00	
<b>C.</b> Full Name (Last, First, Middle Initial) Richard Stokes		<b>Date of Receipt</b> MM / DD / YYYY 05 / 23 / 2014	
<b>Mailing Address</b> 2788 Tomahawk Lane City State Zip Code Eugene, OR 09740		<b>Amount of Each Receipt this Period</b> 250.00	
<b>FEC ID number of contributing federal political committee.</b> C		<b>Amount of Each Receipt this Period</b> 250.00	
<b>Name of Employer</b> Retired		<b>Occupation</b> Retired	
<b>Receipt For: G2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>Election Cycle-to-Date</b> 250.00	
<b>SUBTOTAL of Receipts This Page (optional)</b> .....		2,850.00	
<b>TOTAL This Period (last page this line number only)</b> .....			

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NAME OF COMMITTEE (In Full)  
Dr. Monica Webby for U.S. Senate

Full Name (Last, First, Middle Initial)

A. Townsend

Mailing Address

200 Patterson Ave Apt 810

City

State

Zip Code

San Antonio, TX 78209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Retired

Receipt For: G2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

MM / DD / YYYY  
05 / 23 / 2014

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Patrick Wade

Mailing Address

1016 E. Broadway Ste. 10

City

State

Zip Code

GLENDAL, CA 91205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Phoenix Professional Corp.

Occupation  
Real Estate

Receipt For: G2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1,500.00

Date of Receipt

MM / DD / YYYY  
05 / 23 / 2014

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Daniel Wilkening

Mailing Address

12 Chicory Road

City

State

Zip Code

Westford, MA 01886

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: G2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

MM / DD / YYYY  
05 / 23 / 2014

Amount of Each Receipt this Period

250.00

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

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

1,250.00

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NAME OF COMMITTEE (In Full)  
Dr. Monica Webbby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) A. Danny Brunner</p> <p>Mailing Address 1670 Elk Circle SW City Albany, OR 97321</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation Retired</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date 200.00</p>		<p>Date of Receipt MM / DD / YYYY 05 / 24 / 2014</p> <p>Amount of Each Receipt this Period 100.00</p>
<p>Full Name (Last, First, Middle Initial) B. David Durocher</p> <p>Mailing Address 2002 Conestoga Lane City West Linn, OR 97068</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation Eaton Marketing Mgr</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date 200.00</p>		<p>Date of Receipt MM / DD / YYYY 05 / 24 / 2014</p> <p>Amount of Each Receipt this Period 100.00</p>
<p>Full Name (Last, First, Middle Initial) C. Donald Elliott</p> <p>Mailing Address 101 Castle Gardens Dr. City Castle Hills, TX 78213</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation Retired Jockey</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date 200.00</p>		<p>Date of Receipt MM / DD / YYYY 05 / 24 / 2014</p> <p>Amount of Each Receipt this Period 100.00</p> <p>Earmark through Maggie List</p>
<p>SUBTOTAL of Receipts This Page (optional).....</p> <p>TOTAL This Period (last page this line number only).....</p>		<p>300.00</p>

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☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

A. Full Name (Last, First, Middle Initial)  
Maggie's List PAC

Mailing Address  
610 S Boulevard  
City State Zip Code  
Tampa, FL 33606

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY  
05 / 24 / 2014

Amount of Each Receipt this Period

MEMO 100.00

Total e marked through condui . PAC  
limit n affected.

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

Mailing Address  
1221 SW 10th Ave #106  
City State Zip Code  
Portland, OR 97205

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Retired Retired

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY  
05 / 24 / 2014

Amount of Each Receipt this Period

100.00

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

Mailing Address  
4008 Thistlabridge Way  
City State Zip Code  
Rockville, MD 20853

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Retired Physician

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY  
05 / 24 / 2014

Amount of Each Receipt this Period

100.00

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

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

**SCHEDULE A (FEC Form 3)**  
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Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

A. Full Name (Last, First, Middle Initial)  
Michael Stiles

Mailing Address  
11114 Alhambra St  
City State Zip Code  
Leawood, KS 66211

FEC ID number of contributing federal political committee.

Name of Employer  
Stiles Eyecare Excellence and Glaucoma

Occupation  
Ophthalmologist

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY  
05 / 24 / 2014

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)  
Tracey Tomashpol

Mailing Address  
434 S Westridge Cir  
City State Zip Code  
Anaheim, CA 92807

FEC ID number of contributing federal political committee.

Name of Employer  
McMaster

Occupation  
Manager

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY  
05 / 24 / 2014

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)  
William Ducar

Mailing Address  
24141 SE McCabe Rd  
City State Zip Code  
Sandy, OR 97055

FEC ID number of contributing federal political committee.

Name of Employer  
BPA

Occupation  
CTO

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY  
05 / 25 / 2014

Amount of Each Receipt this Period

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

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

**SCHEDULE A (FEC Form 3)**  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Webby for U.S. Senate

Full Name (Last, First, Middle Initial) <b>A. George Penton</b>		Date of Receipt <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">05 / 25 / 2014</div>
Mailing Address 4722 S. Lindhurst Ave City State Zip Code Dallas, TX 75229		Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">1,000.00</div>
FEC ID number of contributing federal political committee. <div style="border: 1px solid black; padding: 2px; display: inline-block;">C</div>		
Name of Employer Paladin Energy Corp.	Occupation President/Engineer	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">2,000.00</div>
Full Name (Last, First, Middle Initial) <b>B. William Gidley</b>		Date of Receipt <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">05 / 25 / 2014</div>
Mailing Address 2210 SW Roxbury Ave City State Zip Code PORTLAND, OR 97225		Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">100.00</div>
FEC ID number of contributing federal political committee. <div style="border: 1px solid black; padding: 2px; display: inline-block;">C</div>		
Name of Employer Retired	Occupation Retired	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">360.00</div>
Full Name (Last, First, Middle Initial) <b>C. Hamilton Hill</b>		Date of Receipt <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">05 / 26 / 2014</div>
Mailing Address 1701W Wrightwood City State Zip Code Chicago, IL 60614		Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">500.00</div>
FEC ID number of contributing federal political committee. <div style="border: 1px solid black; padding: 2px; display: inline-block;">C</div>		
Name of Employer Bartlit Beck	Occupation Lawyer	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">500.00</div>
SUBTOTAL of Receipts This Page (optional) .....		<div style="border: 1px solid black; padding: 2px; text-align: right;">1,600.00</div>
TOTAL This Period (last page this line number only) .....		<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>

**SCHEDULE A (FEC Form 3)**  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) A. Paul Schilling</p> <p>Mailing Address 505 Porpoise Point Dr City State Zip Code St Augustine, FL 32084</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Self Employed Occupation Physician</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="2,600.00"/></p>		<p>Date of Receipt <input type="text" value="05"/> / <input type="text" value="26"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="2,600.00"/></p>
<p>Full Name (Last, First, Middle Initial) B. John Breedon</p> <p>Mailing Address 4072 Normandy Way City State Zip Code Eugene, OR 97405</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation Retired</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="200.00"/></p>		<p>Date of Receipt <input type="text" value="05"/> / <input type="text" value="27"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="200.00"/></p>
<p>Full Name (Last, First, Middle Initial) C. Ronald Edwards</p> <p>Mailing Address 85124 Hwy 339 City State Zip Code Milton-Freewater, OR 97862</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer self Occupation Farmer</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="500.00"/></p>		<p>Date of Receipt <input type="text" value="05"/> / <input type="text" value="27"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="100.00"/></p>
<p>SUBTOTAL of Receipts This Page (optional).....</p> <p>TOTAL This Period (last page this line number only).....</p>		<p><input type="text" value="2,900.00"/></p> <p><input type="text" value=""/></p>

**SCHEDULE A (FEC Form 3)**  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<b>A.</b> Full Name (Last, First, Middle Initial) Akshay Gupta		<b>Date of Receipt</b> MM / DD / YYYY 05 / 27 / 2014	
Mailing Address 5115 Fox Hollow Road City State Zip Code Eugene, OR 97405		<b>Amount of Each Receipt this Period</b> 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Radiology Associates		Occupation Neuroradiologist	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 550.00	
<b>B.</b> Full Name (Last, First, Middle Initial) Roger Hull		<b>Date of Receipt</b> MM / DD / YYYY 05 / 27 / 2014	
Mailing Address 8358 NE Holladay St City State Zip Code Portland, OR 97220		<b>Amount of Each Receipt this Period</b> 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Retired		Occupation Retired	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 225.00	
<b>C.</b> Full Name (Last, First, Middle Initial) Thomas Reed		<b>Date of Receipt</b> MM / DD / YYYY 05 / 27 / 2014	
Mailing Address 1410 Alexander Valley Rd City State Zip Code Healdsburg, CA 95448		<b>Amount of Each Receipt this Period</b> 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Retired		Occupation Retired	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00	
<b>SUBTOTAL of Receipts This Page (optional)</b> .....		850.00	
<b>TOTAL This Period (last page this line number only)</b> .....			

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) Scott Robinson, MD</p>		<p>Date of Receipt MM / DD / YYYY 05 / 27 / 2014</p>	
<p>Mailing Address 192 Lovell Ave City State Zip Code Mill Valley, CA 94941</p>		<p>Amount of Each Receipt this Period 100.00</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 100.00</p>	
<p>Name of Employer self Occupation Anesthesiologist</p>		<p>Amount of Each Receipt this Period 100.00</p>	
<p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 600.00</p>	
<p>Full Name (Last, First, Middle Initial) Larry Tice</p>		<p>Date of Receipt MM / DD / YYYY 05 / 27 / 2014</p>	
<p>Mailing Address 775 26 Rd City State Zip Code Grand Junction, CO 81506</p>		<p>Amount of Each Receipt this Period 100.00</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 100.00</p>	
<p>Name of Employer Lower Valley Hospital Corporation Occupation Physician</p>		<p>Amount of Each Receipt this Period 100.00</p>	
<p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 300.00</p>	
<p>Full Name (Last, First, Middle Initial) George Vanderhelden</p>		<p>Date of Receipt MM / DD / YYYY 05 / 27 / 2014</p>	
<p>Mailing Address 68 Spruce Road City State Zip Code Wolfeboro, NH 03894</p>		<p>Amount of Each Receipt this Period 500.00</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 500.00</p>	
<p>Name of Employer Occupation Retired</p>		<p>Amount of Each Receipt this Period 500.00</p>	
<p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 500.00</p>	
<p>SUBTOTAL of Receipts This Page (optional).....</p>		<p>700.00</p>	
<p>TOTAL This Period (last page this line number only).....</p>		<p></p>	

**SCHEDULE A (FEC Form 3)**  
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for each category of the  
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NAME OF COMMITTEE (in Full)  
Dr. Monica Wehby for U.S. Senate

<b>A.</b> Full Name (Last, First, Middle Initial) Leighton Wells Mailing Address 717 Edgemont Way City State Zip Code Springfield, OR 97477  FEC ID number of contributing federal political committee. <input type="text" value="C"/>  Name of Employer Occupation Retired  Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)  Election Cycle-to-Date 275.00		Date of Receipt MM / DD / YYYY 05 / 27 / 2014  Amount of Each Receipt this Period 50.00
<b>B.</b> Full Name (Last, First, Middle Initial) David Barbe Mailing Address 120 W 16th St City State Zip Code Mountain Grove, MO 65711  FEC ID number of contributing federal political committee. <input type="text" value="C"/>  Name of Employer Occupation Mayo Clinic Physician  Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)  Election Cycle-to-Date 1,000.00		Date of Receipt MM / DD / YYYY 05 / 28 / 2014  Amount of Each Receipt this Period 1,000.00
<b>C.</b> Full Name (Last, First, Middle Initial) Edward Carlston Mailing Address 654 Brooke Road City State Zip Code Wayne, PA 19087  FEC ID number of contributing federal political committee. <input type="text" value="C"/>  Name of Employer Occupation Bullock Equities Co Finance  Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)  Election Cycle-to-Date 200.00		Date of Receipt MM / DD / YYYY 05 / 28 / 2014  Amount of Each Receipt this Period 200.00
<b>SUBTOTAL</b> of Receipts This Page (optional) .....  <b>TOTAL</b> This Period (last page this line number only) .....		1,250.00

**SCHEDULE A (FEC Form 3)**  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

A. Full Name (Last, First, Middle Initial)  
Robert Decker

Mailing Address  
3155 River Rd. So  
City State Zip Code  
SALEM, OR 97302

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Westcare Management President

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY  
05 / 28 / 2014

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)  
William Elfering

Mailing Address  
1889 E Highland Avenue  
City State Zip Code  
Hermiston, OR 97838

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Umatilla County Commissioner

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY  
05 / 28 / 2014

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)  
William Hotaling

Mailing Address  
125 Quassaick Ave  
City State Zip Code  
New Windsor, NY 12553

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Retired

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY  
05 / 28 / 2014

Amount of Each Receipt this Period

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

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

**SCHEDULE A (FEC Form 3)**  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

A. Full Name (Last, First, Middle Initial)  
Katherine Kennedy

Mailing Address  
132 Greenway Cir  
City State Zip Code  
Medford, OR 97504

FEC ID number of contributing federal political committee.

Name of Employer  
Self Employed

Occupation  
Real Estate Broker

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY  
05 / 28 / 2014

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)  
Fredric Meyer

Mailing Address  
2281 Transit Ct SW  
City State Zip Code  
Rochester, MN 55902

FEC ID number of contributing federal political committee.

Name of Employer  
Mayo Clinic

Occupation  
Neurosurgeon

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY  
05 / 28 / 2014

Amount of Each Receipt this Period

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

Mailing Address  
3190 So Bascom Ave  
City State Zip Code  
San Jose, CA 95124

FEC ID number of contributing federal political committee.

Name of Employer

Occupation  
Retired

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY  
05 / 28 / 2014

Amount of Each Receipt this Period

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

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Webby for U.S. Senate

<b>A.</b> Full Name (Last, First, Middle Initial) Timothy Poster		Date of Receipt MM / DD / YYYY 05 / 28 / 2014	
Mailing Address 3883 Howard Hughes Parkway, Suite City State Zip Code Las Vegas, NV 89169		Amount of Each Receipt this Period 2,600.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Poster Financial Group		Occupation Finance	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2,600.00	
<b>B.</b> Full Name (Last, First, Middle Initial) Elizabeth Tindall		Date of Receipt MM / DD / YYYY 05 / 28 / 2014	
Mailing Address 1255 SW Schaeffer Road City State Zip Code West Linn, OR 97068		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer 		Occupation Retired	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00	
<b>C.</b> Full Name (Last, First, Middle Initial) David Walsh		Date of Receipt MM / DD / YYYY 05 / 28 / 2014	
Mailing Address PO Box 11450 City State Zip Code JACKSON, WY 83002		Amount of Each Receipt this Period 1,600.00	
FEC ID number of contributing federal political committee. C			
Name of Employer N/A		Occupation Retired	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 4,200.00	
SUBTOTAL of Receipts This Page (optional).....		4,700.00	
TOTAL This Period (last page this line number only).....			

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NAME OF COMMITTEE (In Full)  
Dr. Monica Webby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) Don Heard</p> <p>A. Mailing Address 4085 Buck Brush Ln City State Zip Code Lake Oswego, OR 97035</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation Retired</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="700.00"/></p>		<p>Date of Receipt <input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="100.00"/></p>
<p>Full Name (Last, First, Middle Initial) Noel Lucky</p> <p>B. Mailing Address 869 Theater Dr City State Zip Code Bend, OR 97702</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation Marketing &amp; Advertising</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="200.00"/></p>		<p>Date of Receipt <input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="200.00"/></p>
<p>Full Name (Last, First, Middle Initial) Andrew Pulito</p> <p>C. Mailing Address 809 Westchester Dr. City State Zip Code LEXINGTON, KY 40502</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation Chief, Division of Pediatric Surgery</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="750.00"/></p>		<p>Date of Receipt <input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="250.00"/></p>
<p>SUBTOTAL of Receipts This Page (optional).....</p> <p>TOTAL This Period (last page this line number only).....</p>		<p><input type="text" value="550.00"/></p> <p><input type="text" value="550.00"/></p>

**SCHEDULE A (FEC Form 3)**  
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Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) JADE WALSH</p> <p>A. Mailing Address P.O. BOX 11450 City State Zip Code JACKSON, WY 83002</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer RETIRED</p> <p>Occupation RETIRED</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="4,200.00"/></p>		<p>Date of Receipt <input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="1,600.00"/></p>
<p>Full Name (Last, First, Middle Initial) B. Paul Wertsch</p> <p>Mailing Address 4221 Venetian Lane City State Zip Code Madison, WI 53718</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Wildwood Family Clinic SC</p> <p>Occupation Physician</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="200.00"/></p>		<p>Date of Receipt <input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="100.00"/></p> <p>Marked contribution received through intermediary: Wisconsin Medical Society Federal PAC</p>
<p>Full Name (Last, First, Middle Initial) C. Mark Stern</p> <p>Mailing Address 23700 Malibu Colony road City State Zip Code Malibu, CA 90265</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer The TCW Group Inc</p> <p>Occupation Chairman</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="2,600.00"/></p>		<p>Date of Receipt <input type="text" value="05"/> / <input type="text" value="30"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="2,600.00"/></p>
<p>SUBTOTAL of Receipts This Page (optional).....</p> <p>TOTAL This Period (last page this line number only).....</p>		<p><input type="text" value="4,300.00"/></p> <p><input type="text" value=""/></p>

14020590084

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

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for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) Elizabeth Nickel</p> <p>A. Mailing Address 3550 SW Bond Ave, Unit 1802 City State Zip Code Portland, OR 97239</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation Retired</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date 250.00</p>		<p>Date of Receipt MM / DD / YYYY 05 / 31 / 2014</p> <p>Amount of Each Receipt this Period 250.00</p>
<p>Full Name (Last, First, Middle Initial) Robert Wilson</p> <p>B. Mailing Address 620 Sand Hill Road #413G City State Zip Code Palo Alto, CA 93404</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation Retired</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date 200.00</p>		<p>Date of Receipt MM / DD / YYYY 06 / 01 / 2014</p> <p>Amount of Each Receipt this Period 100.00</p>
<p>Full Name (Last, First, Middle Initial) Richard Porter</p> <p>C. Mailing Address 3525 NE Dogwood Lane City State Zip Code Madras, OR 97741</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation Retired</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date 200.00</p>		<p>Date of Receipt MM / DD / YYYY 06 / 04 / 2014</p> <p>Amount of Each Receipt this Period 100.00</p>
<p>SUBTOTAL of Receipts This Page (optional).....</p> <p>TOTAL This Period (last page this line number only).....</p>		<p>450.00</p>

**SCHEDULE A (FEC Form 3)**  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

A. Full Name (Last, First, Middle Initial)  
Stanley Schmidt

Mailing Address  
PO BOX 137  
City State Zip Code  
DALLAS, OR 97338

FEC ID number of contributing federal political committee.

Name of Employer  
State Farm Insurance

Occupation  
State Farm Agent

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY  
06 / 04 / 2014

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)  
Steven Falcone

Mailing Address  
P.O. Box 8590  
City State Zip Code  
Coral Springs, FL 33075

FEC ID number of contributing federal political committee.

Name of Employer  
University of Miami

Occupation  
Medical Doctor

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY  
06 / 05 / 2014

Amount of Each Receipt this Period

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

Mailing Address  
14202 Recuerdo Dr  
City State Zip Code  
Del Mar, CA 92014

FEC ID number of contributing federal political committee.

Name of Employer  
North Coast Family Medical Group

Occupation  
Physician

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY  
06 / 05 / 2014

Amount of Each Receipt this Period

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

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

**SCHEDULE A (FEC Form 3)**  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) A. Deanne Mazzochi</p> <p>Mailing Address 156 S Sunnyside Ave City State Zip Code Elmhurst, IL 60126</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Self Employed</p> <p>Occupation Attorney</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="500.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="05"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="500.00"/></p>
<p>Full Name (Last, First, Middle Initial) B. William Terry</p> <p>Mailing Address 60 Kingsway City State Zip Code MOBILE, AL 36608</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Urology &amp; Oncology Specialists PC</p> <p>Occupation Physician</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="750.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="05"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="250.00"/></p>
<p>Full Name (Last, First, Middle Initial) C. Zachary Litvack</p> <p>Mailing Address 2150 Pennsylvania Ave NW, Ste. 7-4 City State Zip Code Washington, DC 20037</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer The GW Medical Faculty Associates</p> <p>Occupation Physician</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="500.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="06"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="500.00"/></p>
<p>SUBTOTAL of Receipts This Page (optional) .....</p>		<p><input type="text" value="1,250.00"/></p>
<p>TOTAL This Period (last page this line number only) .....</p>		<p><input type="text" value="1,250.00"/></p>

**SCHEDULE A (FEC Form 3)**  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<b>A.</b> Full Name (Last, First, Middle Initial) Clark Moseley Mailing Address 18079 SW Huckleberry Ct City State Zip Code Sherwood, OR 97140 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Occupation Ambre Energy NA President Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date <input type="text" value="300.00"/>		Date of Receipt <input type="text" value="06"/> / <input type="text" value="06"/> / <input type="text" value="2014"/> Amount of Each Receipt this Period <input type="text" value="100.00"/>
<b>B.</b> Full Name (Last, First, Middle Initial) Peter Amadio Mailing Address 816 9th Ave City State Zip Code Rochester, MN 55092 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Occupation Mayo Clinic Surgeon Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date <input type="text" value="500.00"/>		Date of Receipt <input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2014"/> Amount of Each Receipt this Period <input type="text" value="250.00"/>
<b>C.</b> Full Name (Last, First, Middle Initial) Kimberly Applegate Mailing Address 640 Morningside Ct City State Zip Code Zionsville, IN 46077 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Occupation Emory University Physician Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date <input type="text" value="250.00"/>		Date of Receipt <input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2014"/> Amount of Each Receipt this Period <input type="text" value="250.00"/>
<b>SUBTOTAL</b> of Receipts This Page (optional)..... <b>TOTAL</b> This Period (last page this line number only).....		<input type="text" value="600.00"/> <input type="text"/>

**SCHEDULE A (FEC Form 3)**  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<b>A.</b> Full Name (Last, First, Middle Initial) Barbara Arnold Mailing Address 2760 Curtis Way City State Zip Code SACRAMENTO, CA 95818 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Occupation Sutter Health Ophthalmologist Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date <input type="text" value="500.00"/>		Date of Receipt <input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2014"/> Amount of Each Receipt this Period <input type="text" value="300.00"/>
<b>B.</b> Full Name (Last, First, Middle Initial) Craig Backs Mailing Address 2921 Greenbriar Rd, Suite C City State Zip Code Springfield, IL 62704 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Occupation Craig A Backs LLC Doctor Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date <input type="text" value="250.00"/>		Date of Receipt <input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2014"/> Amount of Each Receipt this Period <input type="text" value="250.00"/>
<b>C.</b> Full Name (Last, First, Middle Initial) Susan Bailey Mailing Address 6800 Bellaire Ct S City State Zip Code Benbrook, TX 76132 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Occupation Fort Worth Allergy and Asthma Physician Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date <input type="text" value="750.00"/>		Date of Receipt <input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2014"/> Amount of Each Receipt this Period <input type="text" value="250.00"/>
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... <b>TOTAL</b> This Period (last page this line number only) .....		<input type="text" value="800.00"/> <input type="text"/>

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

A. Full Name (Last, First, Middle Initial)  
Peter Bernardo

Mailing Address  
3356 Homestead Rd S.  
City State Zip Code  
SALEM, OR 97302

FEC ID number of contributing federal political committee.

Name of Employer  
Self Employed

Occupation  
Surgeon

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

/  /

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)  
Donald Cinotti

Mailing Address  
466 Ridgewood Ave  
City State Zip Code  
Glen Ridge, NJ 07028

FEC ID number of contributing federal political committee.

Name of Employer  
Hudson Eye Physicians and Surgeons

Occupation  
Ophthalmologist

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

/  /

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)  
Laura Dean

Mailing Address  
14 Highway 96 E  
City State Zip Code  
Dellwood, MN 55110

FEC ID number of contributing federal political committee.

Name of Employer  
Stillwater Medical Group

Occupation  
Physician

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

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Amount of Each Receipt this Period

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) Michael Deren</p> <p>A. Mailing Address 106 Niles Hill Rd City State Zip Code New London, CT 06320</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Self Employed</p> <p>Occupation Surgeon</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="250.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="250.00"/></p>
<p>Full Name (Last, First, Middle Initial) Edmund Donoghue</p> <p>B. Mailing Address 28 Turning Leaf Way City State Zip Code SAVANNAH, GA 31419</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Georgia Bureau of Investigation</p> <p>Occupation Physician - Forensic Pathologist</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="750.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="500.00"/></p>
<p>Full Name (Last, First, Middle Initial) Ronnie Dowling</p> <p>C. Mailing Address 1481 Larson Rd. City State Zip Code LAKESIDE, AZ 85929</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer White Mt. Surgical Specialists</p> <p>Occupation Physician</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="700.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="100.00"/></p>
<p>SUBTOTAL of Receipts This Page (optional).....</p> <p>TOTAL This Period (last page this line number only).....</p>		<p><input type="text" value="850.00"/></p> <p><input type="text" value=""/></p>

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

A. Full Name (Last, First, Middle Initial)  
Randy Easterling

Mailing Address  
607 Tiffintown Rd  
City State Zip Code  
Vicksburg, MS 39183

FEC ID number of contributing federal political committee.

Name of Employer  
River Region Health System

Occupation  
Physician

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY  
06 / 07 / 2014

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)  
Richard Esham

Mailing Address  
2354 Park Place  
City State Zip Code  
MOBILE, AL 36605

FEC ID number of contributing federal political committee.

Name of Employer

Occupation  
Retired

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY  
06 / 07 / 2014

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)  
Jane Fitch

Mailing Address  
7351 Bayliner Launch  
City State Zip Code  
Edmond, OK 73013

FEC ID number of contributing federal political committee.

Name of Employer  
Oklahoma University

Occupation  
physician

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

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MM / DD / YYYY  
06 / 07 / 2014

Amount of Each Receipt this Period

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

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12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

Full Name (Last, First, Middle Initial) A. Dianna Pite		Date of Receipt MM / DD / YYYY 06 / 07 / 2014	
Mailing Address 24727 Tomball Pkwy, Suite 120 City State Zip Code Tomball, TX 77375		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Self Employed		Occupation Physician	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 550.00	
Full Name (Last, First, Middle Initial) B. Timothy Flaherty		Date of Receipt MM / DD / YYYY 06 / 07 / 2014	
Mailing Address 547 E Wisconsin Ave City State Zip Code Neenah, WI 54956		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00	
Name of Employer Self Employed		Occupation Retired	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 200.00	
Full Name (Last, First, Middle Initial) C. Lee Alice Goscin		Date of Receipt MM / DD / YYYY 06 / 07 / 2014	
Mailing Address 1603 East Seminole Ave. City State Zip Code MCALESTER, OK 74501		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer Self Employed		Occupation Endocrinologist	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 350.00	
SUBTOTAL of Receipts This Page (optional) .....		800.00	
TOTAL This Period (last page this line number only) .....		800.00	

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for each category of the  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) Walter Alan Harmon</p> <p>A. Mailing Address 1311 Heritage Manor #104 City State Zip Code JACKSONVILLE, FL 32207</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Borland-Grover Clinic</p> <p>Occupation Physician</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="500.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="250.00"/></p>
<p>Full Name (Last, First, Middle Initial) Corey Howard</p> <p>B. Mailing Address 1340 Pelican Ave City State Zip Code Naples, FL 34102</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer self</p> <p>Occupation physician</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="350.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="250.00"/></p>
<p>Full Name (Last, First, Middle Initial) Robert Jackson</p> <p>C. Mailing Address 9660 E. 146th St City State Zip Code NOBLESVILLE, IN 46060</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Self Employed</p> <p>Occupation Cosmetic Surgeon</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="450.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="200.00"/></p>
<p>SUBTOTAL of Receipts This Page (optional).....</p> <p>TOTAL This Period (last page this line number only).....</p>		<p><input type="text" value="700.00"/></p> <p><input type="text" value=""/></p>

**SCHEDULE A (FEC Form 3)**  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

A. Full Name (Last, First, Middle Initial)  
Florence Jameson

Mailing Address  
5281 S Eastern Ave  
City State Zip Code  
Las Vegas, NV 89110

FEC ID number of contributing federal political committee.

Name of Employer  
Volunteers in Medicine of Southern Nev  
Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Occupation  
Physician

Election Cycle-to-Date

Date of Receipt

/   /    
06 07 2014

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)  
Allison Jones

Mailing Address  
310 E Holmes St  
City State Zip Code  
Urbana, IL 61801

FEC ID number of contributing federal political committee.

Name of Employer  
Carle Clinic Danville  
Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Occupation  
Physician

Election Cycle-to-Date

Date of Receipt

/   /    
06 07 2014

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)  
Cynthia Jumper

Mailing Address  
5108 96th Street  
City State Zip Code  
Lubbock, TX 79424

FEC ID number of contributing federal political committee.

Name of Employer  
TTUHSC  
Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Occupation  
MD

Election Cycle-to-Date

Date of Receipt

/   /    
06 07 2014

Amount of Each Receipt this Period

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

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

**SCHEDULE A (FEC Form 3)**  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Webby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) A. John Kennedy</p> <p>Mailing Address 1 Covington Ct City State Zip Code SCHENECTADY, NY 12309</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Self Employed</p> <p>Occupation Physician</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="2,250.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="500.00"/></p>
<p>Full Name (Last, First, Middle Initial) B. Art Klawitter</p> <p>Mailing Address PO Box 1388 City State Zip Code Needville, TX 77461</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Memorial Hermann Medical Group</p> <p>Occupation Physician</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="250.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="250.00"/></p>
<p>Full Name (Last, First, Middle Initial) C. Albert Kwan</p> <p>Mailing Address 184 Sanzen Dr City State Zip Code Clovis, NM 88101</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Self Employed</p> <p>Occupation Physician</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="250.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="250.00"/></p>
<p>SUBTOTAL of Receipts This Page (optional).....</p> <p>TOTAL This Period (last page this line number only).....</p>		<p><input type="text" value="1,000.00"/></p> <p><input type="text" value=""/></p>

**SCHEDULE A (FEC Form 3)**  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<b>A.</b> Full Name (Last, First, Middle Initial) Samuel Lin Mailing Address 1792 Milboro Drive City State Zip Code ROCKVILLE, MD 20854 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Humetrics Occupation Principal Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date <input type="text" value="1,600.00"/>		Date of Receipt <input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2014"/> Amount of Each Receipt this Period <input type="text" value="250.00"/>
<b>B.</b> Full Name (Last, First, Middle Initial) James Madara Mailing Address 4849 S. Ellis Ave. City State Zip Code CHICAGO, IL 60615 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer AMA Occupation Physician Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date <input type="text" value="1,250.00"/>		Date of Receipt <input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2014"/> Amount of Each Receipt this Period <input type="text" value="250.00"/>
<b>C.</b> Full Name (Last, First, Middle Initial) John McIntyre Mailing Address 205 Grosvenor Rd City State Zip Code Rochester, NY 14810 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Self Employed Occupation Physician Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date <input type="text" value="200.00"/>		Date of Receipt <input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2014"/> Amount of Each Receipt this Period <input type="text" value="200.00"/>
SUBTOTAL of Receipts This Page (optional).....		<input type="text" value="700.00"/>
TOTAL This Period (last page this line number only).....		<input type="text"/>

**SCHEDULE A (FEC Form 3)**  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

Full Name (Last, First, Middle Initial) <b>A. Alethia Morgan</b>		Date of Receipt MM / DD / YYYY 06 / 07 / 2014	
Mailing Address 3075 S Birch St City State Zip Code Denver, CO 80222			
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00	
Name of Employer Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Occupation Obstetrician/Gynecologist Election Cycle-to-Date 200.00	
Full Name (Last, First, Middle Initial) <b>B. Donald Palmisano</b>		Date of Receipt MM / DD / YYYY 06 / 07 / 2014	
Mailing Address 5000 West Esplanade Ave. #432 City State Zip Code METAIRIE, LA 70006			
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Intrepid Resource Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Occupation Medical Doctor Election Cycle-to-Date 1,000.00	
Full Name (Last, First, Middle Initial) <b>C. John Poole</b>		Date of Receipt MM / DD / YYYY 06 / 07 / 2014	
Mailing Address 240 Sunset Avenue City State Zip Code Ridgewood, NJ 07450			
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1,000.00	
Name of Employer North Jersey Surgical Specialists Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Occupation Physician Election Cycle-to-Date 2,000.00	
SUBTOTAL of Receipts This Page (optional).....		1,700.00	
TOTAL This Period (last page this line number only).....		1,700.00	

**SCHEDULE A (FEC Form 3)**  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) March Seabrook</p> <p>A. Mailing Address 8 Heathwood Cir City State Zip Code Columbia, SC 29205</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Consultant Occupation MD</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="500.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="500.00"/></p>
<p>Full Name (Last, First, Middle Initial) Ronald Szabat</p> <p>B. Mailing Address 8307 Larkmeade Terrace City State Zip Code Potomac, MD 20854</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer AACAP Occupation Lawyer/Lobbyist</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="200.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="200.00"/></p>
<p>Full Name (Last, First, Middle Initial) Gregory Tarasidis</p> <p>C. Mailing Address 518 Gatewood Dr City State Zip Code GREENWOOD, SC 29646</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Greenwood ENT, PA Occupation Physician</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="750.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="250.00"/></p>
<p>SUBTOTAL of Receipts This Page (optional).....</p> <p>TOTAL This Period (last page this line number only).....</p>		<p><input type="text" value="950.00"/></p> <p><input type="text" value=""/></p>

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NAME OF COMMITTEE (In Full)  
Dr. Monica Webby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) David Teuscher</p> <p>A. Mailing Address 825 Thomas Rd City State Zip Code Beaumont, TX 77706</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer self Occupation orthopedic surgeon</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="500.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="250.00"/></p>
<p>Full Name (Last, First, Middle Initial) Cyndi Yag-Howard</p> <p>B. Mailing Address 1340 Pelican Ave City State Zip Code Naples, FL 34102</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer self Occupation Physician</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="500.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="250.00"/></p>
<p>Full Name (Last, First, Middle Initial) Paul Copperman</p> <p>C. Mailing Address 5 Saddle Ln City State Zip Code Novato, CA 94947</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Institute of Reading Development Occupation President</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="1,000.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="08"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="1,000.00"/></p>
<p>SUBTOTAL of Receipts This Page (optional) .....</p>		<p><input type="text" value="1,500.00"/></p>
<p>TOTAL This Period (last page this line number only) .....</p>		<p><input type="text" value="1,500.00"/></p>

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) Ted Cook</p> <p>A. Mailing Address 3181 SW Sam Jackson Park Rd, PV-01 City State Zip Code Portland, OR 97239</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation Retired</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date 1,000.00</p>		<p>Date of Receipt MM / DD / YYYY 06 / 09 / 2014</p> <p>Amount of Each Receipt this Period 1,000.00</p>
<p>Full Name (Last, First, Middle Initial) Irwin Ackerman</p> <p>B. Mailing Address 187 Milburn Ave, Suite 6 City State Zip Code Milburn, NJ 07041</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation Ackerman Property Management Owner/Operator</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date 2,600.00</p>		<p>Date of Receipt MM / DD / YYYY 06 / 10 / 2014</p> <p>Amount of Each Receipt this Period 2,600.00</p>
<p>Full Name (Last, First, Middle Initial) Donna Acquavella</p> <p>C. Mailing Address 820 Fifth Ave City State Zip Code New York, NY 10065</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation Aquavella Galleries Art Dealer</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date 2,600.00</p>		<p>Date of Receipt MM / DD / YYYY 06 / 10 / 2014</p> <p>Amount of Each Receipt this Period 2,600.00</p>
<p>SUBTOTAL of Receipts This Page (optional) .....</p> <p>TOTAL This Period (last page this line number only) .....</p>		<p>6,200.00</p>

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

A. Full Name (Last, First, Middle Initial)  
William Acquavella

Mailing Address  
820 Fifth Ave  
City State Zip Code  
New York, NY 10065

FEC ID number of contributing federal political committee.

Name of Employer  
Aquavella Galleries

Occupation  
President

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY  
06 / 10 / 2014

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)  
Peter Coors

Mailing Address  
15205 W 32nd Ave  
City State Zip Code  
Golden, CO 80401

FEC ID number of contributing federal political committee.

Name of Employer  
Miller Coors

Occupation  
Chairman

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY  
06 / 10 / 2014

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)  
John Dew

Mailing Address  
15609 NW Clubhouse Dr  
City State Zip Code  
Portland, OR 97229

FEC ID number of contributing federal political committee.

Name of Employer  
Retired

Occupation  
Retired

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY  
06 / 10 / 2014

Amount of Each Receipt this Period

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

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) Clyde Diller</p> <p>Mailing Address 438 Arvilla Court City State Zip Code SUTHERLIN, OR 97479</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Retired</p> <p>Occupation N/A</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="215.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="10"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="35.00"/></p>
<p>Full Name (Last, First, Middle Initial) Peter Fenton</p> <p>Mailing Address 3126 Shay Way Dr City State Zip Code Nyssa, OR 97913</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Retired</p> <p>Occupation Retired</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="275.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="10"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="250.00"/></p>
<p>Full Name (Last, First, Middle Initial) Jeffrey Goldring</p> <p>Mailing Address 524 Metairie Rd City State Zip Code Metairie, LA 70005</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Sazerac</p> <p>Occupation Sazerac</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="5,000.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="10"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="2,400.00"/></p>
<p>SUBTOTAL of Receipts This Page (optional).....</p> <p>TOTAL This Period (last page this line number only).....</p>		<p><input type="text" value="2,685.00"/></p> <p><input type="text" value="2,685.00"/></p>

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Webby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) Jeffrey Goldring</p>		<p>Date of Receipt MM / DD / YYYY 06 / 10 / 2014</p>	
<p>A. Mailing Address 524 Metairie Rd City State Zip Code Metairie, LA 70005</p>		<p>Amount of Each Receipt this Period 2,600.00</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 5,000.00</p>	
<p>Name of Employer Occupation Sazerac</p>		<p>Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	
<p>Full Name (Last, First, Middle Initial) Don Heard</p>		<p>Date of Receipt MM / DD / YYYY 06 / 10 / 2014</p>	
<p>B. Mailing Address 4085 Buck Brush Ln City State Zip Code Lake Oswego, OR 97035</p>		<p>Amount of Each Receipt this Period 100.00</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 700.00</p>	
<p>Name of Employer Occupation Retired</p>		<p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	
<p>Full Name (Last, First, Middle Initial) David Hexter</p>		<p>Date of Receipt MM / DD / YYYY 06 / 10 / 2014</p>	
<p>C. Mailing Address 1405 Tayside Way City State Zip Code Bel Air, MD 21015</p>		<p>Amount of Each Receipt this Period 250.00</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 250.00</p>	
<p>Name of Employer Occupation Mid Atlantic Permanente Physician</p>		<p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	
<p>SUBTOTAL of Receipts This Page (optional) .....</p>		<p>2,950.00</p>	
<p>TOTAL This Period (last page this line number only) .....</p>		<p></p>	

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) A. R Thomas Hunt</p> <p>Mailing Address 1 Skyline Dr, Apt 3215 City State Zip Code Medford, OR 97504</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Self Employed Occupation Physician</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <span style="border: 1px solid black; padding: 2px;">500.00</span></p>		<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 06 / 10 / 2014</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">500.00</span></p>
<p>Full Name (Last, First, Middle Initial) B. Ann Johnson</p> <p>Mailing Address 703 Island Drive City State Zip Code Palm Beach, FL 33480</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Retired</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <span style="border: 1px solid black; padding: 2px;">2,600.00</span></p>		<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 06 / 10 / 2014</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">2,600.00</span></p>
<p>Full Name (Last, First, Middle Initial) C. Charles Johnson</p> <p>Mailing Address 703 Island Drive City State Zip Code Palm Beach, FL 33480</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Retired</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <span style="border: 1px solid black; padding: 2px;">2,600.00</span></p>		<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 06 / 10 / 2014</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">2,600.00</span></p>
<p>SUBTOTAL of Receipts This Page (optional).....</p> <p>TOTAL This Period (last page this line number only).....</p>		<p><span style="border: 1px solid black; padding: 2px;">5,700.00</span></p> <p><span style="border: 1px solid black; padding: 2px;"></span></p>

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<b>A.</b> Full Name (Last, First, Middle Initial) Sue Koffel		<b>Date of Receipt</b> MM / DD / YYYY 06 / 10 / 2014	
<b>Mailing Address</b> 2272 Scott Street City State Zip Code San Francisco, CA 94123		<b>Amount of Each Receipt this Period</b> 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer CMF Capital		Occupation Managing Partner	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00	
<b>B.</b> Full Name (Last, First, Middle Initial) Paul McGee		<b>Date of Receipt</b> MM / DD / YYYY 06 / 10 / 2014	
<b>Mailing Address</b> 2424 Greentree Rd City State Zip Code Lake Oswego, OR 97034		<b>Amount of Each Receipt this Period</b> 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Precision Securities		Occupation Institutional Stockbroker	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 750.00	
<b>C.</b> Full Name (Last, First, Middle Initial) Stephen Schwarzman		<b>Date of Receipt</b> MM / DD / YYYY 06 / 10 / 2014	
<b>Mailing Address</b> 345 Park Ave, 44th Floor City State Zip Code New York, NY 10154		<b>Amount of Each Receipt this Period</b> 2,600.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Blackstone Group		Occupation Chairman/CEO	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2,600.00	
<b>SUBTOTAL of Receipts This Page (optional)</b> .....		3,100.00	
<b>TOTAL This Period (last page this line number only)</b> .....			

**SCHEDULE A (FEC Form 3)**  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

Full Name (Last, First, Middle Initial) Marilyn Spiegel		Date of Receipt MM / DD / YYYY 06 / 10 / 2014	
Mailing Address 9705 Winter Palace Dr City State Zip Code Las Vegas, NV 89145		Amount of Each Receipt this Period 2,600.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5,200.00	
Name of Employer Wynn Las Vegas		Occupation President	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5,200.00	
Full Name (Last, First, Middle Initial) Marilyn Spiegel		Date of Receipt MM / DD / YYYY 06 / 10 / 2014	
Mailing Address 9705 Winter Palace Dr City State Zip Code Las Vegas, NV 89145		Amount of Each Receipt this Period 2,600.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5,200.00	
Name of Employer Wynn Las Vegas		Occupation President	
Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5,200.00	
Full Name (Last, First, Middle Initial) Constance Burnell		Date of Receipt MM / DD / YYYY 06 / 11 / 2014	
Mailing Address PO Box 892 City State Zip Code Sherwood, OR 97140		Amount of Each Receipt this Period 1,000.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1,000.00	
Name of Employer Retired		Occupation Retired	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1,000.00	
SUBTOTAL of Receipts This Page (optional).....		6,200.00	
TOTAL This Period (last page this line number only).....		6,200.00	

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<b>A.</b> Full Name (Last, First, Middle Initial) Steven Kalkanis		Date of Receipt MM / DD / YYYY 06 / 14 / 2014	
Mailing Address 528 Barrington Ct. City State Zip Code BLOOMFIELD HILLS, MI 48304		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Henry Ford Health System		Occupation Neurosurgeon	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1,000.00	
<b>B.</b> Full Name (Last, First, Middle Initial) Leighton Wells		Date of Receipt MM / DD / YYYY 06 / 14 / 2014	
Mailing Address 717 Edgemont Way City State Zip Code Springfield, OR 97477		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer 		Occupation Retired	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 275.00	
<b>C.</b> Full Name (Last, First, Middle Initial) Anthony Bouneff		Date of Receipt MM / DD / YYYY 06 / 16 / 2014	
Mailing Address 3925 SW 153rd Dr., Suite 100 City State Zip Code Beaverton, OR 97006		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Self		Occupation Oral Surgeon	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00	
SUBTOTAL of Receipts This Page (optional).....		850.00	
TOTAL This Period (last page this line number only).....			

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby For U.S. Senate

<p>Full Name (Last, First, Middle Initial) Thomas Dayspring</p> <p>Mailing Address 10701 Sheppards Way Drive City State Zip Code Glen Allen, VA 230601940</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Foundation for HealthImprovement and T Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Occupation Physician</p> <p>Election Cycle-to-Date <input type="text" value="205.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="16"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="25.00"/></p>
<p>Full Name (Last, First, Middle Initial) Donna Dufault</p> <p>Mailing Address 2735 Glen Eagles Rd City State Zip Code LAKE OSWEGO, OR 97034</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer N/A</p> <p>Occupation Homemaker</p> <p>Election Cycle-to-Date <input type="text" value="350.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="16"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="50.00"/></p>
<p>Full Name (Last, First, Middle Initial) Tom Fehlman</p> <p>Mailing Address 4361 Harvey Way City State Zip Code Lake Oswego, OR 97035</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Matheson</p> <p>Occupation Sales</p> <p>Election Cycle-to-Date <input type="text" value="200.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="16"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="100.00"/></p>
<p>SUBTOTAL of Receipts This Page (optional).....</p> <p>TOTAL This Period (last page this line number only).....</p>		<p><input type="text" value="175.00"/></p> <p><input type="text" value=""/></p>

**SCHEDULE A (FEC Form 3)**  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) A. Gary R Gipson</p>		<p>Date of Receipt MM / DD / YYYY 06 / 16 / 2014</p>	
<p>Mailing Address 19 El Greco City State Zip Code Lake Oswego, OR 97035</p>			
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 250.00</p>	
<p>Name of Employer retired</p>	<p>Occupation retired</p>		
<p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Election Cycle-to-Date 300.00</p>		
<p>Full Name (Last, First, Middle Initial) B. Stephen Griffin</p>		<p>Date of Receipt MM / DD / YYYY 06 / 16 / 2014</p>	
<p>Mailing Address 11 Winding River circle City State Zip Code Wellesley, MA 02482</p>			
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 200.00</p>	
<p>Name of Employer</p>	<p>Occupation</p>		
<p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Election Cycle-to-Date 0.00</p>		
<p>Full Name (Last, First, Middle Initial) C. Greg Heinrichs</p>		<p>Date of Receipt MM / DD / YYYY 06 / 16 / 2014</p>	
<p>Mailing Address 2107 Goodall T City State Zip Code Lake Oswego, OR 97034</p>			
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 1,000.00</p>	
<p>Name of Employer GT Nexus</p>	<p>Occupation Sales</p>		
<p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Election Cycle-to-Date 2,000.00</p>		
<p>SUBTOTAL of Receipts This Page (optional).....</p>		<p>1,450.00</p>	
<p>TOTAL This Period (last page this line number only).....</p>			

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**SCHEDULE A (FEC Form 3)**  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<b>A.</b> Full Name (Last, First, Middle Initial) Douglas Kondziolk		Date of Receipt MM / DD / YYYY 06 / 16 / 2014	
Mailing Address 400 E 67th St, Apt 23C City State Zip Code New York, NY 10065		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer NYU		Occupation MD	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00	
<b>B.</b> Full Name (Last, First, Middle Initial) Katherine Orrico		Date of Receipt MM / DD / YYYY 06 / 16 / 2014	
Mailing Address PO Box 4876 City State Zip Code ANNAPOLIS, MD 21403		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer American Association of Neurosurgeons		Occupation Lawyer/Lobbyist	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1,500.00	
<b>C.</b> Full Name (Last, First, Middle Initial) Mark O'Shea		Date of Receipt MM / DD / YYYY 06 / 16 / 2014	
Mailing Address 815 S Douglas St City State Zip Code Canby, OR 97013		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer 		Occupation Retired	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 200.00	
SUBTOTAL of Receipts This Page (optional) .....		1,100.00	
TOTAL This Period (last page this line number only) .....			

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<b>A.</b> Full Name (Last, First, Middle Initial) Edward Owens		Date of Receipt MM / DD / YYYY 06 / 16 / 2014	
Mailing Address 518 Palmer Dr N City State Zip Code Keizer, OR 97303		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer Occupation Retired		Amount of Each Receipt this Period 100.00	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 225.00	
<b>B.</b> Full Name (Last, First, Middle Initial) Gerry Pratt		Date of Receipt MM / DD / YYYY 06 / 16 / 2014	
Mailing Address 9617 NE Oakview Drive City State Zip Code Vancouver, WA 98662		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer Occupation Self Employed Investor		Amount of Each Receipt this Period 100.00	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 200.00	
<b>C.</b> Full Name (Last, First, Middle Initial) Charles Rosen		Date of Receipt MM / DD / YYYY 06 / 16 / 2014	
Mailing Address 3906 Westlake Dr City State Zip Code Morgantown, WV 26508		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Occupation West Virginia University Neurosurgeon		Amount of Each Receipt this Period 250.00	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00	
SUBTOTAL of Receipts This Page (optional) .....		450.00	
TOTAL This Period (last page this line number only) .....			

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

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for each category of the  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Webby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) Bruce Smoller</p>		<p>Date of Receipt MM / DD / YYYY 06 / 16 / 2014</p>	
<p>A. Mailing Address 9712 Hall Road City State Zip Code Potomac, MD 20854</p>		<p>Amount of Each Receipt this Period 100.00</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 200.00</p>	
<p>Name of Employer Bruce Smoller MD PA</p>		<p>Occupation Physician</p>	
<p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 200.00</p>	
<p>Full Name (Last, First, Middle Initial) Christina West</p>		<p>Date of Receipt MM / DD / YYYY 06 / 16 / 2014</p>	
<p>B. Mailing Address 3042 Tolkien Lane City State Zip Code Lake Oswego, OR 97034</p>		<p>Amount of Each Receipt this Period 250.00</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 350.00</p>	
<p>Name of Employer</p>		<p>Occupation Retired</p>	
<p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 350.00</p>	
<p>Full Name (Last, First, Middle Initial) Robert Wilson</p>		<p>Date of Receipt MM / DD / YYYY 06 / 16 / 2014</p>	
<p>C. Mailing Address 620 Sand Hill Road #413G City State Zip Code Palo Alto, CA 93404</p>		<p>Amount of Each Receipt this Period 100.00</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 200.00</p>	
<p>Name of Employer</p>		<p>Occupation Retired</p>	
<p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 200.00</p>	
<p>SUBTOTAL of Receipts This Page (optional) .....</p>		<p>450.00</p>	
<p>TOTAL This Period (last page this line number only) .....</p>		<p></p>	

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) Margaret Young</p> <p>A. Mailing Address 882 Sacred Falls Dr City State Zip Code Redmond, OR 97756</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation Retired</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date 200.00</p>		<p>Date of Receipt MM / DD / YYYY 06 / 16 / 2014</p> <p>Amount of Each Receipt this Period 100.00</p>
<p>Full Name (Last, First, Middle Initial) Eddie Chapman</p> <p>B. Mailing Address 2618 Strassburg Dr City State Zip Code Forest Grove, OR 97116</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation Retired</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date 1,200.00</p>		<p>Date of Receipt MM / DD / YYYY 06 / 17 / 2014</p> <p>Amount of Each Receipt this Period 250.00</p>
<p>Full Name (Last, First, Middle Initial) Robert Coppess</p> <p>C. Mailing Address 15117 272nd Pl NE City State Zip Code Duvall, WA 98019</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation Holland Partners Group Executive</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date 500.00</p>		<p>Date of Receipt MM / DD / YYYY 06 / 17 / 2014</p> <p>Amount of Each Receipt this Period 500.00</p>
<p>SUBTOTAL of Receipts This Page (optional) .....</p> <p>TOTAL This Period (last page this line number only) .....</p>		<p>850.00</p>

**SCHEDULE A (FEC Form 3)**  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) A. Clarence Greene Jr</p> <p>Mailing Address 300 Lake Marina Ave # 9 D City State Zip Code New Orleans, LA 70124</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Children's Hospital New Orleans Occupation Pediatric Neurosurgeon</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="2,250.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="17"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="250.00"/></p>
<p>Full Name (Last, First, Middle Initial) B. Roger Hudgins</p> <p>Mailing Address 21 Furnace St #902 City State Zip Code Akron, OH 44308</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Akron Children's Hospital Occupation Physician</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="5,200.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="17"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="2,600.00"/></p>
<p>Full Name (Last, First, Middle Initial) C. Richard Jenkins</p> <p>Mailing Address 2540 Braewood Ln City State Zip Code Eugene, OR 97405</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation Retired</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="200.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="17"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="100.00"/></p>
<p>SUBTOTAL of Receipts This Page (optional) .....</p> <p>TOTAL This Period (last page this line number only) .....</p>		<p><input type="text" value="2,950.00"/></p> <p><input type="text" value=""/></p>

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) Lori Shoaf</p> <p>A. Mailing Address 1300 S Arlington Ridge Rd, Apt 706 City State Zip Code Arlington, VA 22202</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Blue Cross &amp; Blue Shield Association Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Occupation Federal Relations Election Cycle-to-Date <input type="text" value="250.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="17"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="250.00"/></p>
<p>Full Name (Last, First, Middle Initial) Edward Anderson</p> <p>B. Mailing Address 1054 Abbie Ln City State Zip Code Eugene, OR 97401</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation Retired Election Cycle-to-Date <input type="text" value="250.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="18"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="250.00"/></p>
<p>Full Name (Last, First, Middle Initial) Avon Babb</p> <p>C. Mailing Address 1500 E College Way, Suite #448 City State Zip Code Mount Vernon, WA 98273</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation Retired Election Cycle-to-Date <input type="text" value="5,200.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="18"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="2,600.00"/></p>
<p>SUBTOTAL of Receipts This Page (optional) .....</p> <p>TOTAL This Period (last page this line number only) .....</p>		<p><input type="text" value="3,100.00"/></p> <p><input type="text" value=""/></p>

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) A. Avon Babb</p> <p>Mailing Address 1500 E College Way, Suite #448 City State Zip Code Mount Vernon, WA 98273</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation Retired</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date 5,200.00</p>		<p>Date of Receipt MM / DD / YYYY 06 / 18 / 2014</p> <p>Amount of Each Receipt this Period 2,600.00</p>
<p>Full Name (Last, First, Middle Initial) B. Ann Donnelly</p> <p>Mailing Address 4305 Oregon Drive City State Zip Code Vancouver, WA 98661</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation Black &amp; Veatch Director</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date 400.00</p>		<p>Date of Receipt MM / DD / YYYY 06 / 18 / 2014</p> <p>Amount of Each Receipt this Period 100.00</p>
<p>Full Name (Last, First, Middle Initial) C. Raissa Downs</p> <p>Mailing Address 1016 South Carolina Ave SE City State Zip Code Washington, DC 20003</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation Tarplin, Downs &amp; Young LLC Consultant</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date 500.00</p>		<p>Date of Receipt MM / DD / YYYY 06 / 18 / 2014</p> <p>Amount of Each Receipt this Period 250.00</p>
<p>SUBTOTAL of Receipts This Page (optional) .....</p> <p>TOTAL This Period (last page this line number only) .....</p>		<p>2,950.00</p>

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

A. Full Name (Last, First, Middle Initial)  
Christine Hearst Schwarzman

Mailing Address  
740 Park Ave, 15th Floor  
City State Zip Code  
New York, NY 10021

FEC ID number of contributing federal political committee.

Name of Employer  
N/A

Occupation  
Homemaker

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY  
06 / 18 / 2014

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)  
Herbert Kohler

Mailing Address  
441 Green Tree Rd  
City State Zip Code  
Kohler, WI 53044

FEC ID number of contributing federal political committee.

Name of Employer  
Kohler Company

Occupation  
President

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY  
06 / 18 / 2014

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)  
Leah McCormack

Mailing Address  
119 tindall road  
City State Zip Code  
middletown, NJ 07748

FEC ID number of contributing federal political committee.

Name of Employer  
self

Occupation  
physician

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY  
06 / 18 / 2014

Amount of Each Receipt this Period

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

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

**SCHEDULE A (FEC Form 3)**  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

Full Name (Last, First, Middle Initial) A. David Morgenstern		Date of Receipt MM / DD / YYYY 06 / 18 / 2014	
Mailing Address 414 I St NE City State Zip Code Washington, DC 20002		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Podesta Group		Occupation Principal	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00	
Full Name (Last, First, Middle Initial) B. William Ryan		Date of Receipt MM / DD / YYYY 06 / 18 / 2014	
Mailing Address 11322 Modoc Rd City State Zip Code WHITE CITY, OR 97503		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00	
Name of Employer Self		Occupation Farmer	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 200.00	
Full Name (Last, First, Middle Initial) C. Caroline Swindells		Date of Receipt MM / DD / YYYY 06 / 18 / 2014	
Mailing Address 500 NW Hilltop Dr City State Zip Code Portland, OR 97210		Amount of Each Receipt this Period 2,500.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2,500.00	
Name of Employer N/A		Occupation Homemaker	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2,500.00	
SUBTOTAL of Receipts This Page (optional) .....		2,800.00	
TOTAL This Period (last page this line number only) .....		2,800.00	

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) David Twyver</p>		<p>Date of Receipt MM / DD / YYYY 06 / 18 / 2014</p>	
<p>A. Mailing Address 949 NW Overton St, Unit 312 City State Zip Code Portland, OR 97209</p>		<p>Amount of Each Receipt this Period 1,000.00</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 1,500.00</p>	
<p>Name of Employer Occupation Retired</p>		<p>Election Cycle-to-Date 1,500.00</p>	
<p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 1,500.00</p>	
<p>Full Name (Last, First, Middle Initial) Donald Tykeson</p>		<p>Date of Receipt MM / DD / YYYY 06 / 18 / 2014</p>	
<p>B. Mailing Address 1144 Willagillespie Rd #33 City State Zip Code EUGENE, OR 97401</p>		<p>Amount of Each Receipt this Period 2,000.00</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 5,200.00</p>	
<p>Name of Employer Occupation Tykeson/Associates Enterprises Private Investments</p>		<p>Election Cycle-to-Date 5,200.00</p>	
<p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 5,200.00</p>	
<p>Full Name (Last, First, Middle Initial) Seyed Hossain Aleali</p>		<p>Date of Receipt MM / DD / YYYY 06 / 19 / 2014</p>	
<p>C. Mailing Address 4699 Main St City State Zip Code Bridgeport, CT 06606</p>		<p>Amount of Each Receipt this Period 250.00</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 750.00</p>	
<p>Name of Employer Occupation Medical Specialists-Fairfield MD</p>		<p>Election Cycle-to-Date 750.00</p>	
<p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 750.00</p>	
<p>SUBTOTAL of Receipts This Page (optional).....</p>		<p>3,250.00</p>	
<p>TOTAL This Period (last page this line number only).....</p>		<p></p>	

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) A. Brooks Bock</p> <p>Mailing Address 1700 Lions Ridge Loop City State Zip Code Vail, CO 816575757</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer colorado Mountain Medical, PC</p> <p>Occupation Physician</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="500.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="19"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="250.00"/></p>
<p>Full Name (Last, First, Middle Initial) B. C Boyden Gray</p> <p>Mailing Address 1534 28th St NW City State Zip Code Washington, DC 20007</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Boyden Gray &amp; Associates</p> <p>Occupation Attorney</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="1,000.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="19"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="1,000.00"/></p>
<p>Full Name (Last, First, Middle Initial) C. David Hewkes</p> <p>Mailing Address 215 Rockhill Drive City State Zip Code San Antonio, TX 78209</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer PASA</p> <p>Occupation Physician</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="200.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="19"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="200.00"/></p>
<p>SUBTOTAL of Receipts This Page (optional).....</p> <p>TOTAL This Period (last page this line number only).....</p>		<p><input type="text" value="1,450.00"/></p> <p><input type="text" value=""/></p>

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) A. Marique Spillman</p> <p>Mailing Address 4502 Holland Drive City State Zip Code Dallas, TX 75219</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Texas Oncology</p> <p>Occupation Physician</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="250.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="19"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="250.00"/></p>
<p>Full Name (Last, First, Middle Initial) B. Georgia Tuttle</p> <p>Mailing Address 10 Mack Ave City State Zip Code WEST LEBANON, NH 03784</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Self</p> <p>Occupation Physician</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="600.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="19"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="100.00"/></p>
<p>Full Name (Last, First, Middle Initial) C. Gordon Wheeler</p> <p>Mailing Address 6344 Old Dominion Drive City State Zip Code McLean, VA 22101</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer ACEP</p> <p>Occupation AMR Exec</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="200.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="19"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="200.00"/></p>
<p>SUBTOTAL of Receipts This Page (optional) .....</p> <p>TOTAL This Period (last page this line number only) .....</p>		<p><input type="text" value="550.00"/></p> <p><input type="text" value=""/></p>

**SCHEDULE A (FEC Form 3)**  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p><b>A.</b> Full Name (Last, First, Middle Initial) Joseph Annis</p> <p>Mailing Address 3 Sundown Pkwy City State Zip Code AUSTIN, TX 78746</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">                 Name of Employer Dartmouth-Hitchcock Medical Ctr             </td> <td style="width: 70%;">                 Occupation Physician             </td> </tr> <tr> <td>                 Receipt For: G2014  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify)             </td> <td>                 Election Cycle-to-Date  <div style="border: 1px solid black; padding: 2px; text-align: right;">1,000.00</div> </td> </tr> </table>	Name of Employer Dartmouth-Hitchcock Medical Ctr	Occupation Physician	Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">1,000.00</div>	<p>Date of Receipt  <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY  06 / 20 / 2014 </div> </p> <p>Amount of Each Receipt this Period  <div style="border: 1px solid black; padding: 2px; text-align: right;">250.00</div> </p>
Name of Employer Dartmouth-Hitchcock Medical Ctr	Occupation Physician				
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">1,000.00</div>				
<p><b>B.</b> Full Name (Last, First, Middle Initial) Mark Bair</p> <p>Mailing Address 6048 W. Dry Creek Circle City State Zip Code Highland, UT 84003</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">                 Name of Employer self             </td> <td style="width: 70%;">                 Occupation physician             </td> </tr> <tr> <td>                 Receipt For: G2014  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify)             </td> <td>                 Election Cycle-to-Date  <div style="border: 1px solid black; padding: 2px; text-align: right;">500.00</div> </td> </tr> </table>	Name of Employer self	Occupation physician	Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">500.00</div>	<p>Date of Receipt  <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY  06 / 20 / 2014 </div> </p> <p>Amount of Each Receipt this Period  <div style="border: 1px solid black; padding: 2px; text-align: right;">250.00</div> </p>
Name of Employer self	Occupation physician				
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">500.00</div>				
<p><b>C.</b> Full Name (Last, First, Middle Initial) Joanne Bryson</p> <p>Mailing Address 22943 SW Boones Ferry Rd City State Zip Code TUALATIN, OR 97062</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">                 Name of Employer OMA             </td> <td style="width: 70%;">                 Occupation EVP/CEO             </td> </tr> <tr> <td>                 Receipt For: G2014  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify)             </td> <td>                 Election Cycle-to-Date  <div style="border: 1px solid black; padding: 2px; text-align: right;">1,000.00</div> </td> </tr> </table>	Name of Employer OMA	Occupation EVP/CEO	Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">1,000.00</div>	<p>Date of Receipt  <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY  06 / 20 / 2014 </div> </p> <p>Amount of Each Receipt this Period  <div style="border: 1px solid black; padding: 2px; text-align: right;">500.00</div> </p>
Name of Employer OMA	Occupation EVP/CEO				
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">1,000.00</div>				
<p>SUBTOTAL of Receipts This Page (optional) .....</p> <p>TOTAL This Period (last page this line number only) .....</p>		<div style="border: 1px solid black; padding: 2px; text-align: right; margin-bottom: 5px;">1,000.00</div> <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>			

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p><b>A.</b> Full Name (Last, First, Middle Initial) Gerald Callas</p> <p>Mailing Address 4240 Brownstone Drive City State Zip Code Beaumont, TX 77706</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Self Employed Occupation Anesthesiologist</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">20</span> / <span style="border: 1px solid black; padding: 2px;">2014</span></p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">500.00</span></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Cal Cannon</p> <p>Mailing Address 2730 NW Nightfall Cir City State Zip Code Bend, OR 97701</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Retired</p> <p>Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <span style="border: 1px solid black; padding: 2px;">5,200.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">20</span> / <span style="border: 1px solid black; padding: 2px;">2014</span></p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">2,600.00</span></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Cal Cannon</p> <p>Mailing Address 2730 NW Nightfall Cir City State Zip Code Bend, OR 97701</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Retired</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <span style="border: 1px solid black; padding: 2px;">5,200.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">20</span> / <span style="border: 1px solid black; padding: 2px;">2014</span></p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">2,600.00</span></p>
<p>SUBTOTAL of Receipts This Page (optional).....</p> <p>TOTAL This Period (last page this line number only).....</p>	

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) Nijad Fares</p> <p>A. Mailing Address PO Box 130688 City State Zip Code Houston, TX 77219</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Link Group Occupation Investor</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="2,600.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="2,600.00"/></p>
<p>Full Name (Last, First, Middle Initial) Zeina Fares</p> <p>B. Mailing Address PO Box 130688 City State Zip Code Houston, TX 77219</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Homemaker Occupation Homemaker</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="2,600.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="2,600.00"/></p>
<p>Full Name (Last, First, Middle Initial) David Fleeger</p> <p>C. Mailing Address 3118 Edgewater Dr City State Zip Code Austin, TX 78733</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer self Occupation physician</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="250.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="250.00"/></p>
<p>SUBTOTAL of Receipts This Page (optional).....</p> <p>TOTAL This Period (last page this line number only).....</p>		<p><input type="text" value="5,450.00"/></p> <p><input type="text" value=""/></p>

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<b>A.</b> Full Name (Last, First, Middle Initial) Steve Fleschman		Date of Receipt MM / DD / YYYY 06 / 20 / 2014	
Mailing Address City State Zip Code Milwaukie, OR 97222		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Occupation Physician			
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00	
<b>B.</b> Full Name (Last, First, Middle Initial) William Gilmer		Date of Receipt MM / DD / YYYY 06 / 20 / 2014	
Mailing Address 2323 Dunston Road City State Zip Code Houston, TX 77005		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Occupation Physician			
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00	
<b>C.</b> Full Name (Last, First, Middle Initial) Ravi Goel		Date of Receipt MM / DD / YYYY 06 / 20 / 2014	
Mailing Address 25 Parnell Drive City State Zip Code Cherry Hill, NY 08003		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer physician Occupation regional eye			
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00	
SUBTOTAL of Receipts This Page (optional) .....		1,000.00	
TOTAL This Period (last page this line number only) .....			

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) Christopher Gribben</p>		<p>Date of Receipt MM / DD / YYYY 06 / 20 / 2014</p>	
<p>Mailing Address 163 Brookstore Drive City State Zip Code Princeton, NJ 08540</p>		<p>Amount of Each Receipt this Period 250.00</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 250.00</p>	
<p>Name of Employer university radiology group</p>		<p>Occupation physician</p>	
<p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 250.00</p>	
<p>Full Name (Last, First, Middle Initial) Gerald Hasmon</p>		<p>Date of Receipt MM / DD / YYYY 06 / 20 / 2014</p>	
<p>Mailing Address 117 Shearwater Court City State Zip Code Georgetown, SC 29440</p>		<p>Amount of Each Receipt this Period 500.00</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 500.00</p>	
<p>Name of Employer Self Employed</p>		<p>Occupation Physician</p>	
<p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 500.00</p>	
<p>Full Name (Last, First, Middle Initial) James Hinsdale</p>		<p>Date of Receipt MM / DD / YYYY 06 / 20 / 2014</p>	
<p>Mailing Address 20073 Kilbride Dr City State Zip Code Saratoga, CA 95070</p>		<p>Amount of Each Receipt this Period 1,000.00</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 1,000.00</p>	
<p>Name of Employer Self Employed</p>		<p>Occupation Trauma Surgeon</p>	
<p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 3,000.00</p>	
<p>SUBTOTAL of Receipts This Page (optional) .....</p>		<p>1,750.00</p>	
<p>TOTAL This Period (last page this line number only) .....</p>		<p></p>	

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) Robert Hughes</p> <p>A. Mailing Address 125 Manns Road City State Zip Code Queensburg, NY 12804</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer self Occupation physician</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="500.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="250.00"/></p>
<p>Full Name (Last, First, Middle Initial) Garry Katz</p> <p>B. Mailing Address 7918 Wisteria Ct City State Zip Code Dublin, OH 43106</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Premier Physician Services Occupation Physician</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="200.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="200.00"/></p>
<p>Full Name (Last, First, Middle Initial) John Knot</p> <p>C. Mailing Address 205 Rosebrunk Loop City State Zip Code W. Lafayette, OR 47906</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer none Occupation retired</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="250.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="250.00"/></p>
<p>SUBTOTAL of Receipts This Page (optional) .....</p> <p>TOTAL This Period (last page this line number only) .....</p>		<p><input type="text" value="700.00"/></p> <p><input type="text" value=""/></p>

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) <b>A. Russell Libby</b></p> <p>Mailing Address 1347 Lamad Dr City State Zip Code McLean, VA 22102</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Va. Pediatric Group Ltd</p> <p>Occupation Physician</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="500.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="250.00"/></p>
<p>Full Name (Last, First, Middle Initial) <b>B. Asa Lockhart</b></p> <p>Mailing Address 2106 Kennebunk Lane City State Zip Code Tyler, TX 75703</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer GCC</p> <p>Occupation Consultant</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="250.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="250.00"/></p>
<p>Full Name (Last, First, Middle Initial) <b>C. Katie Denise Lozano</b></p> <p>Mailing Address 5991 South High Court City State Zip Code Centennial, CO 80121</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Radiology Imaging Associates and Invis</p> <p>Occupation physician</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="500.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="250.00"/></p>
<p>SUBTOTAL of Receipts This Page (optional) .....</p> <p>TOTAL This Period (last page this line number only) .....</p>		<p><input type="text" value="750.00"/></p> <p><input type="text" value=""/></p>

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) Robert Morrow</p>		<p>Date of Receipt MM / DD / YYYY 06 / 20 / 2014</p>	
<p>A. Mailing Address 2514 Encino Lane City State Zip Code Sugarland, TX 77478</p>		<p>Amount of Each Receipt this Period 250.00</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 250.00</p>	
<p>Name of Employer BCBSTX</p>		<p>Occupation Physician</p>	
<p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 250.00</p>	
<p>Full Name (Last, First, Middle Initial) Neal Moser</p>		<p>Date of Receipt MM / DD / YYYY 06 / 20 / 2014</p>	
<p>B. Mailing Address 3216 Mish Ridge Drive City State Zip Code Taylor Hill, KY 41015</p>		<p>Amount of Each Receipt this Period 250.00</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 250.00</p>	
<p>Name of Employer St. Elizabeth Physicians</p>		<p>Occupation Physician</p>	
<p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 250.00</p>	
<p>Full Name (Last, First, Middle Initial) William Pease</p>		<p>Date of Receipt MM / DD / YYYY 06 / 20 / 2014</p>	
<p>C. Mailing Address 4103 Clairmont Road City State Zip Code Columbus, OH 43220</p>		<p>Amount of Each Receipt this Period 250.00</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 250.00</p>	
<p>Name of Employer ohio state university</p>		<p>Occupation physician</p>	
<p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 250.00</p>	
<p>SUBTOTAL of Receipts This Page (optional) .....</p>		<p>750.00</p>	
<p>TOTAL This Period (last page this line number only) .....</p>		<p></p>	

**SCHEDULE A (FEC Form 3)**  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<b>A.</b> Full Name (Last, First, Middle Initial) Nirantan Rao		<b>Date of Receipt</b> MM / DD / YYYY 06 / 20 / 2014	
<b>Mailing Address</b> 78 Easton Ave City State Zip Code New Brunswick, NJ 08901		<b>Amount of Each Receipt this Period</b> 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer none		Occupation none	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>Election Cycle-to-Date</b> 250.00	
<b>B.</b> Full Name (Last, First, Middle Initial) Larry Rezves		<b>Date of Receipt</b> MM / DD / YYYY 06 / 20 / 2014	
<b>Mailing Address</b> 800 8th Ave City State Zip Code Port Worth, TX 76109		<b>Amount of Each Receipt this Period</b> 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Texas Health Care PLCC		Occupation Physician	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>Election Cycle-to-Date</b> 250.00	
<b>C.</b> Full Name (Last, First, Middle Initial) Sharon Richens		<b>Date of Receipt</b> MM / DD / YYYY 06 / 20 / 2014	
<b>Mailing Address</b> 1615 N. Hummingbird Dr City State Zip Code St. George, UT 84770		<b>Amount of Each Receipt this Period</b> 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer self		Occupation physician	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>Election Cycle-to-Date</b> 500.00	
<b>SUBTOTAL of Receipts This Page (optional)</b> .....		750.00	
<b>TOTAL This Period (last page this line number only)</b> .....			

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<b>A.</b> Full Name (Last, First, Middle Initial) Sarah Smiley		<b>Date of Receipt</b> MM / DD / YYYY 06 / 20 / 2014	
<b>Mailing Address</b> 2600 Slow Turtle CV City State Zip Code Austin, TX 78746		<b>Amount of Each Receipt this Period</b> 500.00	
<b>FEC ID number of contributing federal political committee.</b> C			
<b>Name of Employer</b> Self Employed		<b>Occupation</b> Physician	
<b>Receipt For: G2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>Election Cycle-to-Date</b> 500.00	
<b>B.</b> Full Name (Last, First, Middle Initial) Ann Stroink		<b>Date of Receipt</b> MM / DD / YYYY 06 / 20 / 2014	
<b>Mailing Address</b> 1015 S. Mercer Ave. City State Zip Code BLOOMINGTON, IL 61701		<b>Amount of Each Receipt this Period</b> 500.00	
<b>FEC ID number of contributing federal political committee.</b> C			
<b>Name of Employer</b> Self		<b>Occupation</b> Neurosurgeon	
<b>Receipt For: G2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>Election Cycle-to-Date</b> 2,500.00	
<b>C.</b> Full Name (Last, First, Middle Initial) Linda Tarplin		<b>Date of Receipt</b> MM / DD / YYYY 06 / 20 / 2014	
<b>Mailing Address</b> 2103 Powhatan Street City State Zip Code Falls Church, VA 22043		<b>Amount of Each Receipt this Period</b> 250.00	
<b>FEC ID number of contributing federal political committee.</b> C			
<b>Name of Employer</b> Tarplin, Downs & Young, LLC		<b>Occupation</b> Lobbyist	
<b>Receipt For: G2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>Election Cycle-to-Date</b> 250.00	
<b>SUBTOTAL of Receipts This Page (optional)</b> .....		1,250.00	
<b>TOTAL This Period (last page this line number only)</b> .....			

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NAME OF COMMITTEE (In Full)  
Dr. Monica Webby for U.S. Senate

Full Name (Last, First, Middle Initial) A. Arlo Withe		Date of Receipt MM / DD / YYYY 06 / 20 / 2014	
Mailing Address 5213 Valeve St City State Zip Code Sellore, TX 77401		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Occupation physician	Election Cycle-to-Date 250.00	
Name of Employer ut houston med school	Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Full Name (Last, First, Middle Initial) B. Tom Elmore		Date of Receipt MM / DD / YYYY 06 / 22 / 2014	
Mailing Address 34198 Rudds Ct City State Zip Code Scappoose, OR 97056		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Occupation Truck Driver	Election Cycle-to-Date 250.00	
Name of Employer Reddaway Truck Lines	Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Full Name (Last, First, Middle Initial) C. Paul McGee		Date of Receipt MM / DD / YYYY 06 / 22 / 2014	
Mailing Address 2424 Greentree Rd City State Zip Code Lake Oswego, OR 97034		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	Occupation Institutional Stockbroker	Election Cycle-to-Date 750.00	
Name of Employer Precision Securities	Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
SUBTOTAL of Receipts This Page (optional).....		1,000.00	
TOTAL This Period (last page this line number only).....			

**SCHEDULE A (FEC Form 3)**  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) David Bockorny</p>		<p>Date of Receipt MM / DD / YYYY 06 / 23 / 2014</p>	
<p>Mailing Address 1101 16 Street, Suite 500 City State Zip Code Washington, DC 20036</p>		<p>Amount of Each Receipt this Period 250.00</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 250.00</p>	
<p>Name of Employer The Bockorny Group</p>		<p>Occupation Public Affair</p>	
<p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 250.00</p>	
<p>Full Name (Last, First, Middle Initial) Thomas Buckholtz</p>		<p>Date of Receipt MM / DD / YYYY 06 / 23 / 2014</p>	
<p>Mailing Address 157 Westridge Drive City State Zip Code Portola Valley, CA 94028</p>		<p>Amount of Each Receipt this Period 500.00</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 500.00</p>	
<p>Name of Employer Self Employed</p>		<p>Occupation Business Advis</p>	
<p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 500.00</p>	
<p>Full Name (Last, First, Middle Initial) Donald Coote</p>		<p>Date of Receipt MM / DD / YYYY 06 / 23 / 2014</p>	
<p>Mailing Address 477 SW Augustus Drive City State Zip Code Dallas, OR 97338</p>		<p>Amount of Each Receipt this Period 100.00</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 100.00</p>	
<p>Name of Employer Self</p>		<p>Occupation Retired</p>	
<p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 375.00</p>	
<p>SUBTOTAL of Receipts This Page (optional).....</p>		<p>850.00</p>	
<p>TOTAL This Period (last page this line number only).....</p>		<p></p>	

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

Full Name (Last, First, Middle Initial) <b>A. Stephen Duffy</b>		Date of Receipt MM / DD / YYYY 06 / 23 / 2014	
Mailing Address 3315 Stephenson Pl NW City State Zip Code Washington, DC 20013			
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer AAPRS	Occupation CEO		
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1,250.00		
Full Name (Last, First, Middle Initial) <b>B. Pamela Garvie</b>		Date of Receipt MM / DD / YYYY 06 / 23 / 2014	
Mailing Address 202 N Columbus St City State Zip Code Alexandria, VA 22314			
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer KL Gates	Occupation Public Affairs		
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		
Full Name (Last, First, Middle Initial) <b>C. David Granger</b>		Date of Receipt MM / DD / YYYY 06 / 23 / 2014	
Mailing Address 5605 SE Scenic Ln #301 City State Zip Code VANCOUVER, WA 98661			
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00	
Name of Employer GRANGER CAPITAL FUNDING LLC	Occupation President		
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1,250.00		
SUBTOTAL of Receipts This Page (optional).....		1,250.00	
TOTAL This Period (last page this line number only).....			

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) A. Jerry Hanson</p> <p>Mailing Address 17150 Wild Way City State Zip Code Los Gatos, CA 95030</p> <p>FEC ID number of contributing federal political committee. <input type="checkbox"/> C</p> <p>Name of Employer Occupation Retired</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date</p>		<p>Date of Receipt MM / DD / YYYY 06 / 23 / 2014</p> <p>Amount of Each Receipt this Period 200.00</p>
<p>Full Name (Last, First, Middle Initial) B. Vicki Hart</p> <p>Mailing Address 3823 Fordham Rd NW City State Zip Code Washington, DC 20016</p> <p>FEC ID number of contributing federal political committee. <input type="checkbox"/> C</p> <p>Name of Employer Occupation Hart Strategies Attorney</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date</p>		<p>Date of Receipt MM / DD / YYYY 06 / 23 / 2014</p> <p>Amount of Each Receipt this Period 1,600.00</p>
<p>Full Name (Last, First, Middle Initial) C. Stephen Imbeau</p> <p>Mailing Address 800 E Cherry St. City State Zip Code Florence, SC 29506</p> <p>FEC ID number of contributing federal political committee. <input type="checkbox"/> C</p> <p>Name of Employer Occupation AASC Physician</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date</p>		<p>Date of Receipt MM / DD / YYYY 06 / 23 / 2014</p> <p>Amount of Each Receipt this Period 500.00</p>
<p>SUBTOTAL of Receipts This Page (optional).....</p> <p>TOTAL This Period (last page this line number only).....</p>		<p>2,300.00</p>

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

Full Name (Last, First, Middle Initial) Franklin Johnson		Date of Receipt MM / DD / YYYY 06 / 23 / 2014	
A. Mailing Address 1411 Edgewood Dr City State Zip Code Palo Alto, CA 94301			
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2,600.00	
Name of Employer Asset Management Company	Occupation Sole Proprietor		
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5,200.00		
Full Name (Last, First, Middle Initial) Franklin Johnson		Date of Receipt MM / DD / YYYY 06 / 23 / 2014	
B. Mailing Address 1411 Edgewood Dr City State Zip Code Palo Alto, CA 94301			
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2,600.00	
Name of Employer Asset Management Company	Occupation Sole Proprietor		
Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5,200.00		
Full Name (Last, First, Middle Initial) Edwin Kahl		Date of Receipt MM / DD / YYYY 06 / 23 / 2014	
C. Mailing Address 580 Whiskey Hill Rd City State Zip Code Woodside, CA 94062			
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00	
Name of Employer Self Employed	Occupation Real Estate Agent		
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 200.00		
SUBTOTAL of Receipts This Page (optional) .....		5,400.00	
TOTAL This Period (last page this line number only) .....			

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) A. Ronald Kirkland</p> <p>Mailing Address 107 Tuckahoe Rd. City State Zip Code JACKSON, TN 38305</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer The Jackson Clinic</p> <p>Occupation Physician</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="1,250.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="250.00"/></p>
<p>Full Name (Last, First, Middle Initial) B. John Lovewell</p> <p>Mailing Address 700 Emerson St City State Zip Code Palo Alto, CA 94301</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Lovewell Company</p> <p>Occupation Real Estate Developer</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="500.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="500.00"/></p>
<p>Full Name (Last, First, Middle Initial) C. Diane Major</p> <p>Mailing Address 2232 Westwood Pl City State Zip Code Falls Church, VA 22043</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer D Major Group</p> <p>Occupation CEO</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="250.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="250.00"/></p>
<p>SUBTOTAL of Receipts This Page (optional).....</p>		<p><input type="text" value="1,000.00"/></p>
<p>TOTAL This Period (last page this line number only).....</p>		<p><input type="text" value=""/></p>

**SCHEDULE A (FEC Form 3)**  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

Full Name (Last, First, Middle Initial)

A. Joe Pauletto

Mailing Address

4211 NW 118th Circle

City

State

Zip Code

Vancouver, WA 98685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation  
retired

Receipt For: G2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

3,600.00

Date of Receipt

MM / DD / YYYY  
06 / 23 / 2014

Amount of Each Receipt this Period

2,600.00

Full Name (Last, First, Middle Initial)

B. John Ritchie

Mailing Address

9005 Mt Lassen Ave

City

State

Zip Code

Vancouver, WA 98664

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Great Northern Asset  
Management, LLC

Occupation  
Financial Advisor

Receipt For: G2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

MM / DD / YYYY  
06 / 23 / 2014

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Millard F Roberts

Mailing Address

3505 Se 176th Avenue

City

State

Zip Code

Vancouver, WA 98683

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Retired

Receipt For: G2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

450.00

Date of Receipt

MM / DD / YYYY  
06 / 23 / 2014

Amount of Each Receipt this Period

300.00

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

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

3,400.00

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

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

Full Name (Last, First, Middle Initial) A. Tad Taube		Date of Receipt MM / DD / YYYY 06 / 23 / 2014
Mailing Address 1050 Ralston Avenue City Belmont, CA 94002 State Zip Code		
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1,000.00	
Name of Employer Taube Investment Inc	Occupation President	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1,000.00	
Full Name (Last, First, Middle Initial) B. Tracy Taylor		Date of Receipt MM / DD / YYYY 06 / 23 / 2014
Mailing Address 121 West Maple Street City Alexandria, VA 22301 State Zip Code		
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Williams & Jensen, PLLC	Occupation Attorney	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	
Full Name (Last, First, Middle Initial) C. Todd Walker		Date of Receipt MM / DD / YYYY 06 / 23 / 2014
Mailing Address 903 Banbury Ct City Mclean, VA 22012 State Zip Code		
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Altria	Occupation Executive	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	
SUBTOTAL of Receipts This Page (optional).....		1,500.00
TOTAL This Period (last page this line number only).....		

14020590140

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

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) Greg Wendt</p> <p>A. Mailing Address 1 Market St, Stewart Tower 2000 City State Zip Code San Francisco, CA 94105</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Capital Group Occupation Finance</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="1,000.00"/></p>		<p>Date of Receipt MM / DD / YYYY 06 / 23 / 2014</p> <p>Amount of Each Receipt this Period <input type="text" value="1,000.00"/></p>
<p>Full Name (Last, First, Middle Initial) Richard Akerman</p> <p>B. Mailing Address 919 Westpoint Rd City State Zip Code Lake Oswego, OR 97034</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Self Employed Occupation Investor</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="200.00"/></p>		<p>Date of Receipt MM / DD / YYYY 06 / 24 / 2014</p> <p>Amount of Each Receipt this Period <input type="text" value="200.00"/></p>
<p>Full Name (Last, First, Middle Initial) Patricia Apregan</p> <p>C. Mailing Address PO Box 2184 City State Zip Code SISTERS, OR 97759</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Self Employed Occupation Rancher</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="300.00"/></p>		<p>Date of Receipt MM / DD / YYYY 06 / 24 / 2014</p> <p>Amount of Each Receipt this Period <input type="text" value="250.00"/></p>
<p>SUBTOTAL of Receipts This Page (optional).....</p> <p>TOTAL This Period (last page this line number only).....</p>		<p><input type="text" value="1,450.00"/></p> <p><input type="text" value=""/></p>

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) A. Scott Arighi</p> <p>Mailing Address 12853 S Casto Rd City State Zip Code OREGON CITY, OR 97045</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation Retired</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="300.00"/></p>		<p>Date of Receipt MM / DD / YYYY 06 / 24 / 2014</p> <p>Amount of Each Receipt this Period <input type="text" value="100.00"/></p>
<p>Full Name (Last, First, Middle Initial) B. Priscilla Arnold</p> <p>Mailing Address 481 Ashland Loop Rd City State Zip Code Ashland, OR 97520</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation Retired</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="250.00"/></p>		<p>Date of Receipt MM / DD / YYYY 06 / 24 / 2014</p> <p>Amount of Each Receipt this Period <input type="text" value="250.00"/></p>
<p>Full Name (Last, First, Middle Initial) C. Patrick Benavides</p> <p>Mailing Address 13719 Rogers Rd City State Zip Code Lake Oswego, OR 97035</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation VP &amp; General Manager Tube Forgings Of Amer Inc</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="550.00"/></p>		<p>Date of Receipt MM / DD / YYYY 06 / 24 / 2014</p> <p>Amount of Each Receipt this Period <input type="text" value="300.00"/></p>
<p>SUBTOTAL of Receipts This Page (optional) .....</p> <p>TOTAL This Period (last page this line number only) .....</p>		<p><input type="text" value="650.00"/></p> <p><input type="text" value=""/></p>

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) A. Floyd Bennett</p>		<p>Date of Receipt MM / DD / YYYY 06 / 24 / 2014</p>	
<p>Mailing Address 12101 Se 36th Ave City State Zip Code Milwaukie, OR 97222</p>			
<p>FEC ID number of contributing federal political committee. <input type="checkbox"/> C</p>		<p>Amount of Each Receipt this Period 1,000.00</p>	
<p>Name of Employer Occupation Retired</p>			
<p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 1,250.00</p>	
<p>Full Name (Last, First, Middle Initial) B. Carrie Bingaman</p>		<p>Date of Receipt MM / DD / YYYY 06 / 24 / 2014</p>	
<p>Mailing Address PO Box 56 City State Zip Code Imbier, OR 97841</p>			
<p>FEC ID number of contributing federal political committee. <input type="checkbox"/> C</p>		<p>Amount of Each Receipt this Period 100.00</p>	
<p>Name of Employer Occupation</p>			
<p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 200.00</p>	
<p>Full Name (Last, First, Middle Initial) C. R-Dale Blasier</p>		<p>Date of Receipt MM / DD / YYYY 06 / 24 / 2014</p>	
<p>Mailing Address 205 Hickory Creek Ct City State Zip Code Little Rock, AK 72212</p>			
<p>FEC ID number of contributing federal political committee. <input type="checkbox"/> C</p>		<p>Amount of Each Receipt this Period 100.00</p>	
<p>Name of Employer Occupation Arkansas Childrens Hospital Orthopaedic</p>			
<p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 350.00</p>	
<p>SUBTOTAL of Receipts This Page (optional).....</p>		<p>1,200.00</p>	
<p>TOTAL This Period (last page this line number only).....</p>			

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

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) David Bosley</p> <p>A. Mailing Address 14675 SW 133rd Ave City State Zip Code Tigard, OR 97224</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Best Efforts Occupation Requested</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="200.00"/></p>		<p>Date of Receipt MM / DD / YYYY 06 / 24 / 2014</p> <p>Amount of Each Receipt this Period <input type="text" value="100.00"/></p>
<p>Full Name (Last, First, Middle Initial) William Brown</p> <p>B. Mailing Address 36905 SW Goddard Rd City State Zip Code Cornelius, OR 97113</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Squires Electronic Occupation Manager</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="200.00"/></p>		<p>Date of Receipt MM / DD / YYYY 06 / 24 / 2014</p> <p>Amount of Each Receipt this Period <input type="text" value="200.00"/></p>
<p>Full Name (Last, First, Middle Initial) Eldon Buckner</p> <p>C. Mailing Address 13967 Hunt Mountain Ln City State Zip Code BAKER CITY, OR 97814</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Self Employed Occupation Rancher</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="200.00"/></p>		<p>Date of Receipt MM / DD / YYYY 06 / 24 / 2014</p> <p>Amount of Each Receipt this Period <input type="text" value="100.00"/></p>
<p>SUBTOTAL of Receipts This Page (optional).....</p> <p>TOTAL This Period (last page this line number only).....</p>		<p><input type="text" value="400.00"/></p> <p><input type="text" value=""/></p>

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

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) Palmer Byrkit</p>		<p>Date of Receipt MM / DD / YYYY 06 / 24 / 2014</p>	
<p>A. Mailing Address PO Box 91597 City State Zip Code Portland, OR 97291</p>		<p>Amount of Each Receipt this Period 250.00</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 250.00</p>	
<p>Name of Employer Occupation Retired</p>		<p>Amount of Each Receipt this Period 250.00</p>	
<p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 500.00</p>	
<p>Full Name (Last, First, Middle Initial) Edmond Cababbe</p>		<p>Date of Receipt MM / DD / YYYY 06 / 24 / 2014</p>	
<p>B. Mailing Address 10004 Kennerly Rd #365B City State Zip Code Saint Louis, MO 63128</p>		<p>Amount of Each Receipt this Period 250.00</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 250.00</p>	
<p>Name of Employer Occupation physician</p>		<p>Amount of Each Receipt this Period 250.00</p>	
<p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 250.00</p>	
<p>Full Name (Last, First, Middle Initial) John Camp</p>		<p>Date of Receipt MM / DD / YYYY 06 / 24 / 2014</p>	
<p>C. Mailing Address 34296 Kamph Dr NE City State Zip Code Albany, OR 97322</p>		<p>Amount of Each Receipt this Period 100.00</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 100.00</p>	
<p>Name of Employer Occupation Retired</p>		<p>Amount of Each Receipt this Period 100.00</p>	
<p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 200.00</p>	
<p>SUBTOTAL of Receipts This Page (optional).....</p>		<p>600.00</p>	
<p>TOTAL This Period (last page this line number only).....</p>		<p></p>	

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

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

Full Name (Last, First, Middle Initial)

A. Kira Geraci Ciardullo

Mailing Address

135 Osborn Rd

City

State

Zip Code

Harrison, NY 10528

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Physician

Receipt For: G2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

MM / DD / YYYY  
06 / 24 / 2014

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Susan Cook

Mailing Address

14980 SW Telluride Ct

City

State

Zip Code

Beaverton, OR 97007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Best Efforts

Occupation  
Requested

Receipt For: G2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

MM / DD / YYYY  
06 / 24 / 2014

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Dean Crabbs

Mailing Address

PO Box 15

City

State

Zip Code

Redmond, OR 97918

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Retired

Receipt For: G2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1,000.00

Date of Receipt

MM / DD / YYYY  
06 / 24 / 2014

Amount of Each Receipt this Period

1,000.00

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

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

1,350.00

**SCHEDULE A (FEC Form 3)**  
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for each category of the  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) Daniel Dauenhauer</p>		<p>Date of Receipt MM / DD / YYYY 06 / 24 / 2014</p>	
<p>A. Mailing Address 240 NW 117th Ave Apt307 City State Zip Code Portland, OR 97229</p>		<p>Amount of Each Receipt this Period 100.00</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 200.00</p>	
<p>Name of Employer Occupation Retired</p>		<p>Amount of Each Receipt this Period 500.00</p>	
<p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 500.00</p>	
<p>Full Name (Last, First, Middle Initial) Keith de Sonier</p>		<p>Date of Receipt MM / DD / YYYY 06 / 24 / 2014</p>	
<p>B. Mailing Address 917 Contraband Lane City State Zip Code Lake Charles, LA 70605</p>		<p>Amount of Each Receipt this Period 500.00</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 500.00</p>	
<p>Name of Employer Occupation self physician</p>		<p>Amount of Each Receipt this Period 500.00</p>	
<p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 500.00</p>	
<p>Full Name (Last, First, Middle Initial) Clyde Diller</p>		<p>Date of Receipt MM / DD / YYYY 06 / 24 / 2014</p>	
<p>C. Mailing Address 438 Arvilla Court City State Zip Code SUTHERLIN, OR 97479</p>		<p>Amount of Each Receipt this Period 35.00</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 35.00</p>	
<p>Name of Employer Occupation Retired N/A</p>		<p>Amount of Each Receipt this Period 215.00</p>	
<p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 215.00</p>	
<p>SUBTOTAL of Receipts This Page (optional).....</p>		<p>635.00</p>	
<p>TOTAL This Period (last page this line number only).....</p>		<p></p>	

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

Full Name (Last, First, Middle Initial) Frank Dowing		Date of Receipt MM / DD / YYYY 06 / 24 / 2014	
A. Mailing Address 12 St. Johns Circle City State Zip Code Oakdale, NY 11709		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date 250.00	
Name of Employer self Occupation physician		Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Full Name (Last, First, Middle Initial) Charles E Farles		Date of Receipt MM / DD / YYYY 06 / 24 / 2014	
B. Mailing Address 12535 SW Iron Mtn Blvd City State Zip Code Portland, OR 97219		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date 300.00	
Name of Employer Occupation Retired		Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Full Name (Last, First, Middle Initial) Rudy Fascell		Date of Receipt MM / DD / YYYY 06 / 24 / 2014	
C. Mailing Address 2138 Wembley Pl City State Zip Code Lake Oswego, OR 97034		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date 200.00	
Name of Employer Occupation Retired N/A		Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
SUBTOTAL of Receipts This Page (optional).....		650.00	
TOTAL This Period (last page this line number only).....		650.00	

**SCHEDULE A (FEC Form 3)**  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby For U.S. Senate

<p>Full Name (Last, First, Middle Initial) Dodd Fischer</p>		<p>Date of Receipt MM / DD / YYYY 06 / 24 / 2014</p>	
<p>A. Mailing Address 3075 NW Cornell Rd City State Zip Code Portland, OR 97210</p>		<p>Amount of Each Receipt this Period 1,000.00</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 1,000.00</p>	
<p>Name of Employer Storables Inc</p>		<p>Occupation Retail Manager</p>	
<p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 1,000.00</p>	
<p>Full Name (Last, First, Middle Initial) Stan Fisher</p>		<p>Date of Receipt MM / DD / YYYY 06 / 24 / 2014</p>	
<p>B. Mailing Address 9570 SW Barbur Blve, Suite 315 City State Zip Code Parkdale, OR 97219</p>		<p>Amount of Each Receipt this Period 500.00</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 500.00</p>	
<p>Name of Employer Self Employed</p>		<p>Occupation CPA</p>	
<p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 600.00</p>	
<p>Full Name (Last, First, Middle Initial) Noel Flynn</p>		<p>Date of Receipt MM / DD / YYYY 06 / 24 / 2014</p>	
<p>C. Mailing Address 1361 Country Commons City State Zip Code Lake Oswego, OR 97034</p>		<p>Amount of Each Receipt this Period 250.00</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 250.00</p>	
<p>Name of Employer</p>		<p>Occupation Retired</p>	
<p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 500.00</p>	
<p>SUBTOTAL of Receipts This Page (optional) .....</p>		<p>1,750.00</p>	
<p>TOTAL This Period (last page this line number only) .....</p>		<p></p>	

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

Full Name (Last, First, Middle Initial)

A.

Allyn Ford

Mailing Address

PO Box 1088

City

State

Zip Code

Roseburg, OR 97470

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Roseburg Forest Products

Occupation  
Business Manager

Receipt For: G2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2,600.00

Date of Receipt

MM / DD / YYYY  
06 / 24 / 2014

Amount of Each Receipt this Period

2,600.00

Full Name (Last, First, Middle Initial)

B.

Linda Ford

Mailing Address

215 Shadow Rd

City

State

Zip Code

Bellevue, NE 68005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
n/a

Receipt For: G2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

MM / DD / YYYY  
06 / 24 / 2014

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C.

Martin Glass

Mailing Address

1900 Baseline St

City

State

Zip Code

Cornelius, OR 97113

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: G2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

MM / DD / YYYY  
06 / 24 / 2014

Amount of Each Receipt this Period

100.00

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

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

2,950.00

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

Full Name (Last, First, Middle Initial)

A. Kathy Grant

Mailing Address

2131 Greene St.

City

State

Zip Code

WEST LINN, OR 97068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
N/A

Receipt For: G2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

749.00

Date of Receipt

MM / DD / YYYY  
06 / 24 / 2014

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Joseph Gutierrez

Mailing Address

4120 N. River St

City

State

Zip Code

MCLEAN, VA 22101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Physician

Receipt For: G2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1,000.00

Date of Receipt

MM / DD / YYYY  
06 / 24 / 2014

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Joseph Gutierrez

Mailing Address

4120 N. River St

City

State

Zip Code

MCLEAN, VA 22101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Physician

Receipt For: G2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1,000.00

Date of Receipt

MM / DD / YYYY  
06 / 24 / 2014

Amount of Each Receipt this Period

250.00

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

550.00

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

**SCHEDULE A (FEC Form 3)**  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

Full Name (Last, First, Middle Initial)

A. Ray Hallberg  
Mailing Address

2764 Holy Names Pl

City State Zip Code

LAKE OSWEGO, OR 97034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Home Builder

Receipt For: G2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

MM / DD / YYYY  
06 / 24 / 2014

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Felix Hammack  
Mailing Address

1169 NW Constellation Dr

City State Zip Code

Bend Or,

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Retired

Receipt For: G2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

MM / DD / YYYY  
06 / 24 / 2014

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Don Heard  
Mailing Address

4085 Buck Brush Ln

City State Zip Code

Lake Oswego, OR 97035

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Retired

Receipt For: G2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

700.00

Date of Receipt

MM / DD / YYYY  
06 / 24 / 2014

Amount of Each Receipt this Period

100.00

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

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

400.00

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

Full Name (Last, First, Middle Initial)

A. Robert Herman

Mailing Address

1253 NW Klickitat Lane

City

State

Zip Code

Camas, WA 98607

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Retired

Receipt For: G2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

200.00

Date of Receipt

MM / DD / YYYY  
06 / 24 / 2014

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Tan Hermans

Mailing Address

80956 HWY 82, PO Box 128

City

State

Zip Code

Wallows, OR 97885

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
River Camp Ranch

Occupation  
Owner/Operator

Receipt For: G2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

200.00

Date of Receipt

MM / DD / YYYY  
06 / 24 / 2014

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. David Holley

Mailing Address

1030 Egan Ave

City

State

Zip Code

Pacific Grove, CA 93930

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
physician

Receipt For: G2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

MM / DD / YYYY  
06 / 24 / 2014

Amount of Each Receipt this Period

250.00

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

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

450.00

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

A. Full Name (Last, First, Middle Initial)  
William Huffaken

Mailing Address  
134 Pinehurst Est Dr  
City State Zip Code  
St. Louis, MO 63141

FEC ID number of contributing federal political committee.

Name of Employer self Occupation  
physician

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY  
06 / 24 / 2014

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)  
Keith Ironside

Mailing Address  
2323 SW Buckman Rd  
City State Zip Code  
West Linn, OR 97068

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Physician

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY  
06 / 24 / 2014

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)  
Joseph Karas

Mailing Address  
14720 NW Sethrich Ln  
City State Zip Code  
Portland, OR 97229

FEC ID number of contributing federal political committee.

Name of Employer Moss Adams LLP Occupation  
CPA

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY  
06 / 24 / 2014

Amount of Each Receipt this Period

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

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

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<b>A.</b> Full Name (Last, First, Middle Initial) Colette Kochis		Date of Receipt MM / DD / YYYY 06 / 24 / 2014	
Mailing Address 6080 Miller Rd City State Zip Code PARKDALE, OR 97041		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Self		Occupation Timber Manager	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 600.00	
<b>B.</b> Full Name (Last, First, Middle Initial) Carolyn Koon		Date of Receipt MM / DD / YYYY 06 / 24 / 2014	
Mailing Address 6822 Thunderbird Court City State Zip Code Redmond, OR 97756		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00	
Name of Employer Retired		Occupation Retired	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 200.00	
<b>C.</b> Full Name (Last, First, Middle Initial) Daniel Koretz		Date of Receipt MM / DD / YYYY 06 / 24 / 2014	
Mailing Address 1939 Lake Rd City State Zip Code Ontario, NY 14519		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Rochester General Hospital		Occupation physician	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00	
SUBTOTAL of Receipts This Page (optional).....		950.00	
TOTAL This Period (last page this line number only).....		950.00	

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

Full Name (Last, First, Middle Initial)

A. Gary Kreuger

Mailing Address

4830 NW Neskowin Ave

City

State

Zip Code

Portland, OR 97229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kreuger's Supply

Occupation  
Owner/Operator

Receipt For: G2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

200.00

Date of Receipt

MM / DD / YYYY  
06 / 24 / 2014

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Robert Kroeze

Mailing Address

203 Carthage Avenue

City

State

Zip Code

Eugene, OR 97404

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Retired

Receipt For: G2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

200.00

Date of Receipt

MM / DD / YYYY  
06 / 24 / 2014

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Phillip Lane

Mailing Address

5100 Culbertson Dr

City

State

Zip Code

Mount Hood Parkdal, OR 97041

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: G2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

MM / DD / YYYY  
06 / 24 / 2014

Amount of Each Receipt this Period

250.00

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

550.00

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

**SCHEDULE A (FEC Form 3)**  
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Use separate schedule(s)  
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Detailed Summary Page

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

Full Name (Last, First, Middle Initial) Roger Langeliers		Date of Receipt MM / DD / YYYY 06 / 24 / 2014	
Mailing Address 23021 Brushline St City State Zip Code Bend, OR 97701		Amount of Each Receipt this Period 1,000.00	
FEC ID number of contributing federal political committee. C	Occupation Contractor	Election Cycle-to-Date 1,000.00	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
Full Name (Last, First, Middle Initial) George Latus		Date of Receipt MM / DD / YYYY 06 / 24 / 2014	
Mailing Address 870 Berkeley St. City State Zip Code Gladstone, OR 97027		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	Occupation President	Election Cycle-to-Date 500.00	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
Full Name (Last, First, Middle Initial) Daniel Leary		Date of Receipt MM / DD / YYYY 06 / 24 / 2014	
Mailing Address 665 NW Silverado Dr City State Zip Code BEAVERTON, OR 97006		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C	Occupation	Election Cycle-to-Date 200.00	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
SUBTOTAL of Receipts This Page (optional) .....		1,550.00	
TOTAL This Period (last page this line number only) .....			

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

Full Name (Last, First, Middle Initial)

A. Monte Lewis  
Mailing Address

33890 Powell Hills Lop

City State Zip Code

Shedd, OR 97377

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Farmer

Receipt For: G2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

MM / DD / YYYY  
06 / 24 / 2014

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. William J Lindblad  
Mailing Address

6770 SW Raleighwood Ln

City State Zip Code

Portland, OR 97225

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
N/A

Receipt For: G2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

200.00

Date of Receipt

MM / DD / YYYY  
06 / 24 / 2014

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Virginia Loper  
Mailing Address

4551 32nd Road North

City State Zip Code

Arlington, VA 22207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Loper Consulting

Occupation  
Consultant

Receipt For: G2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

MM / DD / YYYY  
06 / 24 / 2014

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

650.00

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

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) William Lovelace</p> <p>A. Mailing Address 910 NE D St, Ste 103 City Grants Pass, OR Zip Code 97526</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer William Lovelace Construction Occupation Owner/Operator</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="3,500.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="2,000.00"/></p>
<p>Full Name (Last, First, Middle Initial) Raymond Maggard</p> <p>B. Mailing Address 308 SW Hudson Ln City Grants Pass, OR Zip Code 97526</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation Retired</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="200.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="100.00"/></p>
<p>Full Name (Last, First, Middle Initial) Dennis Marsh</p> <p>C. Mailing Address 1270 High St City GALDSTONE, OR Zip Code 97027</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="400.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="200.00"/></p>
<p>SUBTOTAL of Receipts This Page (optional) .....</p>		<p><input type="text" value="2,300.00"/></p>
<p>TOTAL This Period (last page this line number only) .....</p>		<p><input type="text" value="2,300.00"/></p>

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

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

Full Name (Last, First, Middle Initial) Russell McDaniel		Date of Receipt MM / DD / YYYY 06 / 24 / 2014	
Mailing Address 3355 N Delta Hwy #156 City State Zip Code Eugene, OR 97408		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Retired			
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00	
Full Name (Last, First, Middle Initial) Peter McElligot		Date of Receipt MM / DD / YYYY 06 / 24 / 2014	
Mailing Address PO Box 414 City State Zip Code Ione, OR 97843		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Self Employed Rancher			
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00	
Full Name (Last, First, Middle Initial) William McGinnis		Date of Receipt MM / DD / YYYY 06 / 24 / 2014	
Mailing Address 39227 SE Gordon Creek Road City State Zip Code Corbett, OR 97019		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Retired			
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 200.00	
SUBTOTAL of Receipts This Page (optional).....		600.00	
TOTAL This Period (last page this line number only).....			

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) George McQueen</p> <p>Mailing Address 6980 Trout Creek Ridge Rd City State Zip Code PARKDALE, OR 97041</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation Retired</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="200.00"/></p>		<p>Date of Receipt MM / DD / YYYY 06 / 24 / 2014</p> <p>Amount of Each Receipt this Period <input type="text" value="100.00"/></p>
<p>Full Name (Last, First, Middle Initial) K.A. Mehta</p> <p>Mailing Address 1503 Glenbrook Terrace City State Zip Code Oklahoma City, OK 73116</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation state of oklahom MD</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="250.00"/></p>		<p>Date of Receipt MM / DD / YYYY 06 / 24 / 2014</p> <p>Amount of Each Receipt this Period <input type="text" value="250.00"/></p>
<p>Full Name (Last, First, Middle Initial) Harry Merlo</p> <p>Mailing Address 2732 SW Scholls Ferry Rd City State Zip Code Portland, OR 97221</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation Merlo Coporation Owner/President</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="1,500.00"/></p>		<p>Date of Receipt MM / DD / YYYY 06 / 24 / 2014</p> <p>Amount of Each Receipt this Period <input type="text" value="500.00"/></p>
<p>SUBTOTAL of Receipts This Page (optional).....</p> <p>TOTAL This Period (last page this line number only).....</p>		<p><input type="text" value="850.00"/></p> <p><input type="text" value=""/></p>

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<b>A.</b> Full Name (Last, First, Middle Initial) James Milam Mailing Address 1205 Ashbury Ln City State Zip Code Libertyville, IL 60048 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Midwest Center for Women's Healthcare Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) Occupation MD Election Cycle-to-Date <input type="text" value="750.00"/>		Date of Receipt <input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2014"/> Amount of Each Receipt this Period <input type="text" value="250.00"/>
<b>B.</b> Full Name (Last, First, Middle Initial) John Minnick Mailing Address PO Box 68537 City State Zip Code OAK GROVE, OR 97268 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Retired Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date <input type="text" value="275.00"/>		Date of Receipt <input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2014"/> Amount of Each Receipt this Period <input type="text" value="100.00"/>
<b>C.</b> Full Name (Last, First, Middle Initial) Lee Morisy Mailing Address 5820 Garden River Cove City State Zip Code Menghi, TN 38120 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Morisy & Wood Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) Occupation Surgeon Election Cycle-to-Date <input type="text" value="1,000.00"/>		Date of Receipt <input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2014"/> Amount of Each Receipt this Period <input type="text" value="250.00"/>
SUBTOTAL of Receipts This Page (optional).....		<input type="text" value="600.00"/>
TOTAL This Period (last page this line number only).....		<input type="text"/>

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

Full Name (Last, First, Middle Initial)

A. Douglas Naversen

Mailing Address

260 Surrey Dr

City

State

Zip Code

Jacksonville, OR 97530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Dermatologist

Receipt For: G2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

MM / DD / YYYY  
06 / 24 / 2014

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Marc Nelson

Mailing Address

990 Cupids Knoll Rd.

City

State

Zip Code

Monmouth, OR 97361

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Marc Nelson Oil Products

Occupation  
CEO

Receipt For: G2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

200.00

Date of Receipt

MM / DD / YYYY  
06 / 24 / 2014

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Nelson Olf

Mailing Address

2736 Magnolia Way

City

State

Zip Code

FOREST GROVE, OR 97116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired Military

Occupation  
N/A

Receipt For: G2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

MM / DD / YYYY  
06 / 24 / 2014

Amount of Each Receipt this Period

250.00

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

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

850.00

14020590163

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

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for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<b>A.</b> Full Name (Last, First, Middle Initial) Sandra Olson MD		<b>Date of Receipt</b> MM / DD / YYYY 06 / 24 / 2014	
<b>Mailing Address</b> 220 E Walton City State Zip Code Sitgu, IL 60611		<b>Amount of Each Receipt this Period</b> 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer self	Occupation physician		
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00	
<b>B.</b> Full Name (Last, First, Middle Initial) Parag Parekh		<b>Date of Receipt</b> MM / DD / YYYY 06 / 24 / 2014	
<b>Mailing Address</b> 1269 Treasure Lake City State Zip Code Dubois, PA 15801		<b>Amount of Each Receipt this Period</b> 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer self	Occupation physician		
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00	
<b>C.</b> Full Name (Last, First, Middle Initial) Alan Plummer		<b>Date of Receipt</b> MM / DD / YYYY 06 / 24 / 2014	
<b>Mailing Address</b> 11 West Park Court NW City State Zip Code Atlanta, GA 30342		<b>Amount of Each Receipt this Period</b> 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Emory University School of Medicine	Occupation Doctor		
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00	
<b>SUBTOTAL of Receipts This Page (optional)</b> .....		750.00	
<b>TOTAL This Period (last page this line number only)</b> .....			

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) Cheryl Ramberg-Ford</p> <p>Mailing Address 1600 Moorea Dr City State Zip Code Roseburg, OR 97470</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer N/A</p> <p>Occupation None</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="2,600.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="2,600.00"/></p>
<p>Full Name (Last, First, Middle Initial) William Ready</p> <p>Mailing Address 15582 SE Worthington Ln City State Zip Code OAK GROVE, OR 97267</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer</p> <p>Occupation Retired</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="250.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="50.00"/></p>
<p>Full Name (Last, First, Middle Initial) Ann Reeher</p> <p>Mailing Address 19475 Reeher Rd City State Zip Code TILLAMOOK, OR 97141</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer</p> <p>Occupation</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="200.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="100.00"/></p>
<p>SUBTOTAL of Receipts This Page (optional) .....</p> <p>TOTAL This Period (last page this line number only) .....</p>		<p><input type="text" value="2,750.00"/></p> <p><input type="text" value=""/></p>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) Clayton Reese</p> <p>A. Mailing Address 1225 Victoria Falls Dr City State Zip Code REDMOND, OR 97756</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="200.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="100.00"/></p>
<p>Full Name (Last, First, Middle Initial) Erwin C Remmele</p> <p>B. Mailing Address 60260 Addie Trilett Loop City State Zip Code Bend, OR 97702</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation Retired Military Engineer</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="500.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="500.00"/></p>
<p>Full Name (Last, First, Middle Initial) Peter Roberts</p> <p>C. Mailing Address 6394 SW Burlingame Ave City State Zip Code Portland, OR 97239</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation Retired MD</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="200.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="100.00"/></p>
<p>SUBTOTAL of Receipts This Page (optional) .....</p> <p>TOTAL This Period (last page this line number only) .....</p>		<p><input type="text" value="700.00"/></p> <p><input type="text" value=""/></p>

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) A. Harvey J Sanders</p> <p>Mailing Address 2 Huntington Pl City State Zip Code Waynesboro, GA 30830</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation Medical Specialists, Inc Physician</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="1,000.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="1,000.00"/></p>
<p>Full Name (Last, First, Middle Initial) B. Michael Schindler</p> <p>Mailing Address 11847 Se Hunter Dr City State Zip Code Happy Valley, OR 97086</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation Asset Recovery Group, LLC President</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="250.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="250.00"/></p>
<p>Full Name (Last, First, Middle Initial) C. Edward Soo</p> <p>Mailing Address 10014 SW Balmer Cir City State Zip Code PORTLAND, OR 97219</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation Dr. Edward W. Soo, MD Doctor</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="750.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="250.00"/></p>
<p>SUBTOTAL of Receipts This Page (optional).....</p> <p>TOTAL This Period (last page this line number only).....</p>		<p><input type="text" value="1,500.00"/></p> <p><input type="text" value=""/></p>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

Full Name (Last, First, Middle Initial)

A. Thomas Steeves

Mailing Address

8 Bernini Ct

City

State

Zip Code

LAKE OSWEGO, OR 91103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Retired USAF

Receipt For: G2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

MM / DD / YYYY  
06 / 24 / 2014

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Richard Stennes

Mailing Address

2533 Calle Del Oro

City

State

Zip Code

La Jolla, CA 92037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Associated Emergency  
Physicians

Occupation  
MD

Receipt For: G2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

MM / DD / YYYY  
06 / 24 / 2014

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Will Storey

Mailing Address

3198 NW Kidd Pl

City

State

Zip Code

Bend, OR 97701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Retired

Receipt For: G2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

200.00

Date of Receipt

MM / DD / YYYY  
06 / 24 / 2014

Amount of Each Receipt this Period

200.00

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

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

550.00

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

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

FOR LINE NUMBER:  
(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) Peter Stott</p> <p>A. Mailing Address 2896Sw Patton Road City State Zip Code Portland, OR 97202</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation Columbia Investments, Ltd President</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="2,000.00"/></p>		<p>Date of Receipt MM / DD / YYYY 06 / 24 / 2014</p> <p>Amount of Each Receipt this Period <input type="text" value="1,000.00"/></p>
<p>Full Name (Last, First, Middle Initial) Henry Swigert</p> <p>B. Mailing Address 1425 SW 20th Ave Ste 104 City State Zip Code North Bend, OR 97201</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation Retired</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="2,500.00"/></p>		<p>Date of Receipt MM / DD / YYYY 06 / 24 / 2014</p> <p>Amount of Each Receipt this Period <input type="text" value="2,500.00"/></p>
<p>Full Name (Last, First, Middle Initial) Michael Thomas</p> <p>C. Mailing Address 8834 SE Kingswood Way City State Zip Code DAMASCUS, OR 97089</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation Retired</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="1,000.00"/></p>		<p>Date of Receipt MM / DD / YYYY 06 / 24 / 2014</p> <p>Amount of Each Receipt this Period <input type="text" value="500.00"/></p>
<p>SUBTOTAL of Receipts This Page (optional).....</p> <p>TOTAL This Period (last page this line number only).....</p>		<p><input type="text" value="4,000.00"/></p> <p><input type="text" value=""/></p>

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Webby for U.S. Senate

<b>A.</b> Full Name (Last, First, Middle Initial) Paul Tyler		Date of Receipt MM / DD / YYYY 06 / 24 / 2014	
Mailing Address PO Box 110 City State Zip Code Cheshire, OR 97419		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer Best Efforts		Occupation Requested	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 200.00	
<b>B.</b> Full Name (Last, First, Middle Initial) Alex Valadka		Date of Receipt MM / DD / YYYY 06 / 24 / 2014	
Mailing Address 210 Lee Barton Dr City State Zip Code AUSTIN, TX 78704		Amount of Each Receipt this Period 2,600.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2,600.00	
Name of Employer Sefon Healthcare		Occupation Neurosurgeon	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5,200.00	
<b>C.</b> Full Name (Last, First, Middle Initial) Conliss Varum		Date of Receipt MM / DD / YYYY 06 / 24 / 2014	
Mailing Address 19 Regan Drive City State Zip Code Oswego, NY 13126		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer self		Occupation physician	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00	
SUBTOTAL of Receipts This Page (optional) .....		2,950.00	
TOTAL This Period (last page this line number only) .....		2,950.00	

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

Full Name (Last, First, Middle Initial)

A. LINDA WAGNER  
Mailing Address

821 SE LINDEN CT

City

State

Zip Code

GRESHAM, OR 97080

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NORTHWEST SLEEVE

Occupation  
OWNER

Receipt For: G2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

MM / DD / YYYY  
06 / 24 / 2014

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. George E Wallace  
Mailing Address

3550 Sw Bond Ave #1403

City

State

Zip Code

Portland, OR 97239

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: G2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

MM / DD / YYYY  
06 / 24 / 2014

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Kim D Ward  
Mailing Address

60063 Ridgeview Ct

City

State

Zip Code

Bend, OR 97702

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Real Estate

Receipt For: G2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

MM / DD / YYYY  
06 / 24 / 2014

Amount of Each Receipt this Period

500.00

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

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

1,200.00

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

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12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) Russell Ward</p>		<p>Date of Receipt MM / DD / YYYY 06 / 24 / 2014</p>	
<p>A. Mailing Address 13420 NE Fox Hollow Ln City State Zip Code Newberg, OR 97132</p>		<p>Amount of Each Receipt this Period 100.00</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 200.00</p>	
<p>Name of Employer Occupation Retired</p>		<p>Election Cycle-to-Date 200.00</p>	
<p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 200.00</p>	
<p>Full Name (Last, First, Middle Initial) Paul Wertsch</p>		<p>Date of Receipt MM / DD / YYYY 06 / 24 / 2014</p>	
<p>B. Mailing Address 4221 Venetian Lane City State Zip Code Madison, WI 53718</p>		<p>Amount of Each Receipt this Period 100.00</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 200.00</p>	
<p>Name of Employer Occupation Physician</p>		<p>Election Cycle-to-Date 200.00</p>	
<p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 200.00</p>	
<p>Full Name (Last, First, Middle Initial) Bill White</p>		<p>Date of Receipt MM / DD / YYYY 06 / 24 / 2014</p>	
<p>C. Mailing Address 62876 Monroe Ln City State Zip Code La Grande, OR 97850</p>		<p>Amount of Each Receipt this Period 200.00</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 300.00</p>	
<p>Name of Employer Occupation Retired</p>		<p>Election Cycle-to-Date 300.00</p>	
<p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 300.00</p>	
<p>SUBTOTAL of Receipts This Page (optional).....</p>		<p>400.00</p>	
<p>TOTAL This Period (last page this line number only).....</p>		<p></p>	

14020590172

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) Joyce T Wood</p>		<p>Date of Receipt MM / DD / YYYY 06 / 24 / 2014</p>	
<p>A. Mailing Address 3990 SW 91st Ct City State Zip Code Portland, OR 97225</p>			
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 1,000.00</p>	
<p>Name of Employer Retired</p>		<p>Occupation Homemaker</p>	
<p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 1,000.00</p>	
<p>Full Name (Last, First, Middle Initial) Joseph Annis</p>		<p>Date of Receipt MM / DD / YYYY 06 / 25 / 2014</p>	
<p>B. Mailing Address 3 Sundown Pkwy City State Zip Code AUSTIN, TX 78746</p>			
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 250.00</p>	
<p>Name of Employer Dartmouth-Hitchcock Medical Ctr</p>		<p>Occupation Physician</p>	
<p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 1,000.00</p>	
<p>Full Name (Last, First, Middle Initial) David Baker</p>		<p>Date of Receipt MM / DD / YYYY 06 / 25 / 2014</p>	
<p>C. Mailing Address PO Box F City State Zip Code Lakeside, OR 97449</p>			
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 500.00</p>	
<p>Name of Employer GMG Products LLC</p>		<p>Occupation Business</p>	
<p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 500.00</p>	
<p>SUBTOTAL of Receipts This Page (optional).....</p>		<p>1,750.00</p>	
<p>TOTAL This Period (last page this line number only).....</p>		<p></p>	

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

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

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

Mailing Address  
PO Box 6928  
City State Zip Code  
BEND, OR 97708

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Homemaker

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY  
06 / 25 / 2014

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)  
Danny Brunner

Mailing Address  
1670 Elk Circle SW  
City State Zip Code  
Albany, OR 97321

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Retired

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY  
06 / 25 / 2014

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)  
Kira Geraci Ciardullo

Mailing Address  
135 Osborn Rd  
City State Zip Code  
Harrison, NY 10528

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Self-Employed Physician

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY  
06 / 25 / 2014

Amount of Each Receipt this Period

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

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

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

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

Full Name (Last, First, Middle Initial)

A. Richard Cruse

Mailing Address

958 Edgewood Dr NW

City

State

Zip Code

ALBANY, OR 87321

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Retired

Receipt For: G2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

200.00

Date of Receipt

MM / DD / YYYY  
06 / 25 / 2014

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Lisa Egbert

Mailing Address

790 W Rahn Rd

City

State

Zip Code

Kettering, OH 45429

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Homemaker

Receipt For: G2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

MM / DD / YYYY  
06 / 25 / 2014

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Donald Elliott

Mailing Address

101 Castle Gardens Dr.

City

State

Zip Code

Castle Hills, TX 78213

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Jockey

Receipt For: G2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

200.00

Date of Receipt

MM / DD / YYYY  
06 / 25 / 2014

Amount of Each Receipt this Period

100.00

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

650.00

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

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

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

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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

Full Name (Last, First, Middle Initial)

A. Gary Gates

Mailing Address

2531 NW Jonathon Pl

City

State

Zip Code

Portland, OR 97229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Physician

Receipt For: G2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

200.00

Date of Receipt

MM / DD / YYYY  
06 / 25 / 2014

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Tom Hoggard

Mailing Address

PO Box 129

City

State

Zip Code

Lake Oswego, OR 97034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Medical Doctor

Receipt For: G2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

450.00

Date of Receipt

MM / DD / YYYY  
06 / 25 / 2014

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Mark Holzgang

Mailing Address

9430 SW Coral Street, Ste 100

City

State

Zip Code

Portland, OR 97223

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fluence

Occupation  
CPA

Receipt For: G2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

200.00

Date of Receipt

MM / DD / YYYY  
06 / 25 / 2014

Amount of Each Receipt this Period

100.00

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

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

400.00

14020590176

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

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

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☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) Russell Kridel</p>		<p>Date of Receipt MM / DD / YYYY 06 / 25 / 2014</p>	
<p>A. Mailing Address 6655 Travis Street Ste 900 City State Zip Code HOUSTON, TX 77030</p>		<p>Amount of Each Receipt this Period 1,000.00</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 2,500.00</p>	
<p>Name of Employer Facial Plastic Surgery Associates Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Occupation Physician Election Cycle-to-Date 2,500.00</p>	
<p>Full Name (Last, First, Middle Initial) Marjorie Mares</p>		<p>Date of Receipt MM / DD / YYYY 06 / 25 / 2014</p>	
<p>B. Mailing Address 11721 SW Riverwood Rd City State Zip Code Portland, OR 97219</p>		<p>Amount of Each Receipt this Period 100.00</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 950.00</p>	
<p>Name of Employer Retired Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Occupation N/A Election Cycle-to-Date 950.00</p>	
<p>Full Name (Last, First, Middle Initial) John Metschan</p>		<p>Date of Receipt MM / DD / YYYY 06 / 25 / 2014</p>	
<p>C. Mailing Address 5975 Pacific Overlook Dr City State Zip Code NESKOWIN, OR 97149</p>		<p>Amount of Each Receipt this Period 100.00</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 300.00</p>	
<p>Name of Employer Retired Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Occupation N/A Election Cycle-to-Date 300.00</p>	
<p>SUBTOTAL of Receipts This Page (optional) .....</p>		<p>1,200.00</p>	
<p>TOTAL This Period (last page this line number only) .....</p>		<p></p>	

14020590177

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

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) James Milam</p>		<p>Date of Receipt MM / DD / YYYY 06 / 25 / 2014</p>	
<p>A. Mailing Address 1205 Ashbury Ln City State Zip Code Libertyville, IL 60048</p>			
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 250.00</p>	
<p>Name of Employer Midwest Center for Women's Healthcare Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Occupation MD Election Cycle-to-Date 750.00</p>	
<p>Full Name (Last, First, Middle Initial) Donald Prolo</p>		<p>Date of Receipt MM / DD / YYYY 06 / 25 / 2014</p>	
<p>B. Mailing Address 19841 Glen Una Drive City State Zip Code Saratoga, CA 95070</p>			
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 700.00</p>	
<p>Name of Employer Self Employed Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Occupation Neurosurgeon Election Cycle-to-Date 700.00</p>	
<p>Full Name (Last, First, Middle Initial) Boyce Tollison</p>		<p>Date of Receipt MM / DD / YYYY 06 / 25 / 2014</p>	
<p>C. Mailing Address PO Box 2927 City State Zip Code Basley, SC 29641</p>			
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 250.00</p>	
<p>Name of Employer Retired Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Occupation Physician Election Cycle-to-Date 250.00</p>	
<p>SUBTOTAL of Receipts This Page (optional).....</p>		<p>1,200.00</p>	
<p>TOTAL This Period (last page this line number only).....</p>		<p></p>	

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

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

Full Name (Last, First, Middle Initial)

A. Jaclyn Valadka

Mailing Address

210 Lee Barton Dr Unit 201

City

State

Zip Code

AUSTIN, TX 78704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of the South

Occupation  
Student

Receipt For: G2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2,000.00

Date of Receipt

MM / DD / YYYY  
06 / 25 / 2014

Amount of Each Receipt this Period

1,000.00

Full Name (Last, First, Middle Initial)

B. Elizabeth Van Staaveren

Mailing Address

1008 NW Cascade Way

City

State

Zip Code

McMinnville, OR 971289512

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
N/A

Receipt For: G2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1,400.00

Date of Receipt

MM / DD / YYYY  
06 / 25 / 2014

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Anne Barbey

Mailing Address

1132 SW 19th Ave Unit 703

City

State

Zip Code

Portland, OR 97205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Business Owner

Receipt For: G2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

MM / DD / YYYY  
06 / 26 / 2014

Amount of Each Receipt this Period

250.00

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

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

1,300.00

14020590179

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

Use separate schedule(s)  
for each category of the  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<b>A.</b> Full Name (Last, First, Middle Initial) H Hunt Batjer Mailing Address 4765 Bowser Ct City State Zip Code Dallas, TX 75219 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Self Occupation Cerebrovascular Neurosurgery Specialis Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date <input type="text" value="500.00"/>		Date of Receipt <input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2014"/> Amount of Each Receipt this Period <input type="text" value="500.00"/>
<b>B.</b> Full Name (Last, First, Middle Initial) Larry Bay Mailing Address 3062 Kobe Drive City State Zip Code San Diego, CA 92123 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Occupation Retired Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date <input type="text" value="200.00"/>		Date of Receipt <input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2014"/> Amount of Each Receipt this Period <input type="text" value="100.00"/>
<b>C.</b> Full Name (Last, First, Middle Initial) Gary Bloomgarden Mailing Address 5002 Stanford Ave City State Zip Code Dallas, TX 75206 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Occupation Texas Health Resource Physician Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date <input type="text" value="1,000.00"/>		Date of Receipt <input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2014"/> Amount of Each Receipt this Period <input type="text" value="1,000.00"/>
SUBTOTAL of Receipts This Page (optional).....		<input type="text" value="1,600.00"/>
TOTAL This Period (last page this line number only).....		<input type="text"/>

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) Daniel Boeckman</p>		<p>Date of Receipt MM / DD / YYYY 06 / 26 / 2014</p>	
<p>A. Mailing Address 2911 Turtle Creek Blvd, Ste 1240 City State Zip Code Dallas, TX 75219</p>		<p>Amount of Each Receipt this Period 500.00</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 500.00</p>	
<p>Name of Employer Turtle Creek Holdings</p>		<p>Occupation Developer</p>	
<p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 500.00</p>	
<p>Full Name (Last, First, Middle Initial) Albert Compton Broders</p>		<p>Date of Receipt MM / DD / YYYY 06 / 26 / 2014</p>	
<p>B. Mailing Address 4022 Shannon Lane City State Zip Code Dallas, TX 75205</p>		<p>Amount of Each Receipt this Period 1,000.00</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 1,000.00</p>	
<p>Name of Employer Emergency Medical Consultants, Ltd.</p>		<p>Occupation Physician</p>	
<p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 1,000.00</p>	
<p>Full Name (Last, First, Middle Initial) Craig Callewart</p>		<p>Date of Receipt MM / DD / YYYY 06 / 26 / 2014</p>	
<p>C. Mailing Address 4911 Shadywood Lane City State Zip Code Dallas, TX 75209</p>		<p>Amount of Each Receipt this Period 500.00</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 500.00</p>	
<p>Name of Employer Texas Back Institute</p>		<p>Occupation Physician</p>	
<p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 500.00</p>	
<p>SUBTOTAL of Receipts This Page (optional).....</p>		<p>2,000.00</p>	
<p>TOTAL This Period (last page this line number only).....</p>		<p></p>	

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

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for each category of the  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) Richard Campbell</p>		<p>Date of Receipt MM / DD / YYYY 06 / 26 / 2014</p>	
<p>Mailing Address 3610 NE Peerless Pl City State Zip Code Portland, OR 97232</p>		<p>Amount of Each Receipt this Period 500.00</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 500.00</p>	
<p>Name of Employer Occupation Retired</p>		<p>Amount of Each Receipt this Period 500.00</p>	
<p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 500.00</p>	
<p>Full Name (Last, First, Middle Initial) Samuel Chantiss</p>		<p>Date of Receipt MM / DD / YYYY 06 / 26 / 2014</p>	
<p>Mailing Address 4421 Livingston Ave City State Zip Code Dallas, TX 75205</p>		<p>Amount of Each Receipt this Period 250.00</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 250.00</p>	
<p>Name of Employer Occupation Dallas Infertility Specialists Physician</p>		<p>Amount of Each Receipt this Period 250.00</p>	
<p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 250.00</p>	
<p>Full Name (Last, First, Middle Initial) S. William Clark</p>		<p>Date of Receipt MM / DD / YYYY 06 / 26 / 2014</p>	
<p>Mailing Address 502 Isabella St. City State Zip Code Waycross, GA 31501</p>		<p>Amount of Each Receipt this Period 500.00</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 500.00</p>	
<p>Name of Employer Occupation Clam Eye Clinic. PC OPHTH</p>		<p>Amount of Each Receipt this Period 500.00</p>	
<p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 500.00</p>	
<p>SUBTOTAL of Receipts This Page (optional) .....</p>		<p>1,250.00</p>	
<p>TOTAL This Period (last page this line number only) .....</p>		<p></p>	

**SCHEDULE A (FEC Form 3)**  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

Full Name (Last, First, Middle Initial) <b>A. J Ralph Ellis</b> Mailing Address 545 E John Carpenter Frwy, Ste 153 City Irving, TX State Zip Code 75062 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt MM / DD / YYYY 06 / 26 / 2014 Amount of Each Receipt this Period 2,600.00
Name of Employer Belmont Oil & Gas Occupation President Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 2,600.00		
Full Name (Last, First, Middle Initial) <b>B. Maureen Finnegan</b> Mailing Address 1211 Strait Lane City Dallas, TX State Zip Code 75229 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt MM / DD / YYYY 06 / 26 / 2014 Amount of Each Receipt this Period 250.00
Name of Employer UT Southwestern Occupation Physicians Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 250.00		
Full Name (Last, First, Middle Initial) <b>C. Gordon Green</b> Mailing Address 13218 Spring Grove Ave City Dallas, TX State Zip Code 75240 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt MM / DD / YYYY 06 / 26 / 2014 Amount of Each Receipt this Period 250.00
Name of Employer University of Texas Southwestern Occupation Faculty Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 250.00		
SUBTOTAL of Receipts This Page (optional).....		3,100.00
TOTAL This Period (last page this line number only).....		

**SCHEDULE A (FEC Form 3)**  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

Full Name (Last, First, Middle Initial) Charles Gutweniger		Date of Receipt MM / DD / YYYY 06 / 26 / 2014	
A. Mailing Address 947 NW Elliot St City State Zip Code CAMAS, WA 98607		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date 1,800.00	
Name of Employer Retired		Occupation Physician	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Amount of Each Receipt this Period 250.00	
Full Name (Last, First, Middle Initial) Shyla High		Date of Receipt MM / DD / YYYY 06 / 26 / 2014	
B. Mailing Address 4641 Mockingbird Ln City State Zip Code Dallas, TX 75209		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date 250.00	
Name of Employer Cardiology Consultants of Texas		Occupation Physician	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Amount of Each Receipt this Period 2,500.00	
Full Name (Last, First, Middle Initial) David Hoefer		Date of Receipt MM / DD / YYYY 06 / 26 / 2014	
C. Mailing Address 17110 Saddle Ridge Pass City State Zip Code Cypress, TX 77433		Amount of Each Receipt this Period 2,850.00	
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date 2,500.00	
Name of Employer Self Employed		Occupation Physician	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Amount of Each Receipt this Period 2,850.00	
SUBTOTAL of Receipts This Page (optional) .....		2,850.00	
TOTAL This Period (last page this line number only) .....		2,850.00	

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) Darrelyn Holzgang</p>		<p>Date of Receipt MM / DD / YYYY 06 / 26 / 2014</p>	
<p>Mailing Address 9645 SW Eagle Ct City State Zip Code Beaverton, OR 97006</p>		<p>Amount of Each Receipt this Period 1,000.00</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 1,000.00</p>	
<p>Name of Employer Occupation Housewife</p>		<p>Amount of Each Receipt this Period 1,000.00</p>	
<p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 1,000.00</p>	
<p>Full Name (Last, First, Middle Initial) Stephen Imbeau</p>		<p>Date of Receipt MM / DD / YYYY 06 / 26 / 2014</p>	
<p>Mailing Address 800 E Cherry St. City State Zip Code Florence, SC 29506</p>		<p>Amount of Each Receipt this Period 500.00</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 500.00</p>	
<p>Name of Employer Occupation Physician</p>		<p>Amount of Each Receipt this Period 500.00</p>	
<p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 1,250.00</p>	
<p>Full Name (Last, First, Middle Initial) Charles Johnson</p>		<p>Date of Receipt MM / DD / YYYY 06 / 26 / 2014</p>	
<p>Mailing Address 656 NW Pacific Grove Drive City State Zip Code Beaverton, OR 97006</p>		<p>Amount of Each Receipt this Period 250.00</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 250.00</p>	
<p>Name of Employer Occupation Software Engineer</p>		<p>Amount of Each Receipt this Period 250.00</p>	
<p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 400.00</p>	
<p>SUBTOTAL of Receipts This Page (optional) .....</p>		<p>1,750.00</p>	
<p>TOTAL This Period (last page this line number only) .....</p>		<p></p>	

**SCHEDULE A (FEC Form 3)**  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

Full Name (Last, First, Middle Initial) A. Milla Jones Mailing Address 3216 Trevolle Pl City State Zip Code Dallas, TX 75204 FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/> Name of Employer United Surgical Partners International Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) Occupation Vice President Election Cycle-to-Date <input type="text"/> 250.00 <input type="text"/> Date of Receipt <input type="text"/> MM / <input type="text"/> DD / <input type="text"/> YYYY 06 / 26 / 2014 Amount of Each Receipt this Period <input type="text"/> 250.00 <input type="text"/>	
Full Name (Last, First, Middle Initial) B. William R. Latreille Mailing Address 15444 Street Rd. 30 City State Zip Code Constable, NY 12926 FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/> Name of Employer Alice Hyde Medical Center Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) Occupation Physician Election Cycle-to-Date <input type="text"/> 250.00 <input type="text"/> Date of Receipt <input type="text"/> MM / <input type="text"/> DD / <input type="text"/> YYYY 06 / 26 / 2014 Amount of Each Receipt this Period <input type="text"/> 250.00 <input type="text"/>	
Full Name (Last, First, Middle Initial) C. David Martineau Mailing Address 7983 Caruth Ct City State Zip Code Dallas, TX 75225 FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/> Name of Employer TI PRO Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) Occupation Geologist Election Cycle-to-Date <input type="text"/> 250.00 <input type="text"/> Date of Receipt <input type="text"/> MM / <input type="text"/> DD / <input type="text"/> YYYY 06 / 26 / 2014 Amount of Each Receipt this Period <input type="text"/> 250.00 <input type="text"/>	
SUBTOTAL of Receipts This Page (optional) ..... TOTAL This Period (last page this line number only) ..... <input type="text"/> 750.00 <input type="text"/>	

**SCHEDULE A (FEC Form 3)**  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

Full Name (Last, First, Middle Initial)

A. Janice McCarthy

Mailing Address

27915 N 100th Place

City

State

Zip Code

Scottsdale, AZ 85262

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Retired

Receipt For: G2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

MM / DD / YYYY  
06 / 26 / 2014

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. David McClain

Mailing Address

9023 Sw 176th Ave

City

State

Zip Code

Beaverton, OR 97007

FEC ID number of contributing  
federal political committee.

C

Name of Employer

D W McClain & Associates Corp

Occupation  
President

Receipt For: G2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

200.00

Date of Receipt

MM / DD / YYYY  
06 / 26 / 2014

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Francisco Morales

Mailing Address

3863 E 42nd St

City

State

Zip Code

Odessa, TX 79762

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Optometrist

Receipt For: G2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

MM / DD / YYYY  
06 / 26 / 2014

Amount of Each Receipt this Period

250.00

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

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

550.00

14020590187

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

A. Full Name (Last, First, Middle Initial)  
Bill Moshofsky

Mailing Address  
10585 SW 161st Ct.  
City State Zip Code  
Beaverton, OR 97007

FEC ID number of contributing federal political committee.

Name of Employer  
N/A Occupation  
Retired

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY  
06 / 26 / 2014

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)  
Carl Neun

Mailing Address  
149 Furnace St  
City State Zip Code  
Lake Oswego, OR 97034

FEC ID number of contributing federal political committee.

Name of Employer  
Self Occupation  
Consultant

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY  
06 / 26 / 2014

Amount of Each Receipt this Period

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

Mailing Address  
955 Pioneer Rd  
City State Zip Code  
DALLAS, Or 97338

FEC ID number of contributing federal political committee.

Name of Employer  
Self Employed Occupation  
Logger

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY  
06 / 26 / 2014

Amount of Each Receipt this Period

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

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

**SCHEDULE A (FEC Form 3)**  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

Full Name (Last, First, Middle Initial)

A. Laura Parsons

Mailing Address

70792 Hwy 82

City

State

Zip Code

ELGIN, OR 97827

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Retired

Receipt For: G2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

MM / DD / YYYY  
06 / 26 / 2014

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. William Rall

Mailing Address

519 NE A St

City

State

Zip Code

Grants Pass, OR 97526

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: G2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

200.00

Date of Receipt

MM / DD / YYYY  
06 / 26 / 2014

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Albert Ray

Mailing Address

6127 Seacrest View Road

City

State

Zip Code

San Diego, CA 92121

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SCPMG

Occupation  
Physician

Receipt For: G2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

800.00

Date of Receipt

MM / DD / YYYY  
06 / 26 / 2014

Amount of Each Receipt this Period

500.00

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

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

800.00

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) Walter Rietz</p> <p>Mailing Address 3220 Sw French Prairie Rd, Apt D11 City State Zip Code WILSONVILLE, OR 97070</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation Retired</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="300.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="50.00"/></p>
<p>Full Name (Last, First, Middle Initial) William Solemene</p> <p>Mailing Address 4400 Williamsburg Rd City State Zip Code Dallas, TX 75220</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation Solemene &amp; Associates President</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="250.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="250.00"/></p>
<p>Full Name (Last, First, Middle Initial) Ronald Taylor</p> <p>Mailing Address 3715 Nottingham St City State Zip Code Houston, TX 71005</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation Self Employed Physician</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="2,500.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="2,500.00"/></p>
<p>SUBTOTAL of Receipts This Page (optional).....</p>		<p><input type="text" value="2,800.00"/></p>
<p>TOTAL This Period (last page this line number only).....</p>		<p><input type="text" value="2,800.00"/></p>

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<b>A.</b> Full Name (Last, First, Middle Initial) Maria Turnage Mailing Address 1900 Preston Rd, Ste 267, PMB 112 City State Zip Code Plano, TX 75093 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Occupation Physician Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 250.00		Date of Receipt MM / DD / YYYY 06 / 26 / 2014 Amount of Each Receipt this Period 250.00
<b>B.</b> Full Name (Last, First, Middle Initial) Stanley Upton Mailing Address PO Box 7 City State Zip Code Springfield, OR 97477 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Occupation Roberts Supply Co. President Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 250.00		Date of Receipt MM / DD / YYYY 06 / 26 / 2014 Amount of Each Receipt this Period 250.00
<b>C.</b> Full Name (Last, First, Middle Initial) Frederick Von Lubken Mailing Address 1125 Indian Creek Road City State Zip Code Hood River, OR 97031 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Occupation Von Lubken Orchards Inc Owner/Operator Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 500.00		Date of Receipt MM / DD / YYYY 06 / 26 / 2014 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional).....		1,000.00
TOTAL This Period (last page this line number only).....		1,000.00

**SCHEDULE A (FEC Form 3)**  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) A. Gene Wallace</p> <p>Mailing Address 4500 Roland Ave, Apt 404 City State Zip Code Dallas, TX 75219</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="250.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="250.00"/></p>
<p>Full Name (Last, First, Middle Initial) B. Gerald Warnock</p> <p>Mailing Address 6095 SW Old Scholls Ferry Rd City State Zip Code Portland, OR 97223</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation Dr. Jerry L. Warnock, MD Physician</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="2,000.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="1,000.00"/></p>
<p>Full Name (Last, First, Middle Initial) C. William Weaver</p> <p>Mailing Address 1845 Woodall Rodgers Freeway, Suit City State Zip Code Dallas, TX 75201</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation Self Physician</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="500.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="500.00"/></p>
<p>SUBTOTAL of Receipts This Page (optional).....</p> <p>TOTAL This Period (last page this line number only).....</p>		<p><input type="text" value="1,750.00"/></p> <p><input type="text" value=""/></p>

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

Full Name (Last, First, Middle Initial)

A. Richard Weiner

Mailing Address

8230 Walnut Hill Ln, Ste 220

City

State

Zip Code

Dallas, TX 75231

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dallas Neurosurgical & Spine

Occupation  
Physician

Receipt For: G2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

MM / DD / YYYY  
06 / 26 / 2014

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Alan Folkman

Mailing Address

22680 SW 96th Dr

City

State

Zip Code

Tualatin, OR 97062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Retired

Receipt For: G2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5,200.00

Date of Receipt

MM / DD / YYYY  
06 / 27 / 2014

Amount of Each Receipt this Period

2,600.00

Full Name (Last, First, Middle Initial)

C. Mabel Harris

Mailing Address

5042 SW Hilltop Lane

City

State

Zip Code

Portland, OR 97221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
retired

Occupation  
homemaker

Receipt For: G2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

3,200.00

Date of Receipt

MM / DD / YYYY  
06 / 27 / 2014

Amount of Each Receipt this Period

1,000.00

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

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

3,850.00

**SCHEDULE A (FEC Form 3)**  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

Full Name (Last, First, Middle Initial) Michael Holm		Date of Receipt MM / DD / YYYY 06 / 27 / 2014	
A. Mailing Address 10601 NW Skyline Blvd City State Zip Code Portland, OR 97231		Amount of Each Receipt this Period 1,000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Oregon-Canadian Forest Products Inc Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Occupation Owner Election Cycle-to-Date 1,000.00	
Full Name (Last, First, Middle Initial) Nancy Jonske		Date of Receipt MM / DD / YYYY 06 / 27 / 2014	
B. Mailing Address 1153 SW Fairfax Place City State Zip Code Portland, OR 97225		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Best Efforts Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Occupation Requested Election Cycle-to-Date 200.00	
Full Name (Last, First, Middle Initial) John Kusske		Date of Receipt MM / DD / YYYY 06 / 27 / 2014	
C. Mailing Address 18160 Cottonwood Road, PMB 558 City State Zip Code Bend, OR 977079317		Amount of Each Receipt this Period 1,000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Formerly Univ of Calif Irvine Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Occupation Retired Neurosurgeon Election Cycle-to-Date 2,500.00	
SUBTOTAL of Receipts This Page (optional).....		2,200.00	
TOTAL This Period (last page this line number only).....		2,200.00	

**SCHEDULE A (FEC Form 3)**  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) David Marks</p>		<p>Date of Receipt MM / DD / YYYY 06 / 27 / 2014</p>	
<p>Mailing Address 10300 SE Jennifer Street City State Zip Code Clackamas, OR 97015</p>		<p>Amount of Each Receipt this Period 2,000.00</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 3,500.00</p>	
<p>Name of Employer Marks Metal Technology</p>		<p>Occupation President/Owner</p>	
<p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 3,500.00</p>	
<p>Full Name (Last, First, Middle Initial) William McCormick</p>		<p>Date of Receipt MM / DD / YYYY 06 / 27 / 2014</p>	
<p>Mailing Address 1980 Willamette Falls Dr City State Zip Code West Linn, OR 97068</p>		<p>Amount of Each Receipt this Period 200.00</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 200.00</p>	
<p>Name of Employer</p>		<p>Occupation Retired</p>	
<p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 200.00</p>	
<p>Full Name (Last, First, Middle Initial) James Montgomery</p>		<p>Date of Receipt MM / DD / YYYY 06 / 27 / 2014</p>	
<p>Mailing Address 7115 Greenville 310 City State Zip Code Dallas, TX 75214</p>		<p>Amount of Each Receipt this Period 500.00</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 500.00</p>	
<p>Name of Employer Texas Orthopaedic Associates</p>		<p>Occupation MD</p>	
<p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 500.00</p>	
<p>SUBTOTAL of Receipts This Page (optional).....</p>		<p>2,700.00</p>	
<p>TOTAL This Period (last page this line number only).....</p>		<p></p>	

**SCHEDULE A (FEC Form 3)**  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<b>A.</b> Full Name (Last, First, Middle Initial) John Moorhead Mailing Address 4138 SW Hamiltno Ter City State Zip Code PORTLAND, OR 97239 FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/> Name of Employer Occupation OHSU Physician Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date <input type="text"/> 1,250.00 <input type="text"/>		Date of Receipt <input type="text"/> MM <input type="text"/> DD <input type="text"/> YYYY 06 27 2014 Amount of Each Receipt this Period <input type="text"/> 250.00 <input type="text"/>
<b>B.</b> Full Name (Last, First, Middle Initial) Brent Norman Mailing Address 516 SE Morrison, Ste 1200 City State Zip Code Portland, OR 97214 FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/> Name of Employer Occupation Tenbridge Partners LLC Partner/Founding Officer/Financial Adv Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date <input type="text"/> 1,100.00 <input type="text"/>		Date of Receipt <input type="text"/> MM <input type="text"/> DD <input type="text"/> YYYY 06 27 2014 Amount of Each Receipt this Period <input type="text"/> 250.00 <input type="text"/>
<b>C.</b> Full Name (Last, First, Middle Initial) Marjorie Wilson Mailing Address 3684 NW 124th Place City State Zip Code Portland, OR 97229 FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/> Name of Employer Occupation Best Efforts Requested Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date <input type="text"/> 250.00 <input type="text"/>		Date of Receipt <input type="text"/> MM <input type="text"/> DD <input type="text"/> YYYY 06 27 2014 Amount of Each Receipt this Period <input type="text"/> 250.00 <input type="text"/>
SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....		<input type="text"/> 750.00 <input type="text"/> <input type="text"/> <input type="text"/>

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

Full Name (Last, First, Middle Initial) <b>A. Craig Anderson</b>		Date of Receipt MM / DD / YYYY 06 / 28 / 2014	
Mailing Address 185 Pleasantville Way City State Zip Code Grants Pass, OR 975266202			
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer Retired	Occupation Physician		
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 300.00	
Full Name (Last, First, Middle Initial) <b>B. Lori Armstrong</b>		Date of Receipt MM / DD / YYYY 06 / 28 / 2014	
Mailing Address 20450 NW Amberwood Dr, Ste 120 City State Zip Code Beaverton, OR 97006			
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer ETR Enterprises, LLC	Occupation Owner		
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00	
Full Name (Last, First, Middle Initial) <b>C. Robert Behar</b>		Date of Receipt MM / DD / YYYY 06 / 28 / 2014	
Mailing Address 5100 San Felipe City State Zip Code Houston, TX 77056			
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2,500.00	
Name of Employer Self Employed	Occupation Physician		
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2,500.00	
SUBTOTAL of Receipts This Page (optional) .....		2,850.00	
TOTAL This Period (last page this line number only) .....			

**SCHEDULE A (FEC Form 3)**  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

Full Name (Last, First, Middle Initial)

A. Raymond Carnes  
Mailing Address  
2545 SW Terwilliger Blvd Apt 627  
City State Zip Code  
Portland, OR 972016320

Date of Receipt

MM / DD / YYYY  
06 / 28 / 2014

FEC ID number of contributing  
federal political committee.

C

Amount of Each Receipt this Period

100.00

Name of Employer

Occupation  
Retired

Receipt For: G2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Full Name (Last, First, Middle Initial)

B. Robert Creek  
Mailing Address  
20399 SW Tremont Way  
City State Zip Code  
Aloha, OR 97007

Date of Receipt

MM / DD / YYYY  
06 / 28 / 2014

FEC ID number of contributing  
federal political committee.

C

Amount of Each Receipt this Period

100.00

Name of Employer  
retired

Occupation  
none

Receipt For: G2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

200.00

Full Name (Last, First, Middle Initial)

C. H M Day  
Mailing Address  
65525 Gerking Market Rd  
City State Zip Code  
Bend, OR 97701

Date of Receipt

MM / DD / YYYY  
06 / 28 / 2014

FEC ID number of contributing  
federal political committee.

C

Amount of Each Receipt this Period

1,000.00

Name of Employer  
Self Employed

Occupation  
Rancher

Receipt For: G2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1,000.00

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

1,200.00

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

A. Full Name (Last, First, Middle Initial)  
Birney Dayton

Mailing Address  
95594 Burnt Hill Drive  
City State Zip Code  
Brookings, OR 97415

FEC ID number of contributing federal political committee.

Name of Employer  
Best Efforts

Occupation Requested

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY  
06 / 28 / 2014

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)  
Greg Dufault

Mailing Address  
2735 Glen Eagles Rd  
City State Zip Code  
Lake Oswego, OR 97034

FEC ID number of contributing federal political committee.

Name of Employer  
Dufault, Smith and Meeuwsen

Occupation  
Investment Advisor

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY  
06 / 28 / 2014

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)  
Ronald Edwards

Mailing Address  
85124 Hwy 339  
City State Zip Code  
Milton-Freewater, OR 97862

FEC ID number of contributing federal political committee.

Name of Employer  
self

Occupation  
Farmer

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY  
06 / 28 / 2014

Amount of Each Receipt this Period

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

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

Full Name (Last, First, Middle Initial) Randall Elliott		Date of Receipt MM / DD / YYYY 06 / 28 / 2014	
Mailing Address 8020 SW Churchill Ct City State Zip Code Tigard, OR 97224		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C	Occupation Engineer	Election Cycle-to-Date 200.00	
Name of Employer Veris	Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Full Name (Last, First, Middle Initial) Dianna Fite		Date of Receipt MM / DD / YYYY 06 / 28 / 2014	
Mailing Address 24727 Tomball Pkwy, Suite 120 City State Zip Code Tomball, TX 77375		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C	Occupation Physician	Election Cycle-to-Date 550.00	
Name of Employer Self Employed	Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Full Name (Last, First, Middle Initial) Gregory Goff		Date of Receipt MM / DD / YYYY 06 / 28 / 2014	
Mailing Address 19100 Ridgewood Parkway City State Zip Code San Antonio, TX 78259		Amount of Each Receipt this Period 2,600.00	
FEC ID number of contributing federal political committee. C	Occupation CEO	Election Cycle-to-Date 5,100.00	
Name of Employer Tesoro Corp.	Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
SUBTOTAL of Receipts This Page (optional) .....		2,750.00	
TOTAL This Period (last page this line number only) .....			

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) Daniel Hibma</p> <p>A. Mailing Address 1701 Porter St SW Ste 6 City State Zip Code Wyoming, MI 49519</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Land &amp; Co</p> <p>Occupation Real Estate</p> <p>Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="5,200.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="28"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="2,600.00"/></p>
<p>Full Name (Last, First, Middle Initial) Daniel Hibma</p> <p>B. Mailing Address 1701 Porter St SW Ste 6 City State Zip Code Wyoming, MI 49519</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Land &amp; Co</p> <p>Occupation Real Estate</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="5,200.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="28"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="2,600.00"/></p>
<p>Full Name (Last, First, Middle Initial) Nicholas Hibma</p> <p>C. Mailing Address 25 Library St NE #504 City State Zip Code Grand Rapids, MI 49503</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Green Light Management</p> <p>Occupation Real Estate</p> <p>Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="5,200.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="28"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="2,600.00"/></p>
<p>SUBTOTAL of Receipts This Page (optional).....</p> <p>TOTAL This Period (last page this line number only).....</p>		<p><input type="text" value="7,800.00"/></p> <p><input type="text" value=""/></p>

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

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

FOR LINE NUMBER:  
(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) A. Nicholas Hibma</p> <p>Mailing Address 25 Library St NE #504</p> <p>City State Zip Code Grand Rapids, MI 49503</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation Green Light Management Real Estate</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="5,200.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="28"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="2,600.00"/></p>
<p>Full Name (Last, First, Middle Initial) B. Paul Isaac</p> <p>Mailing Address 75 Prospect Avenue</p> <p>City State Zip Code Larchmont, NY 10538</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation Arbiter Partners Capital Management Analyst</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="4,200.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="28"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="1,600.00"/></p>
<p>Full Name (Last, First, Middle Initial) C. Victor Kareh</p> <p>Mailing Address 22 PlayerGreen</p> <p>City State Zip Code The Woodlands, TX 77382</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation Self Employed Physician</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="2,500.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="28"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="2,500.00"/></p>
<p>SUBTOTAL of Receipts This Page (optional) .....</p>		<p><input type="text" value="6,700.00"/></p>
<p>TOTAL This Period (last page this line number only) .....</p>		<p><input type="text" value=""/></p>

14020590202

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

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

FOR LINE NUMBER:  
(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

Full Name (Last, First, Middle Initial)

A. Marty Kehoe  
Mailing Address  
11627 SW Summerville Ave.  
City State Zip Code  
PORTLAND, OR 97219

Date of Receipt

MM	DD	YYYY
06	28	2014

FEC ID number of contributing  
federal political committee.

C	
---	--

Amount of Each Receipt this Period

2,000.00
----------

Name of Employer  
MK Development

Occupation  
Developer

Receipt For: G2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

4,000.00
----------

Full Name (Last, First, Middle Initial)

B. Judy Land  
Mailing Address  
2283 Byron Shores Dr  
City State Zip Code  
Byron Center, MI 49315

Date of Receipt

MM	DD	YYYY
06	28	2014

FEC ID number of contributing  
federal political committee.

C	
---	--

Amount of Each Receipt this Period

2,600.00
----------

Name of Employer

Occupation  
Homemaker

Receipt For: G2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5,200.00
----------

Full Name (Last, First, Middle Initial)

C. Judy Land  
Mailing Address  
2283 Byron Shores Dr  
City State Zip Code  
Byron Center, MI 49315

Date of Receipt

MM	DD	YYYY
06	28	2014

FEC ID number of contributing  
federal political committee.

C	
---	--

Amount of Each Receipt this Period

2,600.00
----------

Name of Employer

Occupation  
Homemaker

Receipt For: P2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5,200.00
----------

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

7,200.00
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TOTAL This Period (last page this line number only).....

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

Full Name (Last, First, Middle Initial)

Paul Land

Mailing Address

1701 Porter SW Suite 6

City

State

Zip Code

Wyoming, MI 49519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Land & Co

Occupation  
Real Estate

Receipt For: P2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5,200.00

Date of Receipt

MM / DD / YYYY  
06 / 28 / 2014

Amount of Each Receipt this Period

2,600.00

Full Name (Last, First, Middle Initial)

Paul Land

Mailing Address

1701 Porter SW Suite 6

City

State

Zip Code

Wyoming, MI 49519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Land & Co

Occupation  
Real Estate

Receipt For: G2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5,200.00

Date of Receipt

MM / DD / YYYY  
06 / 28 / 2014

Amount of Each Receipt this Period

2,600.00

Full Name (Last, First, Middle Initial)

Jimmy Lee

Mailing Address

23 Thorneblade Circle

City

State

Zip Code

The Woodlands, TX 77389

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For: G2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2,500.00

Date of Receipt

MM / DD / YYYY  
06 / 28 / 2014

Amount of Each Receipt this Period

2,500.00

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

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

7,700.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

Full Name (Last, First, Middle Initial)

A. Lynn M Myrick

Mailing Address

620 SW 4th St

City

State

Zip Code

Grants Pass, OR 97526

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Legal Service

Receipt For: G2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

235.00

Date of Receipt

MM / DD / YYYY  
06 / 28 / 2014

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. Peter Nickerson

Mailing Address

11175 SW Riverwood Rd

City

State

Zip Code

Portland, OR 97219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Business

Receipt For: G2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2,500.00

Date of Receipt

MM / DD / YYYY  
06 / 28 / 2014

Amount of Each Receipt this Period

1,000.00

Full Name (Last, First, Middle Initial)

C. Rajendran Pandya

Mailing Address

12025 Louetta Road B

City

State

Zip Code

Houston, TX 77070

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For: G2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2,500.00

Date of Receipt

MM / DD / YYYY  
06 / 28 / 2014

Amount of Each Receipt this Period

2,500.00

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

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

3,535.00

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

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

FOR LINE NUMBER:  
(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) Judith L. Peters, MD, PhD</p> <p>Mailing Address 13930 SW Secretariat Ct City State Zip Code Beaverton, OR 97008</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer TRG LLC</p> <p>Occupation Physician</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="200.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="28"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="100.00"/></p>
<p>Full Name (Last, First, Middle Initial) Sally Plumley</p> <p>Mailing Address 8530 Helmick Rd City State Zip Code Monmouth, OR 97361</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Self</p> <p>Occupation Retired</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="1,150.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="28"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="100.00"/></p>
<p>Full Name (Last, First, Middle Initial) Lynn Poole</p> <p>Mailing Address 2737 Vallejo St City State Zip Code San Francisco, CA 94123</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Dodge &amp; Cox</p> <p>Occupation Portfolio Manager</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="1,000.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="28"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="1,000.00"/></p>
<p>SUBTOTAL of Receipts This Page (optional) .....</p>		<p><input type="text" value="1,200.00"/></p>
<p>TOTAL This Period (last page this line number only) .....</p>		<p><input type="text" value="1,200.00"/></p>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

A. Full Name (Last, First, Middle Initial)  
Stanley Schmidt

Mailing Address  
PO BOX 137  
City State Zip Code  
DALLAS, OR 97338

FEC ID number of contributing federal political committee.

Name of Employer  
State Farm Insurance

Occupation  
State Farm Agent

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY  
06 / 28 / 2014

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)  
Donald Schroeder

Mailing Address  
3203 Willamette St  
City State Zip Code  
EUGENE, OR 97405

FEC ID number of contributing federal political committee.

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY  
06 / 28 / 2014

Amount of Each Receipt this Period

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

Mailing Address  
400 Pike St  
City State Zip Code  
Cincinnati, OH 45202

FEC ID number of contributing federal political committee.

Name of Employer  
Riverhills Neuroscience

Occupation  
Neurosurgeon

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY  
06 / 28 / 2014

Amount of Each Receipt this Period

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

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

14020590207

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

Full Name (Last, First, Middle Initial)

A. Robert Sheppard

Mailing Address

12319 Drake Prairie Ln

City

State

Zip Code

Cypress, TX 77429

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For: G2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2,500.00

Date of Receipt

MM / DD / YYYY  
06 / 28 / 2014

Amount of Each Receipt this Period

2,500.00

Full Name (Last, First, Middle Initial)

B. Gary Stachlowski

Mailing Address

2726 NW 126th Ave

City

State

Zip Code

Portland, OR 97229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PNW Tax Advisors LLC

Occupation  
CPA

Receipt For: G2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

MM / DD / YYYY  
06 / 28 / 2014

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Theodore Thom

Mailing Address

11311 Kestrel Road

City

State

Zip Code

Klamath Falls, OR 97601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For: G2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

200.00

Date of Receipt

MM / DD / YYYY  
06 / 28 / 2014

Amount of Each Receipt this Period

100.00

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

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

2,850.00

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

A. Full Name (Last, First, Middle Initial)  
Roberta Webber

Mailing Address  
19454 Bounty Lake Ct  
City State Zip Code  
Bend, OR 97702

FEC ID number of contributing federal political committee.

Name of Employer retired Occupation retired

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY  
06 / 28 / 2014

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)  
Abigail Wilder

Mailing Address  
3301 Tripp Rd  
City State Zip Code  
Woodside, CA 94062

FEC ID number of contributing federal political committee.

Name of Employer Mary A Crocker Trust Occupation Foundation Director

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY  
06 / 28 / 2014

Amount of Each Receipt this Period

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

Mailing Address  
3301 Tripp Rd  
City State Zip Code  
Woodside, CA 94062

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation Venture Capital

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY  
06 / 28 / 2014

Amount of Each Receipt this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) Jerome Wilkenfeld</p> <p>A. Mailing Address PO Box 690685 City State Zip Code Houston, TX 77269</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Self Employed</p> <p>Occupation Physician</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="2,500.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="28"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="2,500.00"/></p>
<p>Full Name (Last, First, Middle Initial) Rhonda Wyland</p> <p>B. Mailing Address 43461 SW McKay Dr City State Zip Code Pendleton, OR 97801</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Self Employed</p> <p>Occupation Pediatrician</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="350.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="28"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="100.00"/></p>
<p>Full Name (Last, First, Middle Initial) John Antalis</p> <p>C. Mailing Address 1114 Professional Drive City State Zip Code Dalton, GA 30720</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Dalton Family Practice</p> <p>Occupation physician</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="250.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="250.00"/></p>
<p>SUBTOTAL of Receipts This Page (optional) .....</p> <p>TOTAL This Period (last page this line number only) .....</p>		<p><input type="text" value="2,850.00"/></p> <p><input type="text" value=""/></p>

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) A. Knute Buehler</p> <p>Mailing Address 363 SW Bluff Dr #410 City State Zip Code Bend, OR 97702</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer The Center Orthopedic &amp; Neurosurgical Occupation Orthopedic Surgeon Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="2,000.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="2,000.00"/></p>
<p>Full Name (Last, First, Middle Initial) B. Mary Daniel</p> <p>Mailing Address 22118 S Hwy 213 City State Zip Code Oregon City, OR 97045</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Daniel Business Group Inc Occupation Consultant Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="200.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="100.00"/></p>
<p>Full Name (Last, First, Middle Initial) C. William Ducar</p> <p>Mailing Address 24141 SE McCabe Rd City State Zip Code Sandy, OR 97055</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer BPA Occupation CTO Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="260.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="25.00"/></p>
<p>SUBTOTAL of Receipts This Page (optional).....</p>		<p><input type="text" value="2,125.00"/></p>
<p>TOTAL This Period (last page this line number only).....</p>		<p><input type="text" value="2,125.00"/></p>

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

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) Paul Ellenbogen</p> <p>Mailing Address 4240 Prescott Ave 7E City State Zip Code Dallas, TX 75219</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer RANT</p> <p>Occupation Radiologist</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="250.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="250.00"/></p>
<p>Full Name (Last, First, Middle Initial) Melissa Garretson</p> <p>Mailing Address 115 Timber Creek Dr City State Zip Code Stephenville, TX 76401</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer CCPN</p> <p>Occupation physician</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="500.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="500.00"/></p>
<p>Full Name (Last, First, Middle Initial) Bob Gunby</p> <p>Mailing Address 3209 Colgate City State Zip Code Dallas, TX 72552</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Self Employed</p> <p>Occupation Physician</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="250.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="250.00"/></p>
<p>SUBTOTAL of Receipts This Page (optional) .....</p>		<p><input type="text" value="1,000.00"/></p>
<p>TOTAL This Period (last page this line number only) .....</p>		<p><input type="text" value=""/></p>

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

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

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(check only one)

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☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

A. Full Name (Last, First, Middle Initial)  
Richard Jackson

Mailing Address  
3817 Southwestern Blvd  
City State Zip Code  
Dallas, TX 75225

FEC ID number of contributing federal political committee.

Name of Employer  
Dallas Neurosurgery

Occupation  
Neurosurgeon

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY  
06 / 29 / 2014

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)  
N Jenevein

Mailing Address  
8122 San Frenando Way  
City State Zip Code  
Dallas, TX 75218

FEC ID number of contributing federal political committee.

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY  
06 / 29 / 2014

Amount of Each Receipt this Period

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

Mailing Address  
8821 Mayberry Court  
City State Zip Code  
Potomac, MD 20854

FEC ID number of contributing federal political committee.

Name of Employer  
Price Waterhouse Coopers LLP

Occupation  
CPA

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY  
06 / 29 / 2014

Amount of Each Receipt this Period

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

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

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

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) Sean Noble</p> <p>Mailing Address 3800 E Lincoln Dr #25 City State Zip Code Phoenix, AZ 85018</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer DC London</p> <p>Occupation President</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="1,000.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="1,000.00"/></p>
<p>Full Name (Last, First, Middle Initial) John Peloza</p> <p>Mailing Address 3505 Twin Lakes Dr City State Zip Code Plano, TX 75093</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Self Employed</p> <p>Occupation Physician</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="500.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="500.00"/></p>
<p>Full Name (Last, First, Middle Initial) David Pillow</p> <p>Mailing Address 5332 Wateka Drive City State Zip Code Dallas, TX 75209</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer UT Southwestern University</p> <p>Occupation Doctor</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="250.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="250.00"/></p>
<p>SUBTOTAL of Receipts This Page (optional).....</p> <p>TOTAL This Period (last page this line number only).....</p>		<p><input type="text" value="1,750.00"/></p> <p><input type="text" value=""/></p>

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

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12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<b>A.</b> Full Name (Last, First, Middle Initial) Phillip Ross Mailing Address 75332 Mountain View Dr City State Zip Code Clatskanie, OR 97016 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Dentist Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 300.00		Date of Receipt MM / DD / YYYY 06 / 29 / 2014 Amount of Each Receipt this Period 250.00
<b>B.</b> Full Name (Last, First, Middle Initial) Rick Snyder Mailing Address 5514 Yolanda City State Zip Code Dallas, TX 75225 FEC ID number of contributing federal political committee. C Name of Employer Heart Place Occupation Physician Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 1,000.00		Date of Receipt MM / DD / YYYY 06 / 29 / 2014 Amount of Each Receipt this Period 1,000.00
<b>C.</b> Full Name (Last, First, Middle Initial) Catherine Taylor Mailing Address 8235 Douglas Ave City State Zip Code Dallas, TX 75225 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Investor Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 250.00		Date of Receipt MM / DD / YYYY 06 / 29 / 2014 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional).....		1,500.00
TOTAL This Period (last page this line number only).....		

14020590215

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

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Detailed Summary Page

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☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

Full Name (Last, First, Middle Initial)

A. H Tillmann  
Mailing Address

4251 Park Lane

City

State

Zip Code

Dallas, TX 75220

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For: G2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

MM / DD / YYYY  
06 / 29 / 2014

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Leighton Wells  
Mailing Address

717 Edgemont Way

City

State

Zip Code

Springfield, OR 97477

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Retired

Receipt For: G2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

275.00

Date of Receipt

MM / DD / YYYY  
06 / 29 / 2014

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Paul Attyah  
Mailing Address

908 S Granville Avenue #5

City

State

Zip Code

Los Angeles, CA 90049

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Consultant/Investor

Receipt For: G2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2014

Amount of Each Receipt this Period

500.00

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

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

775.00

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

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for each category of the  
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12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>A. Full Name (Last, First, Middle Initial) Victoria Bartholow</p> <p>Mailing Address 5508 Drane Drive City State Zip Code Dallas, TX 75209</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="250.00"/></p>		<p>Date of Receipt MM / DD / YYYY 06 / 30 / 2014</p> <p>Amount of Each Receipt this Period <input type="text" value="250.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) Jennifer Blatchford</p> <p>Mailing Address 16404 Wingville Ln. City State Zip Code Baker City, OR 97814</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="200.00"/></p>		<p>Date of Receipt MM / DD / YYYY 06 / 30 / 2014</p> <p>Amount of Each Receipt this Period <input type="text" value="200.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) Doyce Boesch</p> <p>Mailing Address 4515 W Street NW City State Zip Code Washington, DC 20007</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation Self Employed Government Relations</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="250.00"/></p>		<p>Date of Receipt MM / DD / YYYY 06 / 30 / 2014</p> <p>Amount of Each Receipt this Period <input type="text" value="250.00"/></p>
<p>SUBTOTAL of Receipts This Page (optional).....</p> <p>TOTAL This Period (last page this line number only).....</p>		<p><input type="text" value="700.00"/></p> <p><input type="text" value=""/></p>

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

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for each category of the  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

Full Name (Last, First, Middle Initial) <b>A. Darrell Brett</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2014	
Mailing Address 10000 SE Main Ste 360 City State Zip Code PORTLAND, OR 97216		Amount of Each Receipt this Period 2,600.00	
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date 3,600.00	
Name of Employer Self		Occupation Surgeon	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Amount of Each Receipt this Period 2,600.00	
Full Name (Last, First, Middle Initial) <b>B. Robert Burke</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2014	
Mailing Address 6535 Bandera Ave. #A City State Zip Code Dallas, TX 75225		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date 500.00	
Name of Employer Self Employed		Occupation Physician	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Amount of Each Receipt this Period 500.00	
Full Name (Last, First, Middle Initial) <b>C. Ronald Cameron</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2014	
Mailing Address PO Box 21440 City State Zip Code Little Rock, AR 72221		Amount of Each Receipt this Period 2,600.00	
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date 2,600.00	
Name of Employer Mountaire Corporation		Occupation President	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Amount of Each Receipt this Period 2,600.00	
SUBTOTAL of Receipts This Page (optional) .....		5,700.00	
TOTAL This Period (last page this line number only) .....		5,700.00	

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

Use separate schedule(s)  
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☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

Full Name (Last, First, Middle Initial)

A. Charles Carlbon

Mailing Address

2642 SW Chelmsford Ave

City

State

Zip Code

Portland, OR 97201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Business Advisor

Receipt For: G2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

200.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2014

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Sam Carpenter

Mailing Address

3069 NW Jewel Way

City

State

Zip Code

Bend, OR 97701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Centrate1

Occupation  
CEO

Receipt For: G2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2,600.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2014

Amount of Each Receipt this Period

2,600.00

Full Name (Last, First, Middle Initial)

C. Scott Casebeer

Mailing Address

PO Box 305

City

State

Zip Code

Independence, OR 97351

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Capitol Auto Group

Occupation  
Dealer

Receipt For: G2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1,250.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2014

Amount of Each Receipt this Period

1,000.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

3,700.00

**SCHEDULE A (FEC Form 3)**  
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<b>A.</b> Full Name (Last, First, Middle Initial) John Cheney Mailing Address Po Box 1157 City State Zip Code White Salmon, WA 98672 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Occupation Retired Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date <input type="text" value="1,000.00"/>		Date of Receipt <input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2014"/> Amount of Each Receipt this Period <input type="text" value="1,000.00"/>
<b>B.</b> Full Name (Last, First, Middle Initial) Thomas Dayspring Mailing Address 10701 Sheppards Way Drive City State Zip Code Glen Allen, VA 230601940 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Occupation Foundation for HealthImprovement and T Physician Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date <input type="text" value="205.00"/>		Date of Receipt <input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2014"/> Amount of Each Receipt this Period <input type="text" value="20.00"/>
<b>C.</b> Full Name (Last, First, Middle Initial) David Decker Mailing Address 1344 SE Umatilla St. City State Zip Code Portland, OR 97202 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Occupation N/A Retired Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date <input type="text" value="200.00"/>		Date of Receipt <input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2014"/> Amount of Each Receipt this Period <input type="text" value="200.00"/>
SUBTOTAL of Receipts This Page (optional) ..... TOTAL This Period (last page this line number only) .....		<input type="text" value="1,220.00"/> <input type="text"/>

14020590220

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

Full Name (Last, First, Middle Initial) George Detrick		Date of Receipt MM / DD / YYYY 06 / 30 / 2014	
Mailing Address 1378 Leigh Ct. City State Zip Code West Linn, OR 97068		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00	
Name of Employer retired		Occupation none	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 350.00	
Full Name (Last, First, Middle Initial) John Dillard		Date of Receipt MM / DD / YYYY 06 / 30 / 2014	
Mailing Address PO Box 130 City State Zip Code Monroe, OR 97456		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00	
Name of Employer Monroe Telephone Co		Occupation President	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 350.00	
Full Name (Last, First, Middle Initial) John Dillingham		Date of Receipt MM / DD / YYYY 06 / 30 / 2014	
Mailing Address 1080 SE Belle Aire Dr. City State Zip Code Grant Pass, OR 97526		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00	
Name of Employer Walgreens		Occupation Pharmacist	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 200.00	
SUBTOTAL of Receipts This Page (optional).....		550.00	
TOTAL This Period (last page this line number only).....		550.00	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

A. Full Name (Last, First, Middle Initial)  
Michael Doane

Mailing Address  
PO Box 546  
City State Zip Code  
Eagle Creek, OR 97022

FEC ID number of contributing federal political committee.

Name of Employer  
R S Davis Recycling Inc

Occupation  
Manager

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2014

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)  
Clifford Pahey

Mailing Address  
36440 SW Bald Peak Rd  
City State Zip Code  
Hillsboro, OR 97123

FEC ID number of contributing federal political committee.

Name of Employer

Occupation  
Retired

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2014

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)  
Janet Flores

Mailing Address  
5511 Fieldstone Ct.  
City State Zip Code  
Lake Oswego, OR 97035

FEC ID number of contributing federal political committee.

Name of Employer  
Best Efforts

Occupation  
Requested

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2014

Amount of Each Receipt this Period

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

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

14020590223

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

Full Name (Last, First, Middle Initial)

A. Jess Foster  
Mailing Address

148 Rio Senda

City State Zip Code

Umatilla, OR 97882

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Retired

Receipt For: G2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2014

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. James Fullmer  
Mailing Address

2552 Walnut Ave #230

City State Zip Code

Tustin, CA 92780

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Real Estate

Receipt For: G2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2014

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Jessica George  
Mailing Address

16785 SW ParrettMountain Rd

City State Zip Code

Portland, OR 97140

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Best Efforts

Occupation  
Requested

Receipt For: G2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1,500.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2014

Amount of Each Receipt this Period

1,500.00

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

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

2,000.00

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

A. Full Name (Last, First, Middle Initial)  
Dennis Glaser

Mailing Address  
31915 Seven Mile Lane  
City State Zip Code  
Tangent, OR 97389

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Mid Valley Farms Farmer/General Manager

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
1,000.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2014

Amount of Each Receipt this Period

1,000.00

B. Full Name (Last, First, Middle Initial)  
Dave Gore

Mailing Address  
1233 NW Lewisburg Ave  
City State Zip Code  
Corvallis, OR 97330

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
WL Gore & Associates Corporate Director

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
1,000.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2014

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)  
Mabel Harris

Mailing Address  
5042 SW Hilltop Lane  
City State Zip Code  
Portland, OR 97221

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
retired homemaker

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
3,200.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2014

Amount of Each Receipt this Period

200.00

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

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

1,700.00

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) Robin Hart</p>		<p>Date of Receipt MM / DD / YYYY 06 / 30 / 2014</p>	
<p>Mailing Address 5534 SW Texas St. City State Zip Code Portland, OR 97219</p>		<p>Amount of Each Receipt this Period 2,500.00</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 2,500.00</p>	
<p>Name of Employer Occupation Information Requested</p>		<p>Amount of Each Receipt this Period 2,500.00</p>	
<p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 2,500.00</p>	
<p>Full Name (Last, First, Middle Initial) Stephen Hart</p>		<p>Date of Receipt MM / DD / YYYY 06 / 30 / 2014</p>	
<p>Mailing Address 5534 SW Texas St. City State Zip Code Portland, OR 97219</p>		<p>Amount of Each Receipt this Period 2,500.00</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 2,500.00</p>	
<p>Name of Employer Occupation Information Requested</p>		<p>Amount of Each Receipt this Period 2,500.00</p>	
<p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 2,500.00</p>	
<p>Full Name (Last, First, Middle Initial) James Haslam, II</p>		<p>Date of Receipt MM / DD / YYYY 06 / 30 / 2014</p>	
<p>Mailing Address PO Box 10146 City State Zip Code Knoxville, TN 37939</p>		<p>Amount of Each Receipt this Period 2,500.00</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 2,500.00</p>	
<p>Name of Employer Pilot Corporation Occupation Founder</p>		<p>Amount of Each Receipt this Period 2,500.00</p>	
<p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 2,500.00</p>	
<p>SUBTOTAL of Receipts This Page (optional).....</p>		<p>7,500.00</p>	
<p>TOTAL This Period (last page this line number only).....</p>		<p></p>	

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

Full Name (Last, First, Middle Initial) Natalie Haslam		Date of Receipt MM / DD / YYYY 06 / 30 / 2014	
Mailing Address PO Box 10146 City State Zip Code Knoxville, TN 37939		Amount of Each Receipt this Period 2,500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer N/A		Occupation Homemaker	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2,500.00	
Full Name (Last, First, Middle Initial) George Heimos		Date of Receipt MM / DD / YYYY 06 / 30 / 2014	
Mailing Address 420 Sw Filbert St City State Zip Code McMinnville, OR 97128		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer City of Tigard		Occupation Building Inspector	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 400.00	
Full Name (Last, First, Middle Initial) Clyde Holland		Date of Receipt MM / DD / YYYY 06 / 30 / 2014	
Mailing Address 1111 Main St. Ste. 700 City State Zip Code Vancouver, WA 98660		Amount of Each Receipt this Period 2,600.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Holland Partnergroup		Occupation Real Estate	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5,200.00	
SUBTOTAL of Receipts This Page (optional) .....		5,150.00	
TOTAL This Period (last page this line number only) .....			

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

A. Full Name (Last, First, Middle Initial)  
Rena Holland

Mailing Address  
1111 Main St. Ste. 700  
City State Zip Code  
Vancouver, WA 98660

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Homemaker

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
5,200.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2014

Amount of Each Receipt this Period

2,600.00

B. Full Name (Last, First, Middle Initial)  
Ronald Howse

Mailing Address  
PO Box 237237  
City State Zip Code  
Cocoa, FL 32923

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
RDDGI Engineer

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
5,200.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2014

Amount of Each Receipt this Period

2,600.00

C. Full Name (Last, First, Middle Initial)  
Ronald Howse

Mailing Address  
PO Box 237237  
City State Zip Code  
Cocoa, FL 32923

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
RDDGI Engineer

Receipt For: P2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
5,200.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2014

Amount of Each Receipt this Period

2,600.00

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

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

7,800.00

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

A. Full Name (Last, First, Middle Initial)  
Suzette Howse

Mailing Address  
PO Box 237237  
City State Zip Code  
Cocoa, FL 32923

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Housewife

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
5,200.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2014

Amount of Each Receipt this Period

2,600.00

B. Full Name (Last, First, Middle Initial)  
Suzette Howse

Mailing Address  
PO Box 237237  
City State Zip Code  
Cocoa, FL 32923

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Housewife

Receipt For: P2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
5,200.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2014

Amount of Each Receipt this Period

2,600.00

C. Full Name (Last, First, Middle Initial)  
Cynthia Hull

Mailing Address  
409 Jackson Place  
City State Zip Code  
Alexandria, VA 22302

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Fierce, Isakowitz and Blalock Consultant

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
1,000.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2014

Amount of Each Receipt this Period

1,000.00

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

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

6,200.00

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

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

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 (check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
 Dr. Monica Wehby for U.S. Senate

Full Name (Last, First, Middle Initial) Colene Johnson Mailing Address 2900 Pacific Ave #201 City State Zip Code San Francisco, CA 94115 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Occupation Retired Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date <input type="text" value="1,000.00"/>		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Amount of Each Receipt this Period <input type="text" value="1,000.00"/>
Full Name (Last, First, Middle Initial) Rick Johnson Mailing Address 17699 NE Cheltenham Dr City State Zip Code Newberg, OR 97132 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Occupation Self Employed Contracts Management Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date <input type="text" value="500.00"/>		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Amount of Each Receipt this Period <input type="text" value="250.00"/>
Full Name (Last, First, Middle Initial) Becky Jones Mailing Address 61475 Westridge Ave City State Zip Code Bend, OR 97702 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Occupation Seneca Sawmill Partner Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date <input type="text" value="5,000.00"/>		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Amount of Each Receipt this Period <input type="text" value="2,600.00"/>
SUBTOTAL of Receipts This Page (optional) .....		<input type="text" value="3,850.00"/>
TOTAL This Period (last page this line number only) .....		<input type="text"/>

14020590230

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Webby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) Becky Jones</p>		<p>Date of Receipt MM / DD / YYYY 06 / 30 / 2014</p>	
<p>Mailing Address 61475 Westridge Ave City State Zip Code Bend, OR 97702</p>		<p>Amount of Each Receipt this Period 2,400.00</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 5,000.00</p>	
<p>Name of Employer Seneca Sawmill</p>		<p>Occupation Partner</p>	
<p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 5,000.00</p>	
<p>Full Name (Last, First, Middle Initial) Jody Jones</p>		<p>Date of Receipt MM / DD / YYYY 06 / 30 / 2014</p>	
<p>Mailing Address 86162 Bailey Hill Rd City State Zip Code Eugene, OR 97405</p>		<p>Amount of Each Receipt this Period 2,400.00</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 5,000.00</p>	
<p>Name of Employer Seneca Sawmill Co</p>		<p>Occupation Co-Owner</p>	
<p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 5,000.00</p>	
<p>Full Name (Last, First, Middle Initial) Jody Jones</p>		<p>Date of Receipt MM / DD / YYYY 06 / 30 / 2014</p>	
<p>Mailing Address 86162 Bailey Hill Rd City State Zip Code Eugene, OR 97405</p>		<p>Amount of Each Receipt this Period 2,600.00</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 5,000.00</p>	
<p>Name of Employer Seneca Sawmill Co</p>		<p>Occupation Co-Owner</p>	
<p>Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 5,000.00</p>	
<p>SUBTOTAL of Receipts This Page (optional).....</p>		<p>7,400.00</p>	
<p>TOTAL This Period (last page this line number only).....</p>		<p></p>	

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

A. Full Name (Last, First, Middle Initial)  
Michael Keiser

Mailing Address  
2450 N Lakeview Ave  
City State Zip Code  
Chicago, IL 60614

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Developer

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2014

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)  
William Kennedy

Mailing Address  
501 Damont Street  
City State Zip Code  
Klamath Falls, OR 97601

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Rancher

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2014

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)  
Terri Lynn Land

Mailing Address  
7955 Byron Station Court  
City State Zip Code  
Byron Center, MI 49315

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Green Light Management Management

Receipt For: P2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2014

Amount of Each Receipt this Period

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

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

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) Terri Lynn Land</p> <p>Mailing Address 7955 Byron Station Court City State Zip Code Byron Center, MI 49315</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Green Light Management</p> <p>Occupation Management</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="5,200.00"/></p>		<p>Date of Receipt <input type="text" value="MM MM / DD DD / YYYY"/> 06 30 2014</p> <p>Amount of Each Receipt this Period <input type="text" value="2,600.00"/></p>
<p>Full Name (Last, First, Middle Initial) David Lowry</p> <p>Mailing Address 4100 Payne Rd City State Zip Code Medford, OR 97504</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Associated Fruit Co</p> <p>Occupation Executive</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="200.00"/></p>		<p>Date of Receipt <input type="text" value="MM MM / DD DD / YYYY"/> 06 30 2014</p> <p>Amount of Each Receipt this Period <input type="text" value="100.00"/></p>
<p>Full Name (Last, First, Middle Initial) Jeff Lozar</p> <p>Mailing Address 520 Antelope Way City State Zip Code Eugene, OR 97401</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Livewire Electric, Inc.</p> <p>Occupation Electrician</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="450.00"/></p>		<p>Date of Receipt <input type="text" value="MM MM / DD DD / YYYY"/> 06 30 2014</p> <p>Amount of Each Receipt this Period <input type="text" value="100.00"/></p>
<p>SUBTOTAL of Receipts This Page (optional) .....</p> <p>TOTAL This Period (last page this line number only) .....</p>		<p><input type="text" value="2,800.00"/></p> <p><input type="text" value=""/></p>

14020590233

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

Full Name (Last, First, Middle Initial) Roger Lucas		Date of Receipt MM / DD / YYYY 06 / 30 / 2014	
Mailing Address 1701 Porter St SW Ste 6 City State Zip Code Wyoming, MI 49519		Amount of Each Receipt this Period 2,600.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2,600.00	
Name of Employer Member Fieldstone #2 LLC		Occupation Real Estate	
Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5,200.00	
Full Name (Last, First, Middle Initial) Roger Lucas		Date of Receipt MM / DD / YYYY 06 / 30 / 2014	
Mailing Address 1701 Porter St SW Ste 6 City State Zip Code Wyoming, MI 49519		Amount of Each Receipt this Period 2,600.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2,600.00	
Name of Employer Member Fieldstone #2 LLC		Occupation Real Estate	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5,200.00	
Full Name (Last, First, Middle Initial) Margaret Mahaffey		Date of Receipt MM / DD / YYYY 06 / 30 / 2014	
Mailing Address 1950 Quinton St City State Zip Code The Dalles, OR 97058		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer NorthShore Medical Group		Occupation Human Resources/Payroll Clerk	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 300.00	
SUBTOTAL of Receipts This Page (optional).....		5,300.00	
TOTAL This Period (last page this line number only).....		5,300.00	

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

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for each category of the  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Webby for U.S. Senate

Full Name (Last, First, Middle Initial) Mary McCaslin		Date of Receipt MM / DD / YYYY 06 / 30 / 2014	
Mailing Address 01600 SW Greenwood Rd City State Zip Code Portland, OR 97219		Amount of Each Receipt this Period 2,600.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5,200.00	
Name of Employer Occupation Homemaker		Election Cycle-to-Date 5,200.00	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5,200.00	
Full Name (Last, First, Middle Initial) Mary McCaslin		Date of Receipt MM / DD / YYYY 06 / 30 / 2014	
Mailing Address 01600 SW Greenwood Rd City State Zip Code Portland, OR 97219		Amount of Each Receipt this Period 2,600.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5,200.00	
Name of Employer Occupation Homemaker		Election Cycle-to-Date 5,200.00	
Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5,200.00	
Full Name (Last, First, Middle Initial) Mark McLaughlin		Date of Receipt MM / DD / YYYY 06 / 30 / 2014	
Mailing Address 4547 Province Line Rd City State Zip Code Princeton, NJ 08540		Amount of Each Receipt this Period 1,000.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2,000.00	
Name of Employer Occupation Neurosurgeon		Election Cycle-to-Date 2,000.00	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2,000.00	
SUBTOTAL of Receipts This Page (optional) .....		6,200.00	
TOTAL This Period (last page this line number only) .....		6,200.00	

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) A. Darrell Mcneel</p> <p>Mailing Address 15163 Lake Ridge Way City State Zip Code Oregon City, OR 97045</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Capitol Electric Co Inc</p> <p>Occupation Electrical Contractor</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="1,000.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="500.00"/></p>
<p>Full Name (Last, First, Middle Initial) B. Mary Mills</p> <p>Mailing Address 12790 SW Bexley Ln City State Zip Code PORTLAND, OR 97224</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer</p> <p>Occupation Retired</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="1,500.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="1,000.00"/></p>
<p>Full Name (Last, First, Middle Initial) C. Rodney Moore</p> <p>Mailing Address 0305 SW Montgomery St. Apt 506 City State Zip Code Portland, OR 97201</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer West Coast Seafood Processors Assn</p> <p>Occupation Executive Director</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="200.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="100.00"/></p>
<p>SUBTOTAL of Receipts This Page (optional) .....</p> <p>TOTAL This Period (last page this line number only) .....</p>		<p><input type="text" value="1,600.00"/></p> <p><input type="text" value=""/></p>

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

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for each category of the  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

A. Full Name (Last, First, Middle Initial)  
Victoria Murray

Mailing Address  
178 Hayes Eden Lane  
City State Zip Code  
Roseburg, OR 97471

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Murray Services, Inc Bookkeeping

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2014

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)  
Kris Olsen

Mailing Address  
61475 Westridge Ave  
City State Zip Code  
Bend, OR 97702

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Retired

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2014

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)  
Kris Olsen

Mailing Address  
61475 Westridge Ave  
City State Zip Code  
Bend, OR 97702

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Retired

Receipt For: P2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2014

Amount of Each Receipt this Period

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

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

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<b>A.</b> Full Name (Last, First, Middle Initial) Ross Perot, Jr. Mailing Address 2300 W. Plano Pkwy City State Zip Code Plano, TX 75075 FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/> Name of Employer Occupation Perot Systems Chairman Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date <input type="text"/> 2,600.00 <input type="text"/>		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Amount of Each Receipt this Period <input type="text"/> 2,600.00 <input type="text"/>
<b>B.</b> Full Name (Last, First, Middle Initial) Harlan Pittelkau Mailing Address 3002 19th Ave, Apt 4 City State Zip Code Forest Grove, OR 97116 FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/> Name of Employer Occupation Retired Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date <input type="text"/> 200.00 <input type="text"/>		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Amount of Each Receipt this Period <input type="text"/> 100.00 <input type="text"/>
<b>C.</b> Full Name (Last, First, Middle Initial) Robert Poole Mailing Address 2640 Sw Whiteside Dr City State Zip Code Corvallis, OR 97333 FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/> Name of Employer Occupation Retired Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date <input type="text"/> 200.00 <input type="text"/>		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Amount of Each Receipt this Period <input type="text"/> 100.00 <input type="text"/>
SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....		<input type="text"/> 2,800.00 <input type="text"/> <input type="text"/>

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

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for each category of the  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) Richard Porter</p> <p>A. Mailing Address 3525 NE Dogwood Lane City State Zip Code Madras, OR 97741</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation Retired</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date 200.00</p>		<p>Date of Receipt MM / DD / YYYY 06 / 30 / 2014</p> <p>Amount of Each Receipt this Period 100.00</p>
<p>Full Name (Last, First, Middle Initial) J Adrail Prall</p> <p>B. Mailing Address 5265 Skyrail Dr City State Zip Code LITTLETON, CO 80123</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation Neurosurgery One Physician</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date 750.00</p>		<p>Date of Receipt MM / DD / YYYY 06 / 30 / 2014</p> <p>Amount of Each Receipt this Period 250.00</p>
<p>Full Name (Last, First, Middle Initial) James Rash</p> <p>C. Mailing Address PO Box 2358 City State Zip Code Florence, OR 97439</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation N/A Retired</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date 500.00</p>		<p>Date of Receipt MM / DD / YYYY 06 / 30 / 2014</p> <p>Amount of Each Receipt this Period 500.00</p>
<p>SUBTOTAL of Receipts This Page (optional).....</p> <p>TOTAL This Period (last page this line number only).....</p>		<p>850.00</p>

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<b>A.</b> Full Name (Last, First, Middle Initial) Todd Rask		Date of Receipt MM / DD / YYYY 06 / 30 / 2014	
Mailing Address 3240 SW Evergreen Lane City State Zip Code Portland, OR 97205		Amount of Each Receipt this Period 1,500.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1,500.00	
Name of Employer Strategic Solutions NW		Occupation Principal	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 4,000.00	
<b>B.</b> Full Name (Last, First, Middle Initial) James Richardson		Date of Receipt MM / DD / YYYY 06 / 30 / 2014	
Mailing Address 1000 SW Broadway, Suite 1010 City State Zip Code Portland, OR 97205		Amount of Each Receipt this Period 2,600.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2,600.00	
Name of Employer Richardson Capital		Occupation Chairman and CEO	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5,200.00	
<b>C.</b> Full Name (Last, First, Middle Initial) Renaud Rodrigue		Date of Receipt MM / DD / YYYY 06 / 30 / 2014	
Mailing Address 11201 Leachman Circle City State Zip Code Dallas, TX 75229		Amount of Each Receipt this Period 1,000.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1,000.00	
Name of Employer Self Employed		Occupation Physician	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1,000.00	
SUBTOTAL of Receipts This Page (optional).....		5,100.00	
TOTAL This Period (last page this line number only).....			

**SCHEDULE A (FEC Form 3)**  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) A. Jean Rowlett</p> <p>Mailing Address 16799 Hwy 66 City Ashland, OR 97520</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation Retired</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="225.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="25.00"/></p>
<p>Full Name (Last, First, Middle Initial) B. James Russell</p> <p>Mailing Address 1820 NE 104th Ave Apt 66 City Portland, OR 97220</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation Retired</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="1,000.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="1,000.00"/></p>
<p>Full Name (Last, First, Middle Initial) C. William Schellenberg</p> <p>Mailing Address 672 Hazeltine Ave SE City Salem, OR 97306</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation None Retired</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="200.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="50.00"/></p>
<p>SUBTOTAL of Receipts This Page (optional) .....</p> <p>TOTAL This Period (last page this line number only) .....</p>		<p><input type="text" value="1,075.00"/></p> <p><input type="text" value=""/></p>

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

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for each category of the  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

Full Name (Last, First, Middle Initial) Stephen Shepard		Date of Receipt MM / DD / YYYY 06 / 30 / 2014	
Mailing Address Po Box 82157 City State Zip Code Portland, OR 97282		Amount of Each Receipt this Period 2,600.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5,000.00	
Name of Employer M Benefit Solutions		Occupation Managing Director	
Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5,000.00	
Full Name (Last, First, Middle Initial) Stephen Shepard		Date of Receipt MM / DD / YYYY 06 / 30 / 2014	
Mailing Address Po Box 82157 City State Zip Code Portland, OR 97282		Amount of Each Receipt this Period 2,400.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5,000.00	
Name of Employer M Benefit Solutions		Occupation Managing Director	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5,000.00	
Full Name (Last, First, Middle Initial) Allen Simon		Date of Receipt MM / DD / YYYY 06 / 30 / 2014	
Mailing Address 1383 N Criss St City State Zip Code Chandler, AZ 85226		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 375.00	
Name of Employer Retired		Election Cycle-to-Date 375.00	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 375.00	
SUBTOTAL of Receipts This Page (optional).....		5,025.00	
TOTAL This Period (last page this line number only).....		5,025.00	

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) Bill Smith</p> <p>A. Mailing Address 15 SW Colorado Ste 1 City State Zip Code Bend, OR 97702</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer William Smith Properties Inc Occupation Real Estate Development</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="2,600.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="2,600.00"/></p>
<p>Full Name (Last, First, Middle Initial) Jay Smith</p> <p>B. Mailing Address 185 Cordoba Way City State Zip Code Windsor, CA 95492</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation Retired</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="250.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="50.00"/></p>
<p>Full Name (Last, First, Middle Initial) Stephen Smith</p> <p>C. Mailing Address 800 Cantrall Rd City State Zip Code Jacksonville, OR 97530</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation Retired</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="350.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="200.00"/></p>
<p>SUBTOTAL of Receipts This Page (optional) .....</p> <p>TOTAL This Period (last page this line number only) .....</p>		<p><input type="text" value="2,850.00"/></p> <p><input type="text" value=""/></p>

**SCHEDULE A (FEC Form 3)**  
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for each category of the  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

Full Name (Last, First, Middle Initial) Dennis Snyder		Date of Receipt MM / DD / YYYY 06 / 30 / 2014	
Mailing Address PO Box 36 City State Zip Code Clackamas, OR 97015		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date 250.00	
Name of Employer Self Employed		Occupation Contractor	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00	
Full Name (Last, First, Middle Initial) Scott South		Date of Receipt MM / DD / YYYY 06 / 30 / 2014	
Mailing Address 7915 SE 17th St City State Zip Code Vancouver, WA 98664		Amount of Each Receipt this Period 2,600.00	
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date 2,600.00	
Name of Employer Stevens Water Monitoring Systems, Inc		Occupation President	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2,600.00	
Full Name (Last, First, Middle Initial) Kay Stepp		Date of Receipt MM / DD / YYYY 06 / 30 / 2014	
Mailing Address PO Box 365 City State Zip Code Manzanita, OR 97130		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date 850.00	
Name of Employer Retired		Occupation Retired	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 850.00	
SUBTOTAL of Receipts This Page (optional) .....		3,100.00	
TOTAL This Period (last page this line number only) .....		3,100.00	

**SCHEDULE A (FEC Form 3)**  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

A. Full Name (Last, First, Middle Initial)  
William Stoller

Mailing Address  
2015 SE Columbia River Dr. #210  
City State Zip Code  
VANCOUVER, WA 98661

FEC ID number of contributing federal political committee.

Name of Employer  
Express Temp Occupation  
CEO

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2014

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)  
James Tedrow

Mailing Address  
PO Box 1393  
City State Zip Code  
ESTACADA, OR 97023

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2014

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)  
Shelly Timmons

Mailing Address  
114 Skyward Drive  
City State Zip Code  
DANVILLE, PA 17821

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Geisinger Clinic Neurosurgeon

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2014

Amount of Each Receipt this Period

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

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

**SCHEDULE A (FEC Form 3)**  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) Donald Tykeson</p>		<p>Date of Receipt MM / DD / YYYY 06 / 30 / 2014</p>	
<p>Mailing Address 1144 Willagillespie Rd #33 City State Zip Code EUGENE, OR 97401</p>		<p>Amount of Each Receipt this Period 600.00</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 5,200.00</p>	
<p>Name of Employer Tykeson/Associates Enterprises</p>		<p>Occupation Private Investments</p>	
<p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 5,200.00</p>	
<p>Full Name (Last, First, Middle Initial) Willie Tykeson</p>		<p>Date of Receipt MM / DD / YYYY 06 / 30 / 2014</p>	
<p>Mailing Address 1144 Willagillespie Rd, Ste 33 City State Zip Code Eugene, OR 97401</p>		<p>Amount of Each Receipt this Period 2,600.00</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 5,200.00</p>	
<p>Name of Employer Tykeson/Associates Enterprises</p>		<p>Occupation Private Investments</p>	
<p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 5,200.00</p>	
<p>Full Name (Last, First, Middle Initial) Patrick Wade</p>		<p>Date of Receipt MM / DD / YYYY 06 / 30 / 2014</p>	
<p>Mailing Address 1016 E. Broadway Ste. 10 City State Zip Code GLENDALE, CA 91205</p>		<p>Amount of Each Receipt this Period 500.00</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 1,500.00</p>	
<p>Name of Employer Phoenix Professional Corp.</p>		<p>Occupation Real Estate</p>	
<p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 1,500.00</p>	
<p>SUBTOTAL of Receipts This Page (optional).....</p>		<p>3,700.00</p>	
<p>TOTAL This Period (last page this line number only).....</p>		<p></p>	

**SCHEDULE A (FEC Form 3)**  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

Full Name (Last, First, Middle Initial)

A. Lisa Wagner

Mailing Address

2 N Riverside Plaza Ste. 600

City

State

Zip Code

Chicago, IL 60606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lisa Wagner & Company

Occupation  
President

Receipt For: P2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5,200.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2014

Amount of Each Receipt this Period

2,600.00

Full Name (Last, First, Middle Initial)

B. Lisa Wagner

Mailing Address

2 N Riverside Plaza Ste. 600

City

State

Zip Code

Chicago, IL 60606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lisa Wagner & Company

Occupation  
President

Receipt For: G2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5,200.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2014

Amount of Each Receipt this Period

2,600.00

Full Name (Last, First, Middle Initial)

C. Robert Wah

Mailing Address

3170 Fairfield Park Dr

City

State

Zip Code

McLean, VA 22042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CSC

Occupation  
Medical Officer

Receipt For: G2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2014

Amount of Each Receipt this Period

250.00

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

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

5,450.00

**SCHEDULE A (FEC Form 3)**  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<b>A.</b> Full Name (Last, First, Middle Initial) Donald Waldrop		<b>Date of Receipt</b> MM / DD / YYYY 06 / 30 / 2014	
Mailing Address PO Box 3344 City State Zip Code La Grande, OR 97850		<b>Amount of Each Receipt this Period</b> 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer A + B Enterprises, Inc		Occupation CEO	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 200.00	
<b>B.</b> Full Name (Last, First, Middle Initial) Richard Warden		<b>Date of Receipt</b> MM / DD / YYYY 06 / 30 / 2014	
Mailing Address 24328 S. Skylane Drive City State Zip Code Canby, OR 97013		<b>Amount of Each Receipt this Period</b> 200.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Best Efforts		Occupation Requested	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 200.00	
<b>C.</b> Full Name (Last, First, Middle Initial) L. Rob Werner		<b>Date of Receipt</b> MM / DD / YYYY 06 / 30 / 2014	
Mailing Address 41984 Mapleleaf Dr. City State Zip Code Big Bear Lake, CA 92315		<b>Amount of Each Receipt this Period</b> 1,000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Keller Williams Realty		Occupation Agent	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1,000.00	
<b>SUBTOTAL of Receipts This Page (optional)</b> .....		1,300.00	
<b>TOTAL This Period (last page this line number only)</b> .....			

**SCHEDULE A (FEC Form 3)**  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
Dr. Monica Webby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) Mark Winters</p> <p>Mailing Address PO Box 5123 City State Zip Code Klamath Falls, OR 97602</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Self Employed Occupation Property Manager</p> <p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value="500.00"/></p>		<p>Date of Receipt <input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2014"/></p> <p>Amount of Each Receipt this Period <input type="text" value="500.00"/></p>
<p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address City State Zip Code</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value=""/></p>		<p>Date of Receipt <input type="text" value=""/> / <input type="text" value=""/> / <input type="text" value=""/></p> <p>Amount of Each Receipt this Period <input type="text" value=""/></p>
<p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address City State Zip Code</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date <input type="text" value=""/></p>		<p>Date of Receipt <input type="text" value=""/> / <input type="text" value=""/> / <input type="text" value=""/></p> <p>Amount of Each Receipt this Period <input type="text" value=""/></p>
<p>SUBTOTAL of Receipts This Page (optional) .....</p> <p>TOTAL This Period (last page this line number only) .....</p>		<p><input type="text" value="500.00"/></p> <p><input type="text" value="530,241.00"/></p>

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

A. Full Name (Last, First, Middle Initial)  
Wasco County Republican Central Committee

Mailing Address  
3463 13th St.  
City State Zip Code  
The Dalles, OR 97058

FEC ID number of contributing federal political committee. ☐ C00045492

Name of Employer Occupation

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt

MM / DD / YYYY  
06 / 16 / 2014

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

MM / DD / YYYY

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

MM / DD / YYYY

Amount of Each Receipt this Period

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

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

500.00

500.00

**SCHEDULE A (FEC Form 3)**  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

Full Name (Last, First, Middle Initial)

A. Romney for President

Mailing Address

138 Conant St., 1st Floor

City

State

Zip Code

Beverly, MA 01915

FEC ID number of contributing  
federal political committee.

C C00431171

Name of Employer

Occupation

Receipt For: P2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2,000.00

Date of Receipt

MM / DD / YYYY  
05 / 08 / 2014

Amount of Each Receipt this Period

2,000.00

Full Name (Last, First, Middle Initial)

B. American Society of Plastic Surgeons PlastyPAC

Mailing Address

444 E. Algonquin Rd.

City

State

Zip Code

Arlington, IL 60005

FEC ID number of contributing  
federal political committee.

C C00249342

Name of Employer

Occupation

Receipt For: P2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2,000.00

Date of Receipt

MM / DD / YYYY  
05 / 09 / 2014

Amount of Each Receipt this Period

2,000.00

Full Name (Last, First, Middle Initial)

C. Olympia's List PAC

Mailing Address

PO Box 2012

City

State

Zip Code

Portland, ME 04014

FEC ID number of contributing  
federal political committee.

C C00291955

Name of Employer

Occupation

Receipt For: P2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2,500.00

Date of Receipt

MM / DD / YYYY  
05 / 10 / 2014

Amount of Each Receipt this Period

2,500.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

6,500.00

**SCHEDULE A (FEC Form 3)**  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<b>A.</b> Full Name (Last, First, Middle Initial) Lone Star Leadership PAC Mailing Address PO Box 30844 City State Zip Code Bethesda, MD 20824 FEC ID number of contributing federal political committee. <input type="checkbox"/> C00415208 Name of Employer Occupation Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 2,000.00		Date of Receipt MM / DD / YYYY 05 / 12 / 2014 Amount of Each Receipt this Period 2,000.00
<b>B.</b> Full Name (Last, First, Middle Initial) Michael Burgess for Congress Mailing Address PO Box 2334 City State Zip Code Denton, TX 76202 FEC ID number of contributing federal political committee. <input type="checkbox"/> C00372532 Name of Employer Occupation Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 2,000.00		Date of Receipt MM / DD / YYYY 05 / 12 / 2014 Amount of Each Receipt this Period 2,000.00
<b>C.</b> Full Name (Last, First, Middle Initial) Wholesaler-Distributor PAC Mailing Address 1325 G Street NW, Suite 1000 City State Zip Code Washington, DC 20005 FEC ID number of contributing federal political committee. <input type="checkbox"/> C00109306 Name of Employer Occupation Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 6,000.00		Date of Receipt MM / DD / YYYY 05 / 12 / 2014 Amount of Each Receipt this Period 5,000.00
SUBTOTAL of Receipts This Page (optional) ..... TOTAL This Period (last page this line number only) .....		9,000.00

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)  
Dr. Monica Webby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) Rely on Your Beliefs Fund PAC</p>		<p>Date of Receipt MM / DD / YYYY 05 / 13 / 2014</p>	
<p>Mailing Address 209 Pennsylvania Ave. SE City State Zip Code Washington, DC 20003</p>		<p>Amount of Each Receipt this Period 5,000.00</p>	
<p>FEC ID number of contributing federal political committee. C C00344648</p>		<p>Amount of Each Receipt this Period 10,000.00</p>	
<p>Name of Employer Occupation Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 10,000.00</p>	
<p>Full Name (Last, First, Middle Initial) Right Now Women PAC</p>		<p>Date of Receipt MM / DD / YYYY 05 / 15 / 2014</p>	
<p>Mailing Address PO Box 30844 City State Zip Code Bethesda, MD 20824</p>		<p>Amount of Each Receipt this Period 1,000.00</p>	
<p>FEC ID number of contributing federal political committee. C C00551366</p>		<p>Amount of Each Receipt this Period 3,500.00</p>	
<p>Name of Employer Occupation Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 3,500.00</p>	
<p>Full Name (Last, First, Middle Initial) ASPLUNDH Tree Expert Co. PAC (ATE PAC)</p>		<p>Date of Receipt MM / DD / YYYY 05 / 16 / 2014</p>	
<p>Mailing Address 708 Blair Mill Rd. City State Zip Code Willow Grove, PA 19090</p>		<p>Amount of Each Receipt this Period 5,000.00</p>	
<p>FEC ID number of contributing federal political committee. C C00177741</p>		<p>Amount of Each Receipt this Period 10,000.00</p>	
<p>Name of Employer Occupation Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 10,000.00</p>	
<p>SUBTOTAL of Receipts This Page (optional).....</p>		<p>11,000.00</p>	
<p>TOTAL This Period (last page this line number only).....</p>		<p></p>	

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

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

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

Full Name (Last, First, Middle Initial)

A. Free State PAC

Mailing Address

PO Box 2712

City

State

Zip Code

Topeka, KS 66601

FEC ID number of contributing  
federal political committee.

C C00455717

Name of Employer

Occupation

Receipt For: G2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5,000.00

Date of Receipt

MM / DD / YYYY  
05 / 16 / 2014

Amount of Each Receipt this Period

5,000.00

Full Name (Last, First, Middle Initial)

B. PAC of the American Association of Orthopaedic Surgeons

Mailing Address

317 Massachusetts Ave. NE

City

State

Zip Code

Washington, DC 20002

FEC ID number of contributing  
federal political committee.

C C00343137

Name of Employer

Occupation

Receipt For: P2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

7,500.00

Date of Receipt

MM / DD / YYYY  
05 / 16 / 2014

Amount of Each Receipt this Period

5,000.00

Full Name (Last, First, Middle Initial)

C. American College of Surgeons Professional Association PAC

Mailing Address

20 F Street NW, Suite 1000

City

State

Zip Code

Washington, DC 20001

FEC ID number of contributing  
federal political committee.

C C00382424

Name of Employer

Occupation

Receipt For: P2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5,000.00

Date of Receipt

MM / DD / YYYY  
05 / 17 / 2014

Amount of Each Receipt this Period

5,000.00

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

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

15,000.00

14020590254

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

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12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

Full Name (Last, First, Middle Initial)

A. Kelly PAC

Mailing Address

901 N. Washington St. Ste. 700

City

State

Zip Code

ALEXANDRIA, VA 22314

FEC ID number of contributing  
federal political committee.

C C00493411

Name of Employer

Occupation

Receipt For: P2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

10,000.00

Date of Receipt

MM / DD / YYYY  
05 / 17 / 2014

Amount of Each Receipt this Period

2,500.00

Full Name (Last, First, Middle Initial)

B. Country First PAC

Mailing Address

PO Box 16664

City

State

Zip Code

Arlington, VA 22215

FEC ID number of contributing  
federal political committee.

C C00457705

Name of Employer

Occupation

Receipt For: P2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

7,500.00

Date of Receipt

MM / DD / YYYY  
05 / 19 / 2014

Amount of Each Receipt this Period

2,500.00

Full Name (Last, First, Middle Initial)

C. Tallatchee Creek Inc. PAC

Mailing Address

PO Box 29576

City

State

Zip Code

Washington, DC 20017

FEC ID number of contributing  
federal political committee.

C C00363689

Name of Employer

Occupation

Receipt For: P2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

7,500.00

Date of Receipt

MM / DD / YYYY  
05 / 19 / 2014

Amount of Each Receipt this Period

5,000.00

SUBTOTAL of Receipts This Page (optional)

10,000.00

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

A. Full Name (Last, First, Middle Initial)  
The Alamo PAC

Mailing Address  
919 Congress Ave., Suite 1400  
City State Zip Code  
Austin, TX 78701

FEC ID number of contributing federal political committee. ☐ C00387464

Name of Employer Occupation

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
5,000.00

Date of Receipt

MM / DD / YYYY  
05 / 22 / 2014

Amount of Each Receipt this Period

5,000.00

B. Full Name (Last, First, Middle Initial)  
Maggie's List PAC

Mailing Address  
610 S Boulevard  
City State Zip Code  
Tampa, FL 33606

FEC ID number of contributing federal political committee. ☐ C00469023

Name of Employer Occupation

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
1,125.00

Date of Receipt

MM / DD / YYYY  
05 / 28 / 2014

Amount of Each Receipt this Period

1,000.00

C. Full Name (Last, First, Middle Initial)  
American Association of Neurological Surgeons Political Action

Mailing Address  
725 15th Street, NW, Suite 500  
City State Zip Code  
WASHINGTON, DC 20005

FEC ID number of contributing federal political committee. ☐ C00413955

Name of Employer Occupation

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
9,809.41

Date of Receipt

MM / DD / YYYY  
06 / 07 / 2014

Amount of Each Receipt this Period

4,917.34

Reception Costs: food &  
Beverage Charges

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

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

10,917.34

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<b>A.</b> Full Name (Last, First, Middle Initial) American Psychiatric Association PAC Mailing Address 1000 Wilson Blvd. Suite 1825 City State Zip Code ARLINGTON, VA 22209 FEC ID number of contributing federal political committee. <b>C</b> C00373696 Name of Employer Occupation Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 3,500.00		Date of Receipt MM / DD / YYYY 06 / 07 / 2014 Amount of Each Receipt this Period 2,500.00
<b>B.</b> Full Name (Last, First, Middle Initial) Anesthesia Service Medical Group Advocacy Fund PAC Mailing Address 7185 Navajo Rd. Ste. P City State Zip Code San Diego, CA 92119 FEC ID number of contributing federal political committee. <b>C</b> C00216184 Name of Employer Occupation Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 1,000.00		Date of Receipt MM / DD / YYYY 06 / 07 / 2014 Amount of Each Receipt this Period 1,000.00
<b>C.</b> Full Name (Last, First, Middle Initial) ExxonMobil PAC Mailing Address 5959 Las Colinas Blvd. City State Zip Code Irving, TX 75039 FEC ID number of contributing federal political committee. <b>C</b> C00121368 Name of Employer Occupation Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 10,000.00		Date of Receipt MM / DD / YYYY 06 / 10 / 2014 Amount of Each Receipt this Period 5,000.00
SUBTOTAL of Receipts This Page (optional) ..... TOTAL This Period (last page this line number only) .....		8,500.00

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

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

Full Name (Last, First, Middle Initial) ExxonMobil PAC		Date of Receipt MM / DD / YYYY 06 / 10 / 2014	
Mailing Address 5959 Las Colinas Blvd. City State Zip Code Irving, TX 75039		Amount of Each Receipt this Period 5,000.00	
FEC ID number of contributing federal political committee. C C00121368		Amount of Each Receipt this Period 5,000.00	
Name of Employer Occupation		Amount of Each Receipt this Period 5,000.00	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 10,000.00	
Full Name (Last, First, Middle Initial) Heller Highwater PAC		Date of Receipt MM / DD / YYYY 06 / 10 / 2014	
Mailing Address PO Box 370672 City State Zip Code Las Vegas, NV 89137		Amount of Each Receipt this Period 5,000.00	
FEC ID number of contributing federal political committee. C C00471607		Amount of Each Receipt this Period 5,000.00	
Name of Employer Occupation		Amount of Each Receipt this Period 5,000.00	
Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 10,000.00	
Full Name (Last, First, Middle Initial) Right Now Women PAC		Date of Receipt MM / DD / YYYY 06 / 10 / 2014	
Mailing Address PO Box 30844 City State Zip Code Bethesda, MD 20824		Amount of Each Receipt this Period 2,500.00	
FEC ID number of contributing federal political committee. C C00551366		Amount of Each Receipt this Period 2,500.00	
Name of Employer Occupation		Amount of Each Receipt this Period 2,500.00	
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 3,500.00	
SUBTOTAL of Receipts This Page (optional).....		12,500.00	
TOTAL This Period (last page this line number only).....		12,500.00	

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

Full Name (Last, First, Middle Initial) Tenn PAC		Date of Receipt MM / DD / YYYY 06 / 10 / 2014	
A. Mailing Address 6213 Charlotte Ave. Ste. 112 City State Zip Code Nashville, TN 37209		Amount of Each Receipt this Period 5,000.00	
FEC ID number of contributing federal political committee. C C00388421			
Name of Employer Occupation Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 10,000.00	
Full Name (Last, First, Middle Initial) Country First PAC		Date of Receipt MM / DD / YYYY 06 / 16 / 2014	
B. Mailing Address PO Box 16664 City State Zip Code Arlington, VA 22215		Amount of Each Receipt this Period 2,500.00	
FEC ID number of contributing federal political committee. C C00457705			
Name of Employer Occupation Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 7,500.00	
Full Name (Last, First, Middle Initial) Dirigo PAC		Date of Receipt MM / DD / YYYY 06 / 16 / 2014	
C. Mailing Address PO Box 1355 City State Zip Code ALEXANDRIA, VA 22313		Amount of Each Receipt this Period 5,000.00	
FEC ID number of contributing federal political committee. C C00391797			
Name of Employer Occupation Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 7,500.00	
SUBTOTAL of Receipts This Page (optional) .....		12,500.00	
TOTAL This Period (last page this line number only) .....			

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

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for each category of the  
Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

Full Name (Last, First, Middle Initial)

A. Tallatchee Creek Inc. PAC

Mailing Address

PO Box 29576

City

State

Zip Code

Washington, DC 20017

FEC ID number of contributing  
federal political committee.

C C00363689

Name of Employer

Occupation

Receipt For: G2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

7,500.00

Date of Receipt

MM / DD / YYYY  
06 / 16 / 2014

Amount of Each Receipt this Period

2,500.00

Full Name (Last, First, Middle Initial)

B. American Association Of Clinical Endocrinologists (AACE PAC)

Mailing Address

245 Riverside Ave. Suite 200

City

State

Zip Code

Jacksonville, FL 32202

FEC ID number of contributing  
federal political committee

C C00368365

Name of Employer

Occupation

Receipt For: G2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1,500.00

Date of Receipt

MM / DD / YYYY  
06 / 17 / 2014

Amount of Each Receipt this Period

1,500.00

Full Name (Last, First, Middle Initial)

C. Defend America PAC

Mailing Address

PO Box 2626

City

State

Zip Code

Tuscaloosa, AL 35403

FEC ID number of contributing  
federal political committee.

C C00325993

Name of Employer

Occupation

Receipt For: P2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

10,000.00

Date of Receipt

MM / DD / YYYY  
06 / 17 / 2014

Amount of Each Receipt this Period

5,000.00

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

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

9,000.00

14020590260

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

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for each category of the  
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12 13a 13b 14

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

Full Name (Last, First, Middle Initial) A. Defend America PAC		Date of Receipt MM / DD / YYYY 06 / 17 / 2014	
Mailing Address PO Box 2626 City State Zip Code Tuscaloosa, AL 35403		Amount of Each Receipt this Period \$ 5,000.00	
FEC ID number of contributing federal political committee. C C00325993		Amount of Each Receipt this Period \$ 5,000.00	
Name of Employer Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date \$ 10,000.00	
Full Name (Last, First, Middle Initial) B. Heller Highwater PAC		Date of Receipt MM / DD / YYYY 06 / 17 / 2014	
Mailing Address PO Box 370672 City State Zip Code Las Vegas, NV 89137		Amount of Each Receipt this Period \$ 5,000.00	
FEC ID number of contributing federal political committee. C C00471607		Amount of Each Receipt this Period \$ 5,000.00	
Name of Employer Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date \$ 10,000.00	
Full Name (Last, First, Middle Initial) C. Next Century Fund		Date of Receipt MM / DD / YYYY 06 / 17 / 2014	
Mailing Address 116 S. Royal St. City State Zip Code ALEXANDRIA, VA 22314		Amount of Each Receipt this Period \$ 5,000.00	
FEC ID number of contributing federal political committee. C C00343947		Amount of Each Receipt this Period \$ 5,000.00	
Name of Employer Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date \$ 10,000.00	
SUBTOTAL of Receipts This Page (optional) .....		\$ 15,000.00	
TOTAL This Period (last page this line number only) .....		\$ 15,000.00	

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

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

A. Full Name (Last, First, Middle Initial)  
Citizens for Prosperity in America Today PAC

Mailing Address  
228 S. Washington St. Ste. 115  
City State Zip Code  
Alexandria, VA 22314

FEC ID number of contributing federal political committee. ☐ C00491654

Name of Employer Occupation

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
5,000.00

Date of Receipt

MM / DD / YYYY  
06 / 18 / 2014

Amount of Each Receipt this Period

5,000.00

B. Full Name (Last, First, Middle Initial)  
The Senate Victory Fund PAC

Mailing Address  
PO Box 7274  
City State Zip Code  
Tupelo, MS 38802

FEC ID number of contributing federal political committee. ☐ C00202861

Name of Employer Occupation

Receipt For: P2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
7,500.00

Date of Receipt

MM / DD / YYYY  
06 / 18 / 2014

Amount of Each Receipt this Period

5,000.00

C. Full Name (Last, First, Middle Initial)  
American Academy of Neurology (BrainPAC)

Mailing Address  
201 Chicago Ave.  
City State Zip Code  
Minneapolis, MN 55414

FEC ID number of contributing federal political committee. ☐ C00435933

Name of Employer Occupation

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
1,000.00

Date of Receipt

MM / DD / YYYY  
06 / 23 / 2014

Amount of Each Receipt this Period

1,000.00

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

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

11,000.00

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

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

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)  
Dr. Monica Webby for U.S. Senate

A. Full Name (Last, First, Middle Initial)  
ASPLUNDH Tree Expert Co. PAC (ATE PAC)

Mailing Address  
708 Blair Mill Rd.  
City State Zip Code  
Willow Grove, PA 19090

FEC ID number of contributing federal political committee. ☐ C00177741

Name of Employer Occupation

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
10,000.00

Date of Receipt

MM / DD / YYYY  
06 / 23 / 2014

Amount of Each Receipt this Period

5,000.00

B. Full Name (Last, First, Middle Initial)  
eyePAC - Political Action Committee for American Society of  
Cataract & Refractive Surgery

Mailing Address  
4000 Legato Rd. Ste. 700  
City State Zip Code  
FAIRFAX, VA 22033

FEC ID number of contributing federal political committee. ☐ C00171504

Name of Employer Occupation

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
7,500.00

Date of Receipt

MM / DD / YYYY  
06 / 23 / 2014

Amount of Each Receipt this Period

5,000.00

C. Full Name (Last, First, Middle Initial)  
Rely on Your Beliefs Fund PAC

Mailing Address  
209 Pennsylvania Ave. SE  
City State Zip Code  
Washington, DC 20003

FEC ID number of contributing federal political committee. ☐ C00344648

Name of Employer Occupation

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
10,000.00

Date of Receipt

MM / DD / YYYY  
06 / 23 / 2014

Amount of Each Receipt this Period

5,000.00

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

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

15,000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

A. Full Name (Last, First, Middle Initial)  
Republican Majority Fund

Mailing Address  
PO Box 144  
City State Zip Code  
ALEXANDRIA, VA 22313

FEC ID number of contributing federal political committee. ☐ C C00296640

Name of Employer Occupation

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
10,000.00

Date of Receipt

MM / DD / YYYY  
06 / 23 / 2014

Amount of Each Receipt this Period

5,000.00

B. Full Name (Last, First, Middle Initial)  
Society for Vascular Surgeons PAC

Mailing Address  
633 N St. Clair St. 22nd Fl  
City State Zip Code  
Chicago, IL 60611

FEC ID number of contributing federal political committee. ☐ C C00381459

Name of Employer Occupation

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
2,000.00

Date of Receipt

MM / DD / YYYY  
06 / 23 / 2014

Amount of Each Receipt this Period

2,000.00

C. Full Name (Last, First, Middle Initial)  
Value in Electing Women PAC

Mailing Address  
701 8th Street, NW Suite 500  
City State Zip Code  
WASHINGTON, DC 20001

FEC ID number of contributing federal political committee. ☐ C C00327189

Name of Employer Occupation

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
10,000.00

Date of Receipt

MM / DD / YYYY  
06 / 23 / 2014

Amount of Each Receipt this Period

5,000.00

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

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

12,000.00

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) Wholesaler-Distributor PAC</p>		<p>Date of Receipt MM / DD / YYYY 06 / 23 / 2014</p>	
<p>Mailing Address 1325 G Street NW, Suite 1000 City State Zip Code Washington, DC 20005</p>		<p>Amount of Each Receipt this Period 1,000.00</p>	
<p>FEC ID number of contributing federal political committee. C C00109306</p>		<p>Amount of Each Receipt this Period 1,000.00</p>	
<p>Name of Employer Occupation</p>		<p>Amount of Each Receipt this Period 1,000.00</p>	
<p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 6,000.00</p>	
<p>Full Name (Last, First, Middle Initial) The Doctors Company Federal PAC</p>		<p>Date of Receipt MM / DD / YYYY 06 / 24 / 2014</p>	
<p>Mailing Address 185 Greenwood Rd. City State Zip Code NAPA, CA 94558</p>		<p>Amount of Each Receipt this Period 1,000.00</p>	
<p>FEC ID number of contributing federal political committee. C C00550996</p>		<p>Amount of Each Receipt this Period 1,000.00</p>	
<p>Name of Employer Occupation</p>		<p>Amount of Each Receipt this Period 1,000.00</p>	
<p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 2,000.00</p>	
<p>Full Name (Last, First, Middle Initial) PAC of the American Association of Orthopaedic Surgeons</p>		<p>Date of Receipt MM / DD / YYYY 06 / 26 / 2014</p>	
<p>Mailing Address 317 Massachusetts Ave. NE City State Zip Code Washington, DC 20002</p>		<p>Amount of Each Receipt this Period 2,500.00</p>	
<p>FEC ID number of contributing federal political committee. C C00343137</p>		<p>Amount of Each Receipt this Period 2,500.00</p>	
<p>Name of Employer Occupation</p>		<p>Amount of Each Receipt this Period 2,500.00</p>	
<p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 7,500.00</p>	
<p>SUBTOTAL of Receipts This Page (optional).....</p>		<p>4,500.00</p>	
<p>TOTAL This Period (last page this line number only).....</p>		<p></p>	

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

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

FOR LINE NUMBER:  
(check only one)

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12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

A. Full Name (Last, First, Middle Initial)  
Texas Spine and Joint Hospital LTD PAC

Mailing Address  
1814 Roseland Blvd.  
City State Zip Code  
Tyler, TX 75701

FEC ID number of contributing federal political committee. ☐ C00437525

Name of Employer Occupation

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
1,000.00

Date of Receipt

MM / DD / YYYY  
06 / 26 / 2014

Amount of Each Receipt this Period

1,000.00

B. Full Name (Last, First, Middle Initial)  
American Society of Anesthesiologists PAC

Mailing Address  
520 N. Northwest Hwy  
City State Zip Code  
Park Ridge, IL 60068

FEC ID number of contributing federal political committee. ☐ C00255752

Name of Employer Occupation

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
5,000.00

Date of Receipt

MM / DD / YYYY  
06 / 27 / 2014

Amount of Each Receipt this Period

5,000.00

C. Full Name (Last, First, Middle Initial)  
American Academy of Otolaryngology (ENT PAC)

Mailing Address  
1650 Diagonal Rd.  
City State Zip Code  
Alexandria, VA 22314

FEC ID number of contributing federal political committee. ☐ C00306449

Name of Employer Occupation

Receipt For: G2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
2,500.00

Date of Receipt

MM / DD / YYYY  
06 / 28 / 2014

Amount of Each Receipt this Period

2,500.00

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

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

8,500.00

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

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

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(check only one)

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12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

Full Name (Last, First, Middle Initial) Common Values PAC A. Mailing Address 901 N. Washington St. Ste. 700 City State Zip Code Alexandria, VA 22314 FEC ID number of contributing federal political committee. C C00442368 Name of Employer Occupation Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 10,000.00		Date of Receipt MM / DD / YYYY 06 / 28 / 2014 Amount of Each Receipt this Period 5,000.00
Full Name (Last, First, Middle Initial) Heartland Values PAC B. Mailing Address PO Box 505 City State Zip Code Sioux Falls, SD 57101 FEC ID number of contributing federal political committee. C C00409003 Name of Employer Occupation Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 10,000.00		Date of Receipt MM / DD / YYYY 06 / 28 / 2014 Amount of Each Receipt this Period 5,000.00
Full Name (Last, First, Middle Initial) Promoting our Republican Team PAC C. Mailing Address 9856 Archer Ln City State Zip Code Dublin, OH 43017 FEC ID number of contributing federal political committee. C C00440032 Name of Employer Occupation Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 10,000.00		Date of Receipt MM / DD / YYYY 06 / 28 / 2014 Amount of Each Receipt this Period 5,000.00
SUBTOTAL of Receipts This Page (optional) .....		15,000.00
TOTAL This Period (last page this line number only) .....		15,000.00

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

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

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

Full Name (Last, First, Middle Initial)

A. Strategy PAC

Mailing Address

3048 Shorewood Dr.

City

State

Zip Code

Oshkosh, WI 54901

FEC ID number of contributing  
federal political committee.

C C00497842

Name of Employer

Occupation

Receipt For: G2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5,000.00

Date of Receipt

MM / DD / YYYY  
06 / 28 / 2014

Amount of Each Receipt this Period

5,000.00

Full Name (Last, First, Middle Initial)

B. Bluegrass Committee

Mailing Address

220 1/2 E Street, NE

City

State

Zip Code

Washington, DC 20002

FEC ID number of contributing  
federal political committee.

C C00235655

Name of Employer

Occupation

Receipt For: G2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

10,000.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2014

Amount of Each Receipt this Period

5,000.00

Full Name (Last, First, Middle Initial)

C. Denali Leadership PAC

Mailing Address

2755 Illiamna

City

State

Zip Code

Anchorage, AK 99517

FEC ID number of contributing  
federal political committee.

C C00438291

Name of Employer

Occupation

Receipt For: G2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

7,500.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2014

Amount of Each Receipt this Period

2,500.00

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

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

12,500.00

14020590268

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

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

Full Name (Last, First, Middle Initial) <b>A. Fiscal Leadership and Knowing Economics PAC</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2014	
Mailing Address PO Box 13692 City State Zip Code Tempe, AZ 85284			
FEC ID number of contributing federal political committee. <input checked="" type="checkbox"/> C00432930		Amount of Each Receipt this Period 2,500.00	
Name of Employer Occupation  			
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2,500.00	
Full Name (Last, First, Middle Initial) <b>B. Fund for America's Future</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2014	
Mailing Address PO Box 1373 City State Zip Code Columbia, SC 29202			
FEC ID number of contributing federal political committee. <input checked="" type="checkbox"/> C00388934		Amount of Each Receipt this Period 1,000.00	
Name of Employer Occupation  			
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1,000.00	
Full Name (Last, First, Middle Initial) <b>C. Kelly PAC</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2014	
Mailing Address 901 N. Washington St. Ste. 700 City State Zip Code ALEXANDRIA, VA 22314			
FEC ID number of contributing federal political committee. <input checked="" type="checkbox"/> C00493411		Amount of Each Receipt this Period 5,000.00	
Name of Employer Occupation  			
Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 10,000.00	
SUBTOTAL of Receipts This Page (optional).....		8,500.00	
TOTAL This Period (last page this line number only).....			

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby For U.S. Senate

Full Name (Last, First, Middle Initial) NEMPAC		Date of Receipt MM / DD / YYYY 06 / 30 / 2014	
A. Mailing Address PO Box 619911 City State Zip Code DALLAS, TX 75261		Amount of Each Receipt this Period 2,500.00	
FEC ID number of contributing federal political committee. C C00140061			
Name of Employer Occupation Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5,000.00	
Full Name (Last, First, Middle Initial) B. Responsibility & Freedom Work PAC		Date of Receipt MM / DD / YYYY 06 / 30 / 2014	
Mailing Address PO Box 1281 City State Zip Code Tupelo, MS 38802		Amount of Each Receipt this Period 5,000.00	
FEC ID number of contributing federal political committee. C C00368696			
Name of Employer Occupation Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5,000.00	
Full Name (Last, First, Middle Initial) C. The Freedom Project		Date of Receipt MM / DD / YYYY 06 / 30 / 2014	
Mailing Address 320 1st St. SE City State Zip Code Washington, DC 20003		Amount of Each Receipt this Period 5,000.00	
FEC ID number of contributing federal political committee. C C00305805			
Name of Employer Occupation Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5,000.00	
SUBTOTAL of Receipts This Page (optional) .....		12,500.00	
TOTAL This Period (last page this line number only) .....			

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

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

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(check only one)

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

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NAME OF COMMITTEE (in Full)  
Dr. Monica Wehby for U.S. Senate

<p>Full Name (Last, First, Middle Initial) The Senate Victory Fund PAC</p>		<p>Date of Receipt MM / DD / YYYY 06 / 30 / 2014</p>	
<p>Mailing Address PO Box 7274 City State Zip Code Tupelo, MS 38802</p>		<p>Amount of Each Receipt this Period 2,500.00</p>	
<p>FEC ID number of contributing federal political committee. C C00202861</p>		<p>Amount of Each Receipt this Period 7,500.00</p>	
<p>Name of Employer Occupation</p>		<p>Amount of Each Receipt this Period 1,000.00</p>	
<p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 1,000.00</p>	
<p>Full Name (Last, First, Middle Initial) Tomorrow is Meaningful PAC</p>		<p>Date of Receipt MM / DD / YYYY 06 / 30 / 2014</p>	
<p>Mailing Address 209 Pennsylvania Ave. SE Ste. 2109 City State Zip Code Washington, DC 20003</p>		<p>Amount of Each Receipt this Period 1,000.00</p>	
<p>FEC ID number of contributing federal political committee. C C00495887</p>		<p>Amount of Each Receipt this Period 1,000.00</p>	
<p>Name of Employer Occupation</p>		<p>Amount of Each Receipt this Period 1,000.00</p>	
<p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 1,000.00</p>	
<p>Full Name (Last, First, Middle Initial) Truth, Accountability and Courage PAC</p>		<p>Date of Receipt MM / DD / YYYY 06 / 30 / 2014</p>	
<p>Mailing Address 228 South Washington St. Ste. 115 City State Zip Code ALEXANDRIA, VA 22314</p>		<p>Amount of Each Receipt this Period 5,000.00</p>	
<p>FEC ID number of contributing federal political committee. C C00413070</p>		<p>Amount of Each Receipt this Period 10,000.00</p>	
<p>Name of Employer Occupation</p>		<p>Amount of Each Receipt this Period 10,000.00</p>	
<p>Receipt For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Election Cycle-to-Date 10,000.00</p>	
<p>SUBTOTAL of Receipts This Page (optional).....</p>		<p>8,500.00</p>	
<p>TOTAL This Period (last page this line number only).....</p>		<p>227,917.34</p>	

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

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

FOR LINE NUMBER:  
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Dr. Monica Webby for U.S. Senate

Full Name (Last, First, Middle Initial)  
USPS

A.

Mailing Address  
6723 SE 16th Ave

City State Zip Code  
PORTLAND, OR 97202

Purpose of Disbursement  
BRM Postage

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: P2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 01 / 2014

Amount of Each Disbursement this Period

2,000.00

003  
Category/  
Type

Full Name (Last, First, Middle Initial)

B.

eFundraising Connections

Mailing Address  
2131 Capitol Ave. Ste. 306

City State Zip Code  
SACRAMENTO, CA 95816

Purpose of Disbursement  
CC Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: P2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 05 / 2014

Amount of Each Disbursement this Period

18.87

001  
Category/  
Type

Full Name (Last, First, Middle Initial)

C.

Strategic Media Services, Inc.

Mailing Address  
1911 N. Ft. Meyer Drive, Ste. 400

City State Zip Code  
Arlington, VA 22209

Purpose of Disbursement  
Television and Radio Buys

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: P2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 05 / 2014

Amount of Each Disbursement this Period

92,325.25

004  
Category/  
Type

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

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

94,344.12

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

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

FOR LINE NUMBER:  
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Anedot</p> <p>Mailing Address 5555 Hilton Ave. Ste. 106</p> <p>City State Zip Code Baton Rouge, LA 70808</p> <p>Purpose of Disbursement Credit Card Processing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 05 / 06 / 2014</p> <p>Amount of Each Disbursement this Period 527.39</p> <p>Category/Type 001</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Anedot</p> <p>Mailing Address 5555 Hilton Ave. Ste. 106</p> <p>City State Zip Code Baton Rouge, LA 70808</p> <p>Purpose of Disbursement Credit Card Processing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 05 / 08 / 2014</p> <p>Amount of Each Disbursement this Period 418.16</p> <p>Category/Type 001</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Ross Hemminger</p> <p>Mailing Address 29 Furoush Rd.</p> <p>City State Zip Code West Roxbury, MA 02132</p> <p>Purpose of Disbursement Reimb. Expenses-See Memos</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 05 / 08 / 2014</p> <p>Amount of Each Disbursement this Period 1,845.78</p> <p>Category/Type 001</p>
<p>SUBTOTAL of Disbursements This Page (optional).....</p>	
<p>TOTAL This Period (last page this line number only).....</p>	

14020590273

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

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

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<b>A.</b> Full Name (Last, First, Middle Initial) Bellagio Pizza <hr/> Mailing Address 1742 SW Jefferson St <hr/> City State Zip Code Portland, OR 97205 <hr/> Purpose of Disbursement Meals <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		Date of Disbursement MM / DD / YYYY 05 / 08 / 2014 <hr/> Amount of Each Disbursement this Period MEMO 26.73
<b>B.</b> Full Name (Last, First, Middle Initial) Costco <hr/> Mailing Address 4849 NE 138th Ave. <hr/> City State Zip Code Portland, 97230 <hr/> Purpose of Disbursement Office Supplies <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		Date of Disbursement MM / DD / YYYY 05 / 08 / 2014 <hr/> Amount of Each Disbursement this Period MEMO 774.68
<b>C.</b> Full Name (Last, First, Middle Initial) Fedex Kinkos <hr/> Mailing Address 1528 SE Bybee Blvd. <hr/> City State Zip Code PORTLAND, OR 97202 <hr/> Purpose of Disbursement Shipping Fees <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		Date of Disbursement MM / DD / YYYY 05 / 08 / 2014 <hr/> Amount of Each Disbursement this Period MEMO 51.84
SUBTOTAL of Disbursements This Page (optional).....		0.00
TOTAL This Period (last page this line number only).....		

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>A. Full Name (Last, First, Middle Initial) Jimmy O's Pizzeria</p>		<p>Date of Disbursement</p> <p>MM / DD / YYYY 05 / 08 / 2014</p>	
<p>Mailing Address 1678 S Beaver Creek Rd.</p>		<p>Amount of Each Disbursement this Period</p> <p>MEMO 56.99</p>	
<p>City State Zip Code Beavercreek, OR 97045</p>	<p>Purpose of Disbursement Volunteer Meals</p>	<p>Category/Type 002</p>	
<p>Candidate Name</p>	<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		
<p>State: District:</p>	<p>Full Name (Last, First, Middle Initial) Keizers Pizza</p>		
<p>B. Mailing Address 6055 Ulaili Drive NE</p>		<p>Date of Disbursement</p> <p>MM / DD / YYYY 05 / 08 / 2014</p>	
<p>City State Zip Code Keizer, OR 97303</p>	<p>Purpose of Disbursement Travel</p>	<p>Amount of Each Disbursement this Period</p> <p>MEMO 43.18</p>	
<p>Candidate Name</p>	<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		
<p>State: District:</p>	<p>C. Full Name (Last, First, Middle Initial) Office Depot</p>		
<p>Mailing Address 604 SW Washington St</p>		<p>Date of Disbursement</p> <p>MM / DD / YYYY 05 / 08 / 2014</p>	
<p>City State Zip Code PORTLAND, OR 97205</p>	<p>Purpose of Disbursement Office Supplies</p>	<p>Amount of Each Disbursement this Period</p> <p>MEMO 41.80</p>	
<p>Candidate Name</p>	<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		
<p>State: District:</p>	<p>SUBTOTAL of Disbursements This Page (optional).....</p> <p>TOTAL This Period (last page this line number only).....</p>		
		<p>0.00</p>	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p><b>A.</b> Full Name (Last, First, Middle Initial) Party City</p> <hr/> <p>Mailing Address 8664 SE Sunnyside Rd.</p> <hr/> <p>City _____ State _____ Zip Code _____</p> <hr/> <p>Purpose of Disbursement Office Supplies</p> <hr/> <p>Candidate Name _____</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: _____ District: _____</p>	<p>Date of Disbursement</p> <p>MM / DD / YYYY 05 / 08 / 2014</p> <hr/> <p>Amount of Each Disbursement this Period</p> <p>MEMO 147.29</p> <hr/> <p>Category/Type 001</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Safeway</p> <hr/> <p>Mailing Address 1010 SW Jefferson St.</p> <hr/> <p>City _____ State _____ Zip Code _____</p> <hr/> <p>Purpose of Disbursement Volunteer Meals</p> <hr/> <p>Candidate Name _____</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: _____ District: _____</p>	<p>Date of Disbursement</p> <p>MM / DD / YYYY 05 / 08 / 2014</p> <hr/> <p>Amount of Each Disbursement this Period</p> <p>MEMO 75.71</p> <hr/> <p>Category/Type 002</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) USPS</p> <hr/> <p>Mailing Address 6723 SE 16th Ave</p> <hr/> <p>City _____ State _____ Zip Code _____</p> <hr/> <p>Purpose of Disbursement Postage</p> <hr/> <p>Candidate Name _____</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: _____ District: _____</p>	<p>Date of Disbursement</p> <p>MM / DD / YYYY 05 / 08 / 2014</p> <hr/> <p>Amount of Each Disbursement this Period</p> <p>MEMO 11.83</p> <hr/> <p>Category/Type 001</p>
<p>SUBTOTAL of Disbursements This Page (optional) .....</p> <hr/> <p>TOTAL This Period (last page this line number only) .....</p>	

0.00

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>A. Full Name (Last, First, Middle Initial) Verizon Wireless</p>		<p>Date of Disbursement</p> <p>MM / DD / YYYY 05 / 08 / 2014</p>	
<p>Mailing Address 616 SW Broadway</p>		<p>Amount of Each Disbursement this Period</p> <p>MEMO 205.38</p>	
<p>City State Zip Code Portland, OR 97205</p>	<p>Purpose of Disbursement Telephone</p>	<p>Category/ Type 001</p>	
<p>Candidate Name</p>	<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	
<p>State: District:</p>	<p>Full Name (Last, First, Middle Initial) Wal-Mart</p>		
<p>B. Mailing Address 702 SW 8th St.</p>		<p>Date of Disbursement</p> <p>MM / DD / YYYY 05 / 08 / 2014</p>	
<p>City State Zip Code BENTONVILLE, AR 72716</p>	<p>Purpose of Disbursement Office Supplies</p>	<p>Category/ Type 001</p>	<p>Amount of Each Disbursement this Period</p> <p>MEMO 384.03</p>
<p>Candidate Name</p>	<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	
<p>State: District:</p>	<p>C. Full Name (Last, First, Middle Initial) Wow Burger</p>		
<p>Mailing Address 30200 SW Boones Ferry Rd. #72</p>		<p>Date of Disbursement</p> <p>MM / DD / YYYY 05 / 08 / 2014</p>	
<p>City State Zip Code Wilsonville, OR 97070</p>	<p>Purpose of Disbursement Meals</p>	<p>Category/ Type 002</p>	<p>Amount of Each Disbursement this Period</p> <p>MEMO 13.16</p>
<p>Candidate Name</p>	<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	
<p>State: District:</p>	<p>SUBTOTAL of Disbursements This Page (optional).....</p> <p>0.00</p>		
<p>TOTAL This Period (last page this line number only).....</p>			

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

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

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Wow Burger</p> <p>Mailing Address 30200 SW Boones Ferry Rd. #72</p> <p>City Wilsonville, OR 97070 State Zip Code</p> <p>Purpose of Disbursement Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 05 / 08 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 13.16</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) US Bank Visa</p> <p>Mailing Address 3230 SE Milwaukie Ave</p> <p>City Portland, OR 97202 State Zip Code</p> <p>Purpose of Disbursement Credit Card Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 05 / 08 / 2014</p> <p>Amount of Each Disbursement this Period 2,000.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Burger King</p> <p>Mailing Address 1525 Southeast Grand Ave.</p> <p>City Portland, 97214 State Zip Code</p> <p>Purpose of Disbursement Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 05 / 08 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 1.47</p>
<p>SUBTOTAL of Disbursements This Page (optional).....</p>	
<p>TOTAL This Period (last page this line number only).....</p>	

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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20a 20b 20c 21

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Chevron</p> <p>Mailing Address 2110 NW Lovejoy St.</p> <p>City <span style="margin-left: 150px;">State</span> <span style="margin-left: 50px;">Zip Code</span> PORTLAND, OR 97210</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: <span style="margin-left: 50px;">District:</span></p>		<p>Date of Disbursement</p> <p>MM / DD / YYYY 05 / 08 / 2014</p> <p>Amount of Each Disbursement this Period</p> <p>MEMO 8.38</p> <p>Category/ Type 002</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Facebook</p> <p>Mailing Address 1601 Willow Road</p> <p>City <span style="margin-left: 150px;">State</span> <span style="margin-left: 50px;">Zip Code</span> MENLO PARK, CA 94025</p> <p>Purpose of Disbursement Social Media Advertising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: <span style="margin-left: 50px;">District:</span></p>		<p>Date of Disbursement</p> <p>MM / DD / YYYY 05 / 08 / 2014</p> <p>Amount of Each Disbursement this Period</p> <p>MEMO 230.68</p> <p>Category/ Type 004</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Fedex Kinkos</p> <p>Mailing Address 1528 SE Bybee Blvd.</p> <p>City <span style="margin-left: 150px;">State</span> <span style="margin-left: 50px;">Zip Code</span> PORTLAND, OR 97202</p> <p>Purpose of Disbursement Shipping Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: <span style="margin-left: 50px;">District:</span></p>		<p>Date of Disbursement</p> <p>MM / DD / YYYY 05 / 08 / 2014</p> <p>Amount of Each Disbursement this Period</p> <p>MEMO 3.90</p> <p>Category/ Type 001</p>
<p>SUBTOTAL of Disbursements This Page (optional).....</p> <p>TOTAL This Period (last page this line number only).....</p>		<p>0.00</p>

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>A. Full Name (Last, First, Middle Initial) Lardo</p>		<p>Date of Disbursement MM / DD / YYYY 05 / 08 / 2014</p>	
<p>Mailing Address 1212 SE Hawthorne Blvd.</p>			
<p>City Portland, OR</p>	<p>State OR</p>	<p>Zip Code 97214</p>	
<p>Purpose of Disbursement Meals</p>		<p>Amount of Each Disbursement this Period MEMO 2.35</p>	
<p>Candidate Name</p>		<p>Category/ Type 002</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		
<p>State: District:</p>			
<p>B. Full Name (Last, First, Middle Initial) Old Town 76</p>		<p>Date of Disbursement MM / DD / YYYY 05 / 08 / 2014</p>	
<p>Mailing Address 400 W. Burnside St.</p>			
<p>City Portland, OR</p>	<p>State OR</p>	<p>Zip Code 97209</p>	
<p>Purpose of Disbursement Meals</p>		<p>Amount of Each Disbursement this Period MEMO 10.17</p>	
<p>Candidate Name</p>		<p>Category/ Type 002</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		
<p>State: District:</p>			
<p>C. Full Name (Last, First, Middle Initial) Valley River Inn</p>		<p>Date of Disbursement MM / DD / YYYY 05 / 08 / 2014</p>	
<p>Mailing Address 1000 Valley River Way</p>			
<p>City Eugene, OR</p>	<p>State OR</p>	<p>Zip Code 97401</p>	
<p>Purpose of Disbursement Lodging</p>		<p>Amount of Each Disbursement this Period MEMO 36.71</p>	
<p>Candidate Name</p>		<p>Category/ Type 002</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		
<p>State: District:</p>			
<p>SUBTOTAL of Disbursements This Page (optional).....</p>		<p>0.00</p>	
<p>TOTAL This Period (last page this line number only).....</p>			

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<b>A.</b> Full Name (Last, First, Middle Initial) Facebook		Date of Disbursement MM / DD / YYYY 05 / 08 / 2014	
Mailing Address 1601 Willow Road		Amount of Each Disbursement this Period MEMO 320.25	
City MENLO PARK, CA	State CA	Zip Code 94025	Category/ Type 004
Purpose of Disbursement Social Media Advertising			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:			
<b>B.</b> Full Name (Last, First, Middle Initial) Fedex Kinkos		Date of Disbursement MM / DD / YYYY 05 / 08 / 2014	
Mailing Address 1528 SE Bybee Blvd.		Amount of Each Disbursement this Period MEMO 50.25	
City PORTLAND, OR	State OR	Zip Code 97202	Category/ Type 001
Purpose of Disbursement Shipping Fees			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:			
<b>C.</b> Full Name (Last, First, Middle Initial) Google		Date of Disbursement MM / DD / YYYY 05 / 08 / 2014	
Mailing Address 1600 Amphitheatre Pkwy		Amount of Each Disbursement this Period MEMO 51.39	
City Mountain View, CA	State CA	Zip Code 94043	Category/ Type 004
Purpose of Disbursement Social Media Advertising			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:			
SUBTOTAL of Disbursements This Page (optional).....		0.00	
TOTAL This Period (last page this line number only).....			

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<b>A.</b> Full Name (Last, First, Middle Initial) Hotel deLuxe <hr/> Mailing Address 729 SW 15th Ave. <hr/> City State Zip Code Portland, OR 97205 <hr/> Purpose of Disbursement Lodging <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		Date of Disbursement MM / DD / YYYY 05 / 08 / 2014 <hr/> Amount of Each Disbursement this Period MEMO 176.88 <hr/> Category/ Type 002
<b>B.</b> Full Name (Last, First, Middle Initial) Jamba Juice <hr/> Mailing Address 1210 Lloyd Center <hr/> City State Zip Code Portland, OR 97223 <hr/> Purpose of Disbursement Meals <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		Date of Disbursement MM / DD / YYYY 05 / 08 / 2014 <hr/> Amount of Each Disbursement this Period MEMO 0.85 <hr/> Category/ Type 002
<b>C.</b> Full Name (Last, First, Middle Initial) Pro Photo Supply <hr/> Mailing Address 1112 NW 19th Ave. <hr/> City State Zip Code PORTLAND, OR 97209 <hr/> Purpose of Disbursement Office Supplies <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		Date of Disbursement MM / DD / YYYY 05 / 08 / 2014 <hr/> Amount of Each Disbursement this Period MEMO 20.22 <hr/> Category/ Type 001
SUBTOTAL of Disbursements This Page (optional).....		0.00
TOTAL This Period (last page this line number only).....		0.00

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<b>A.</b> Full Name (Last, First, Middle Initial) Safeway <hr/> Mailing Address 1010 SW Jefferson St. <hr/> City State Zip Code Portland, OR 97201 <hr/> Purpose of Disbursement Meals <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		Date of Disbursement MM / DD / YYYY 05 / 08 / 2014 <hr/> Amount of Each Disbursement this Period MEMO 1.17 <hr/> Category/ Type 002
<b>B.</b> Full Name (Last, First, Middle Initial) United Airlines <hr/> Mailing Address 233 South Wacker Drive <hr/> City State Zip Code Chicago, IL 60602 <hr/> Purpose of Disbursement Air Fare <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		Date of Disbursement MM / DD / YYYY 05 / 08 / 2014 <hr/> Amount of Each Disbursement this Period MEMO 49.33 <hr/> Category/ Type 002
<b>C.</b> Full Name (Last, First, Middle Initial) Valley River Inn <hr/> Mailing Address 1000 Valley River Way <hr/> City State Zip Code Eugene, OR 97401 <hr/> Purpose of Disbursement Lodging <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		Date of Disbursement MM / DD / YYYY 05 / 08 / 2014 <hr/> Amount of Each Disbursement this Period MEMO 63.78 <hr/> Category/ Type 002
SUBTOTAL of Disbursements This Page (optional) ..... <hr/> TOTAL This Period (last page this line number only) .....		0.00 <hr/>

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<b>A.</b> Full Name (Last, First, Middle Initial) Alaska Airlines		Date of Disbursement MM / DD / YYYY 05 / 08 / 2014	
Mailing Address 19300 International Blvd.		Amount of Each Disbursement this Period MEMO 63.72	
City Seattle, WA	State WA	Zip Code 98188	Category/ Type 002
Purpose of Disbursement Air Fare			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			
<b>B.</b> Full Name (Last, First, Middle Initial) Comcast Cable		Date of Disbursement MM / DD / YYYY 05 / 08 / 2014	
Mailing Address 7037 NE Sandy Blvd		Amount of Each Disbursement this Period MEMO 53.75	
City Portland, OR	State OR	Zip Code 97213	Category/ Type 001
Purpose of Disbursement Telephone & Internet			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			
<b>C.</b> Full Name (Last, First, Middle Initial) Delta Airlines		Date of Disbursement MM / DD / YYYY 05 / 08 / 2014	
Mailing Address 1030 Delta Blvd.		Amount of Each Disbursement this Period MEMO 28.01	
City Atlanta, GA	State GA	Zip Code 30354	Category/ Type 002
Purpose of Disbursement Air Fare			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			
SUBTOTAL of Disbursements This Page (optional).....		0.00	
TOTAL This Period (last page this line number only).....			

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p><b>A.</b> Full Name (Last, First, Middle Initial) Facebook</p>		<p>Date of Disbursement</p> <p>MM / DD / YYYY 05 / 08 / 2014</p>	
<p>Mailing Address 1601 Willow Road</p>		<p>Amount of Each Disbursement this Period</p> <p>MEMO 110.20</p>	
<p>City State Zip Code MENLO PARK, CA 94025</p>	<p>Purpose of Disbursement Social Media Advertising</p>	<p>Category/ Type 004</p>	
<p>Candidate Name</p>	<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		
<p>State: District:</p>	<p>Full Name (Last, First, Middle Initial) Hotel deLuxe</p>		
<p><b>B.</b> Mailing Address 729 SW 15th Ave.</p>		<p>Date of Disbursement</p> <p>MM / DD / YYYY 05 / 08 / 2014</p>	
<p>City State Zip Code Portland, OR 97205</p>	<p>Purpose of Disbursement Lodging</p>	<p>Amount of Each Disbursement this Period</p> <p>MEMO 318.85</p>	
<p>Candidate Name</p>	<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		
<p>State: District:</p>	<p>Full Name (Last, First, Middle Initial) United Airlines</p>		
<p><b>C.</b> Mailing Address 233 South Wacker Drive</p>		<p>Date of Disbursement</p> <p>MM / DD / YYYY 05 / 08 / 2014</p>	
<p>City State Zip Code Chicago, IL 60602</p>	<p>Purpose of Disbursement Air Fare</p>	<p>Amount of Each Disbursement this Period</p> <p>MEMO 79.87</p>	
<p>Candidate Name</p>	<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		
<p>State: District:</p>	<p>SUBTOTAL of Disbursements This Page (optional) .....</p>		
<p>TOTAL This Period (last page this line number only) .....</p>		<p>0.00</p>	

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<b>A.</b> Full Name (Last, First, Middle Initial) Valley River Inn		Date of Disbursement MM / DD / YYYY 05 / 08 / 2014	
Mailing Address 1000 Valley River Way		Amount of Each Disbursement this Period MEMO 79.71	
City Eugene, OR	State OR	Zip Code 97401	Category/ Type 002
Purpose of Disbursement Lodging			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			
<b>B.</b> Full Name (Last, First, Middle Initial) Alaska Airlines		Date of Disbursement MM / DD / YYYY 05 / 08 / 2014	
Mailing Address 19300 International Blvd.		Amount of Each Disbursement this Period MEMO 19.38	
City Seattle, WA	State WA	Zip Code 98188	Category/ Type 002
Purpose of Disbursement Airfare			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			
<b>C.</b> Full Name (Last, First, Middle Initial) American Airliner		Date of Disbursement MM / DD / YYYY 05 / 08 / 2014	
Mailing Address 4333 Amon Carter Blvd.		Amount of Each Disbursement this Period MEMO 13.30	
City Dallas, TX	State TX	Zip Code 76155	Category/ Type 002
Purpose of Disbursement Airfare			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			
SUBTOTAL of Disbursements This Page (optional) .....		0.00	
TOTAL This Period (last page this line number only) .....			

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

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for each category of the  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p><b>A.</b> Full Name (Last, First, Middle Initial) Chevron</p> <p>Mailing Address 2110 NW Lovejoy St.</p> <p>City <span style="float:right">State</span> <span style="float:right">Zip Code</span> PORTLAND, OR 97210</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 05 / 08 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 8.92</p> <p>Category/ Type 002</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Comcast Cable</p> <p>Mailing Address 7037 NE Sandy Blvd</p> <p>City <span style="float:right">State</span> <span style="float:right">Zip Code</span> Portland, OR 97213</p> <p>Purpose of Disbursement Telephone &amp; Internet</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 05 / 08 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 53.75</p> <p>Category/ Type 001</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Delta Airlines</p> <p>Mailing Address 1030 Delta Blvd.</p> <p>City <span style="float:right">State</span> <span style="float:right">Zip Code</span> Atlanta, GA 30354</p> <p>Purpose of Disbursement Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 05 / 08 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 142.76</p> <p>Category/ Type 002</p>
<p>SUBTOTAL of Disbursements This Page (optional) .....</p> <p>TOTAL This Period (last page this line number only) .....</p>	

0.00

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Anedot</p> <p>Mailing Address 5555 Hilton Ave. Ste. 106</p> <p>City State Zip Code Baton Rouge, LA 70808</p> <p>Purpose of Disbursement Credit Card Processing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 05 / 13 / 2014</p> <p>Amount of Each Disbursement this Period 728.80</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Federal City Caterers, Inc.</p> <p>Mailing Address 1119 12th St., NW</p> <p>City State Zip Code Washington, DC 20005</p> <p>Purpose of Disbursement Catering Services for Event</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 05 / 13 / 2014</p> <p>Amount of Each Disbursement this Period 547.24</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Strategic Media Services, Inc.</p> <p>Mailing Address 1911 N. Pt. Meyer Drive, Ste. 400</p> <p>City State Zip Code Arlington, VA 22209</p> <p>Purpose of Disbursement Television and Radio Buys</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 05 / 13 / 2014</p> <p>Amount of Each Disbursement this Period 91,190.95</p>
<p>SUBTOTAL of Disbursements This Page (optional).....</p>	
<p>TOTAL This Period (last page this line number only).....</p>	

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Anedot</p> <p>Mailing Address 5555 Hilton Ave. Ste. 106</p> <p>City Baton Rouge, LA State Zip Code 70808</p> <p>Purpose of Disbursement Credit Card Processing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 05 / 14 / 2014</p> <p>Amount of Each Disbursement this Period 377.30</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Anedot</p> <p>Mailing Address 5555 Hilton Ave. Ste. 106</p> <p>City Baton Rouge, LA State Zip Code 70808</p> <p>Purpose of Disbursement Credit Card Processing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 05 / 15 / 2014</p> <p>Amount of Each Disbursement this Period 70.18</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) eFundraising Connections</p> <p>Mailing Address 2131 Capitol Ave. Ste. 306</p> <p>City SACRAMENTO, CA State Zip Code 95816</p> <p>Purpose of Disbursement CC Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 05 / 15 / 2014</p> <p>Amount of Each Disbursement this Period 326.97</p>
<p>SUBTOTAL of Disbursements This Page (optional).....</p> <p>TOTAL This Period (last page this line number only).....</p>	

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<b>A.</b> Full Name (Last, First, Middle Initial) Emmert Development Company <hr/> Mailing Address 275 Beaver Creek Rd. A-105 <hr/> City State Zip Code Oregon City, OR 97045 <hr/> Purpose of Disbursement Rent <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		Date of Disbursement MM / DD / YYYY 05 / 15 / 2014 <hr/> Amount of Each Disbursement this Period 2,650.00
<b>B.</b> Full Name (Last, First, Middle Initial) Jonathan Glick <hr/> Mailing Address 107 Silver Oak Terrace <hr/> City State Zip Code Orinda, CA 94563 <hr/> Purpose of Disbursement Salary <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		Date of Disbursement MM / DD / YYYY 05 / 15 / 2014 <hr/> Amount of Each Disbursement this Period 2,605.66
<b>C.</b> Full Name (Last, First, Middle Initial) Ross Hemminger <hr/> Mailing Address 29 Furoush Rd. <hr/> City State Zip Code West Roxbury, MA 02132 <hr/> Purpose of Disbursement Salary <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		Date of Disbursement MM / DD / YYYY 05 / 15 / 2014 <hr/> Amount of Each Disbursement this Period 1,318.74
SUBTOTAL of Disbursements This Page (optional) .....		6,574.40
TOTAL This Period (last page this line number only) .....		

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<b>A.</b> Full Name (Last, First, Middle Initial) IRS Withholdings C/O Paychex Mailing Address 7650 SW Beveland Street, Suite 200 City State Zip Code Tigard, OR 97223 Purpose of Disbursement Payroll Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		Date of Disbursement MM / DD / YYYY 05 / 15 / 2014 Amount of Each Disbursement this Period 5,314.50 Category/ Type 001
<b>B.</b> Full Name (Last, First, Middle Initial) Adam Jones Mailing Address 287 NE 3rd Ave. #201 City State Zip Code Gresham, OR 97030 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		Date of Disbursement MM / DD / YYYY 05 / 15 / 2014 Amount of Each Disbursement this Period 2,035.62 Category/ Type 001
<b>C.</b> Full Name (Last, First, Middle Initial) Paychex Mailing Address 1200 Executive Parkway Suite 350 City State Zip Code Eugene, OR 97401 Purpose of Disbursement Payroll Processing Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		Date of Disbursement MM / DD / YYYY 05 / 15 / 2014 Amount of Each Disbursement this Period 62.40 Category/ Type 001
SUBTOTAL of Disbursements This Page (optional).....		7,412.52
TOTAL This Period (last page this line number only).....		

**SCHEDULE B (FEC Form 3)  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p><b>A.</b> Full Name (Last, First, Middle Initial) Charles W. Pearce</p> <p>Mailing Address 1926 W. Burnside St., Unit 1310</p> <p>City State Zip Code PORTLAND, OR 97209</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 05 / 15 / 2014</p> <p>Amount of Each Disbursement this Period 2,949.35</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) US Bank</p> <p>Mailing Address 410 SW Harrison St.</p> <p>City State Zip Code Portland, OR 97201</p> <p>Purpose of Disbursement Bank Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 05 / 15 / 2014</p> <p>Amount of Each Disbursement this Period 279.50</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Anedot</p> <p>Mailing Address 5555 Hilton Ave. Ste. 106</p> <p>City State Zip Code Baton Rouge, LA 70808</p> <p>Purpose of Disbursement Credit Card Processing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 05 / 16 / 2014</p> <p>Amount of Each Disbursement this Period 109.34</p>
<p>SUBTOTAL of Disbursements This Page (optional).....</p> <p>TOTAL This Period (last page this line number only).....</p>	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>A. Full Name (Last, First, Middle Initial) GP Catering</p>		<p>Date of Disbursement MM / DD / YYYY 05 / 16 / 2014</p>	
<p>Mailing Address 39 B Avenue</p>		<p>Amount of Each Disbursement this Period 2,000.00</p>	
<p>City State Zip Code Lake Oswego, OR 97037</p>	<p>Purpose of Disbursement Catering Services</p>	<p>Category/ Type 003</p>	
<p>Candidate Name</p>		<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	
<p>State: District:</p>	<p>Full Name (Last, First, Middle Initial) B. Hollywood Lights Inc.</p>		
<p>Mailing Address 5251 SE McLoughlin Blvd.</p>		<p>Date of Disbursement MM / DD / YYYY 05 / 16 / 2014</p>	
<p>City State Zip Code Portland, OR 97202</p>	<p>Purpose of Disbursement Audio &amp; Visual Services</p>	<p>Amount of Each Disbursement this Period 1,801.11</p>	
<p>Candidate Name</p>		<p>Category/ Type 006</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>State: District:</p>	
<p>Full Name (Last, First, Middle Initial) C. Stages Northwest, Inc.</p>		<p>Date of Disbursement MM / DD / YYYY 05 / 16 / 2014</p>	
<p>Mailing Address PO Box 22229</p>		<p>Amount of Each Disbursement this Period 1,186.00</p>	
<p>City State Zip Code Milwaukie, OR 97269</p>	<p>Purpose of Disbursement Staging Materials</p>	<p>Category/ Type 006</p>	
<p>Candidate Name</p>		<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	
<p>State: District:</p>	<p>SUBTOTAL of Disbursements This Page (optional).....</p>		
<p>TOTAL This Period (last page this line number only).....</p>		<p>4,987.11</p>	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<b>A.</b> Full Name (Last, First, Middle Initial) Strategic Media Services, Inc.		Date of Disbursement MM / DD / YYYY 05 / 16 / 2014	
Mailing Address 1911 N. Ft. Meyer Drive, Ste. 400		Amount of Each Disbursement this Period 80,000.00	
City State Zip Code Arlington, VA 22209			
Purpose of Disbursement Television and Radio Buys			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Category/ Type 004	
State: District:			
<b>B.</b> Full Name (Last, First, Middle Initial) Ken Wright		Date of Disbursement MM / DD / YYYY 05 / 20 / 2014	
Mailing Address PO Box 190		Amount of Each Disbursement this Period 2,494.00	
City State Zip Code CARLTON, OR 97111			
Purpose of Disbursement Wine for fundraising event			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Category/ Type	
State: District:			
<b>C.</b> Full Name (Last, First, Middle Initial) Anedot		Date of Disbursement MM / DD / YYYY 05 / 21 / 2014	
Mailing Address 5555 Hilton Ave. Ste. 106		Amount of Each Disbursement this Period 666.15	
City State Zip Code Baton Rouge, LA 70808			
Purpose of Disbursement Credit Card Processing Fees			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Category/ Type 001	
State: District:			
SUBTOTAL of Disbursements This Page (optional).....		83,160.15	
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  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p><b>A.</b> Full Name (Last, First, Middle Initial) Anvil Media, Inc.</p> <p>Mailing Address 310 NE Failing St.</p> <p>City <span style="float: right;">State</span> <span style="float: right;">Zip Code</span> PORTLAND, OR 97212</p> <p>Purpose of Disbursement Website Design &amp; Production</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 05 / 21 / 2014</p> <p>Amount of Each Disbursement this Period 14,500.00</p> <p>Category/ Type 001</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Formit</p> <p>Mailing Address 1920 NW 24th Ave.</p> <p>City <span style="float: right;">State</span> <span style="float: right;">Zip Code</span> Portland, OR 97210</p> <p>Purpose of Disbursement Yard Signs</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 05 / 21 / 2014</p> <p>Amount of Each Disbursement this Period 3,210.00</p> <p>Category/ Type 004</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Formit</p> <p>Mailing Address 1920 NW 24th Ave.</p> <p>City <span style="float: right;">State</span> <span style="float: right;">Zip Code</span> Portland, OR 97210</p> <p>Purpose of Disbursement Yard Signs</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 05 / 21 / 2014</p> <p>Amount of Each Disbursement this Period 1,760.00</p> <p>Category/ Type 004</p>
<p>SUBTOTAL of Disbursements This Page (optional) .....</p>	
<p>TOTAL This Period (last page this line number only) .....</p>	

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p><b>A.</b> Full Name (Last, First, Middle Initial) Hollywood Lights Inc.</p> <p>Mailing Address 5251 SE McLoughlin Blvd.</p> <p>City Portland, OR State Zip Code 97202</p> <p>Purpose of Disbursement Audio &amp; Visual Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 05 / 21 / 2014</p> <p>Amount of Each Disbursement this Period 247.00</p> <p>Category/Type 006</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Terrance Group</p> <p>Mailing Address 201 North Union St., Ste. 410</p> <p>City Alexandria, VA State Zip Code 22314</p> <p>Purpose of Disbursement Polling</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 05 / 21 / 2014</p> <p>Amount of Each Disbursement this Period 12,903.00</p> <p>Category/Type 005</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) US Bank Visa</p> <p>Mailing Address 3230 SE Milwaukie Ave</p> <p>City Portland, OR State Zip Code 97202</p> <p>Purpose of Disbursement Credit Card Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 05 / 21 / 2014</p> <p>Amount of Each Disbursement this Period 5,000.00</p> <p>Category/Type 001</p>
<p>SUBTOTAL of Disbursements This Page (optional).....</p> <p>TOTAL This Period (last page this line number only).....</p>	

18,150.00

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p><b>A.</b> Full Name (Last, First, Middle Initial) Burger King</p> <p>Mailing Address 1525 Southeast Grand Ave.</p> <p>City State Zip Code Portland, 97214</p> <p>Purpose of Disbursement Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 05 / 21 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 3.66</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Chevron</p> <p>Mailing Address 2110 NW Lovejoy St.</p> <p>City State Zip Code PORTLAND, OR 97210</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 05 / 21 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 20.94</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Facebook</p> <p>Mailing Address 1601 Willow Road</p> <p>City State Zip Code MENLO PARK, CA 94025</p> <p>Purpose of Disbursement Social Media Advertising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 05 / 21 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 576.70</p>
<p>SUBTOTAL of Disbursements This Page (optional).....</p> <p>TOTAL This Period (last page this line number only).....</p>	

0.00

**SCHEDULE B (FEC Form 3)**  
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Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p><b>A.</b> Full Name (Last, First, Middle Initial) Fedex Kinkos</p> <p>Mailing Address 1528 SE Bybee Blvd.</p> <p>City State Zip Code PORTLAND, OR 97202</p> <p>Purpose of Disbursement Shipping Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 05 / 21 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 9.75</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Lardo</p> <p>Mailing Address 1212 SE Hawthorne Blvd.</p> <p>City State Zip Code Portland, OR 97214</p> <p>Purpose of Disbursement Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 05 / 21 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 5.87</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Old Town 76</p> <p>Mailing Address 400 W. Burnside St.</p> <p>City State Zip Code Portland, OR 97209</p> <p>Purpose of Disbursement Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 05 / 21 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 25.42</p>
<p>SUBTOTAL of Disbursements This Page (optional).....</p>	
<p>TOTAL This Period (last page this line number only).....</p>	

14020590298

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Valley River Inn</p> <hr/> <p>Mailing Address 1000 Valley River Way</p> <hr/> <p>City _____ State _____ Zip Code _____ Eugene, OR 97401</p> <hr/> <p>Purpose of Disbursement Lodging</p> <hr/> <p>Candidate Name _____</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____</p> <p>State: _____ District: _____</p>	<p>Date of Disbursement</p> <p>MM / DD / YYYY 05 / 21 / 2014</p> <hr/> <p>Amount of Each Disbursement this Period</p> <p>MEMO 91.76</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Facebook</p> <hr/> <p>Mailing Address 1601 Willow Road</p> <hr/> <p>City _____ State _____ Zip Code _____ MENLO PARK, CA 94025</p> <hr/> <p>Purpose of Disbursement Social Media Advertising</p> <hr/> <p>Candidate Name _____</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____</p> <p>State: _____ District: _____</p>	<p>Date of Disbursement</p> <p>MM / DD / YYYY 05 / 21 / 2014</p> <hr/> <p>Amount of Each Disbursement this Period</p> <p>MEMO 800.63</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Fedex Kinkos</p> <hr/> <p>Mailing Address 1528 SE Bybee Blvd.</p> <hr/> <p>City _____ State _____ Zip Code _____ PORTLAND, OR 97202</p> <hr/> <p>Purpose of Disbursement Shipping Fees</p> <hr/> <p>Candidate Name _____</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____</p> <p>State: _____ District: _____</p>	<p>Date of Disbursement</p> <p>MM / DD / YYYY 05 / 21 / 2014</p> <hr/> <p>Amount of Each Disbursement this Period</p> <p>MEMO 125.63</p>
<p>SUBTOTAL of Disbursements This Page (optional) .....</p>	
<p>TOTAL This Period (last page this line number only) .....</p>	

0.00

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

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NAME OF COMMITTEE (in Full)  
Dr. Monica Wehby for U.S. Senate

A. Full Name (Last, First, Middle Initial) Google		Date of Disbursement MM / DD / YYYY 05 / 21 / 2014
Mailing Address 1600 Amphitheatre Pkwy		Amount of Each Disbursement this Period MEMO 128.47
City Mountain View, CA	State Zip Code 94043	
Purpose of Disbursement Social Media Advertising	Category/ Type 004	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

B. Full Name (Last, First, Middle Initial) Hotel deLuxe		Date of Disbursement MM / DD / YYYY 05 / 21 / 2014
Mailing Address 729 SW 15th Ave.		Amount of Each Disbursement this Period MEMO 442.20
City Portland, OR	State Zip Code 97205	
Purpose of Disbursement Lodging	Category/ Type 002	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

C. Full Name (Last, First, Middle Initial) Jamba Juice		Date of Disbursement MM / DD / YYYY 05 / 21 / 2014
Mailing Address 1210 Lloyd Center		Amount of Each Disbursement this Period MEMO 2.13
City Portland, OR	State Zip Code 97223	
Purpose of Disbursement Meals	Category/ Type 002	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

0.00

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p><b>A.</b> Full Name (Last, First, Middle Initial) Pro Photo Supply</p>		<p>Date of Disbursement</p> <p>MM / DD / YYYY 05 / 21 / 2014</p>	
<p>Mailing Address 1112 NW 19th Ave.</p>		<p>Amount of Each Disbursement this Period</p> <p>MEMO 50.56</p>	
<p>City State Zip Code PORTLAND, OR 97209</p>	<p>Purpose of Disbursement Office Supplies</p>	<p>Category/ Type 001</p>	
<p>Candidate Name</p>	<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	
<p>State: District:</p>			
<p><b>B.</b> Full Name (Last, First, Middle Initial) Safeway</p>		<p>Date of Disbursement</p> <p>MM / DD / YYYY 05 / 21 / 2014</p>	
<p>Mailing Address 1010 SW Jefferson St.</p>		<p>Amount of Each Disbursement this Period</p> <p>MEMO 2.92</p>	
<p>City State Zip Code Portland, OR 97201</p>	<p>Purpose of Disbursement Meals</p>	<p>Category/ Type 002</p>	
<p>Candidate Name</p>	<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	
<p>State: District:</p>			
<p><b>C.</b> Full Name (Last, First, Middle Initial) United Airlines</p>		<p>Date of Disbursement</p> <p>MM / DD / YYYY 05 / 21 / 2014</p>	
<p>Mailing Address 233 South Wacker Drive</p>		<p>Amount of Each Disbursement this Period</p> <p>MEMO 123.33</p>	
<p>City State Zip Code Chicago, IL 60602</p>	<p>Purpose of Disbursement Air Fare</p>	<p>Category/ Type 002</p>	
<p>Candidate Name</p>	<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	
<p>State: District:</p>			
<p>SUBTOTAL of Disbursements This Page (optional).....</p>		<p>0.00</p>	
<p>TOTAL This Period (last page this line number only).....</p>		<p></p>	

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

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

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p><b>A.</b> Full Name (Last, First, Middle Initial) Valley River Inn</p>		<p>Date of Disbursement MM / DD / YYYY 05 / 21 / 2014</p>	
<p>Mailing Address 1000 Valley River Way</p>		<p>Amount of Each Disbursement this Period MEMO 159.44</p>	
<p>City State Zip Code Eugene, OR 97401</p>	<p>Purpose of Disbursement Lodging</p>	<p>Category/ Type 002</p>	
<p>Candidate Name</p>	<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	
<p>State: District:</p>			
<p><b>B.</b> Full Name (Last, First, Middle Initial) Alaska Airlines</p>		<p>Date of Disbursement MM / DD / YYYY 05 / 21 / 2014</p>	
<p>Mailing Address 19300 International Blvd.</p>		<p>Amount of Each Disbursement this Period MEMO 159.30</p>	
<p>City State Zip Code Seattle, WA 98188</p>	<p>Purpose of Disbursement Air Fare</p>	<p>Category/ Type 002</p>	
<p>Candidate Name</p>	<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	
<p>State: District:</p>			
<p><b>C.</b> Full Name (Last, First, Middle Initial) Comcast Cable</p>		<p>Date of Disbursement MM / DD / YYYY 05 / 21 / 2014</p>	
<p>Mailing Address 7037 NE Sandy Blvd</p>		<p>Amount of Each Disbursement this Period MEMO 134.38</p>	
<p>City State Zip Code Portland, OR 97213</p>	<p>Purpose of Disbursement Telephone &amp; Internet</p>	<p>Category/ Type 001</p>	
<p>Candidate Name</p>	<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	
<p>State: District:</p>			
<p>SUBTOTAL of Disbursements This Page (optional).....</p>		<p>0.00</p>	
<p>TOTAL This Period (last page this line number only).....</p>			

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p><b>A.</b> Full Name (Last, First, Middle Initial) Delta Airlines</p> <p>Mailing Address 1030 Delta Blvd.</p> <p>City State Zip Code Atlanta, GA 30354</p> <p>Purpose of Disbursement Air Fare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 05 / 21 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 70.03</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Facebook</p> <p>Mailing Address 1601 Willow Road</p> <p>City State Zip Code MENLO PARK, CA 94025</p> <p>Purpose of Disbursement Social Media Advertising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 05 / 21 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 275.50</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Hotel deLuxe</p> <p>Mailing Address 729 SW 15th Ave.</p> <p>City State Zip Code Portland, OR 97205</p> <p>Purpose of Disbursement Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 05 / 21 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 797.12</p>
<p>SUBTOTAL of Disbursements This Page (optional) .....</p>	
<p>TOTAL This Period (last page this line number only) .....</p>	

0.00

14020590303

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<b>A.</b> Full Name (Last, First, Middle Initial) United Airlines <hr/> Mailing Address 233 South Wacker Drive <hr/> City State Zip Code Chicago, IL 60602 <hr/> Purpose of Disbursement Air Fare <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		Date of Disbursement MM / DD / YYYY 05 / 21 / 2014 <hr/> Amount of Each Disbursement this Period MEMO 199.68
<b>B.</b> Full Name (Last, First, Middle Initial) Valley River Inn <hr/> Mailing Address 1000 Valley River Way <hr/> City State Zip Code Eugene, OR 97401 <hr/> Purpose of Disbursement Lodging <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		Date of Disbursement MM / DD / YYYY 05 / 21 / 2014 <hr/> Amount of Each Disbursement this Period MEMO 199.28
<b>C.</b> Full Name (Last, First, Middle Initial) Alaska Airlines <hr/> Mailing Address 19300 International Blvd. <hr/> City State Zip Code Seattle, WA 98188 <hr/> Purpose of Disbursement Airfare <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		Date of Disbursement MM / DD / YYYY 05 / 21 / 2014 <hr/> Amount of Each Disbursement this Period MEMO 48.45
SUBTOTAL of Disbursements This Page (optional) .....		0.00
TOTAL This Period (last page this line number only) .....		

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) American Airlines</p> <p>Mailing Address 4333 Amon Carter Blvd.</p> <p>City State Zip Code Dallas, TX 76155</p> <p>Purpose of Disbursement Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>		<p>Date of Disbursement</p> <p>MM / DD / YYYY 05 / 21 / 2014</p> <p>Amount of Each Disbursement this Period</p> <p>MEMO 33.24</p> <p>Category/Type 002</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Chevron</p> <p>Mailing Address 2110 NW Lovejoy St.</p> <p>City State Zip Code PORTLAND, OR 97210</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>		<p>Date of Disbursement</p> <p>MM / DD / YYYY 05 / 21 / 2014</p> <p>Amount of Each Disbursement this Period</p> <p>MEMO 22.31</p> <p>Category/Type 002</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Comcast Cable</p> <p>Mailing Address 7037 NE Sandy Blvd</p> <p>City State Zip Code Portland, OR 97213</p> <p>Purpose of Disbursement Telephone &amp; Internet</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>		<p>Date of Disbursement</p> <p>MM / DD / YYYY 05 / 21 / 2014</p> <p>Amount of Each Disbursement this Period</p> <p>MEMO 134.38</p> <p>Category/Type 001</p>
<p>SUBTOTAL of Disbursements This Page (optional) .....</p> <p>TOTAL This Period (last page this line number only) .....</p>		<p>0.00</p>

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<b>A.</b> Full Name (Last, First, Middle Initial) Delta Airlines <hr/> Mailing Address 1030 Delta Blvd. <hr/> City State Zip Code Atlanta, GA 30354 <hr/> Purpose of Disbursement Airfare <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		Date of Disbursement MM / DD / YYYY 05 / 21 / 2014 <hr/> Amount of Each Disbursement this Period MEMO 356.90
<b>B.</b> Full Name (Last, First, Middle Initial) Yuma Solutions <hr/> Mailing Address PO Box 152075 <hr/> City State Zip Code TAMPA, FL 33684 <hr/> Purpose of Disbursement Website & Email Hosting <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		Date of Disbursement MM / DD / YYYY 05 / 21 / 2014 <hr/> Amount of Each Disbursement this Period 258.75
<b>C.</b> Full Name (Last, First, Middle Initial) eFundraising Connections <hr/> Mailing Address 2131 Capitol Ave. Ste. 306 <hr/> City State Zip Code SACRAMENTO, CA 95816 <hr/> Purpose of Disbursement CC Processing Fee <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		Date of Disbursement MM / DD / YYYY 05 / 27 / 2014 <hr/> Amount of Each Disbursement this Period 8.80
SUBTOTAL of Disbursements This Page (optional) ..... <hr/> TOTAL This Period (last page this line number only) .....		267.55

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) GP Catering</p> <hr/> <p>Mailing Address 39 B Avenue</p> <hr/> <p>City _____ State _____ Zip Code _____ Lake Oswego, OR 97037</p> <hr/> <p>Purpose of Disbursement Catering Services</p> <hr/> <p>Candidate Name _____</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____</p> <p>State: _____ District: _____</p>		<p>Date of Disbursement</p> <p>MM / DD / YYYY 05 / 28 / 2014</p> <hr/> <p>Amount of Each Disbursement this Period</p> <p>775.50</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Ross Hemminger</p> <hr/> <p>Mailing Address 29 Furoush Rd.</p> <hr/> <p>City _____ State _____ Zip Code _____ West Roxbury, MA 02132</p> <hr/> <p>Purpose of Disbursement Win Bonus</p> <hr/> <p>Candidate Name _____</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____</p> <p>State: _____ District: _____</p>		<p>Date of Disbursement</p> <p>MM / DD / YYYY 05 / 28 / 2014</p> <hr/> <p>Amount of Each Disbursement this Period</p> <p>3,000.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Adam Jones</p> <hr/> <p>Mailing Address 287 NE 3rd Ave. #201</p> <hr/> <p>City _____ State _____ Zip Code _____ Gresham, OR 97030</p> <hr/> <p>Purpose of Disbursement Reimb. Expenses-See Memos</p> <hr/> <p>Candidate Name _____</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____</p> <p>State: _____ District: _____</p>		<p>Date of Disbursement</p> <p>MM / DD / YYYY 05 / 28 / 2014</p> <hr/> <p>Amount of Each Disbursement this Period</p> <p>787.22</p>
<p>SUBTOTAL of Disbursements This Page (optional) .....</p> <hr/> <p>TOTAL This Period (last page this line number only) .....</p>		<p>4,562.72</p>

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<b>A.</b> Full Name (Last, First, Middle Initial) Avis Rent A Car <hr/> Mailing Address 330 SW Washington St <hr/> City State Zip Code Portland, OR 97205 <hr/> Purpose of Disbursement Car Rental <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		Date of Disbursement MM / DD / YYYY 05 / 28 / 2014 <hr/> Amount of Each Disbursement this Period MEMO 253.09
<b>B.</b> Full Name (Last, First, Middle Initial) City of Vancouver <hr/> Mailing Address PO Box 8895 <hr/> City State Zip Code Vancouver, WA 98668 <hr/> Purpose of Disbursement Parking Fees <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		Date of Disbursement MM / DD / YYYY 05 / 28 / 2014 <hr/> Amount of Each Disbursement this Period MEMO 50.00
<b>C.</b> Full Name (Last, First, Middle Initial) Shell Oil <hr/> Mailing Address 3800 NW St Helens Rd <hr/> City State Zip Code PORTLAND, OR 97210 <hr/> Purpose of Disbursement Travel <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		Date of Disbursement MM / DD / YYYY 05 / 28 / 2014 <hr/> Amount of Each Disbursement this Period MEMO 114.92
SUBTOTAL of Disbursements This Page (optional) .....		0.00
TOTAL This Period (last page this line number only) .....		

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

A. Target		Date of Disbursement	
Full Name (Last, First, Middle Initial) Target		MEMO / 05 / 28 / 2014	
Mailing Address 9800 SE Washington St.		Amount of Each Disbursement this Period	
City State Zip Code Portland, OR 97216		MEMO 103.47	
Purpose of Disbursement Office Supplies		Category/Type 001	
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:		

B. Verizon Wireless		Date of Disbursement	
Full Name (Last, First, Middle Initial) Verizon Wireless		MEMO / 05 / 28 / 2014	
Mailing Address 616 SW Broadway		Amount of Each Disbursement this Period	
City State Zip Code Portland, OR 97205		MEMO 265.74	
Purpose of Disbursement Telephone		Category/Type 001	
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:		

C. Oregon Leadership Roundtable		Date of Disbursement	
Full Name (Last, First, Middle Initial) Oregon Leadership Roundtable		MEMO / 05 / 28 / 2014	
Mailing Address 5 Centerpointe Dr. #590		Amount of Each Disbursement this Period	
City State Zip Code Lake Oswego, OR 97035		1,250.00	
Purpose of Disbursement Voter Data/Software Access		Category/Type 001	
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:		

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

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

1,250.00

**SCHEDULE B (FEC Form 3)**  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p><b>A.</b> Full Name (Last, First, Middle Initial) Acquire Digital</p> <p>Mailing Address 113A 17th Ave. South</p> <p>City Nashville, TN State Zip Code 37203</p> <p>Purpose of Disbursement Digital Media Design &amp; Consulting Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 05 / 29 / 2014</p> <p>Amount of Each Disbursement this Period 2,500.00</p> <p>Category/Type 006</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Anvil Media Inc.</p> <p>Mailing Address 310 NE Failing St.</p> <p>City PORTLAND, OR State Zip Code 97212</p> <p>Purpose of Disbursement Website Design &amp; Maintenance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 05 / 29 / 2014</p> <p>Amount of Each Disbursement this Period 2,993.00</p> <p>Category/Type 001</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Fabrizio Lee &amp; Associates</p> <p>Mailing Address 11 Castle Harbor Isle Drive</p> <p>City Ft. Lauderdale, FL State Zip Code 33308</p> <p>Purpose of Disbursement Polling</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 05 / 29 / 2014</p> <p>Amount of Each Disbursement this Period 16,625.00</p> <p>Category/Type 005</p>
<p>SUBTOTAL of Disbursements This Page (optional).....</p> <p>TOTAL This Period (last page this line number only).....</p>	

14020590310

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) US Bank Visa</p> <p>Mailing Address 3230 SE Milwaukie Ave</p> <p>City State Zip Code Portland, OR 97202</p> <p>Purpose of Disbursement Credit Card Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 05 / 30 / 2014</p> <p>Amount of Each Disbursement this Period 5,000.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Burger King</p> <p>Mailing Address 1525 Southeast Grand Ave.</p> <p>City State Zip Code Portland, 97214</p> <p>Purpose of Disbursement Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 05 / 30 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 3.66</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Chevron</p> <p>Mailing Address 2110 NW Lovejoy St.</p> <p>City State Zip Code PORTLAND, OR 97210</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 05 / 30 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 20.94</p>
<p>SUBTOTAL of Disbursements This Page (optional) .....</p>	
<p>TOTAL This Period (last page this line number only) .....</p>	

14020590311

**SCHEDULE B (FEC Form 3)  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p><b>A.</b> Full Name (Last, First, Middle Initial) Facebook</p> <p>Mailing Address 1601 Willow Road</p> <p>City State Zip Code MENLO PARK, CA 94025</p> <p>Purpose of Disbursement Social Media Advertising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 05 / 30 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 576.70</p> <p>Category/ Type 004</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Fedex Kinkos</p> <p>Mailing Address 1528 SE Bybee Blvd.</p> <p>City State Zip Code PORTLAND, OR 97202</p> <p>Purpose of Disbursement Shipping Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 05 / 30 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 9.75</p> <p>Category/ Type 001</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Lardo</p> <p>Mailing Address 1212 SE Hawthorne Blvd.</p> <p>City State Zip Code Portland, OR 97214</p> <p>Purpose of Disbursement Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 05 / 30 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 5.87</p> <p>Category/ Type 002</p>
<p>SUBTOTAL of Disbursements This Page (optional).....</p> <p>TOTAL This Period (last page this line number only).....</p>	

0.00

14020590312

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Old Town 76</p> <p>Mailing Address 400 W. Burnside St.</p> <p>City State Zip Code Portland, OR 97209</p> <p>Purpose of Disbursement Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>		<p>Date of Disbursement</p> <p>MM / DD / YYYY 05 / 30 / 2014</p> <p>Amount of Each Disbursement this Period</p> <p>MEMO 25.42</p> <p>Category/ Type 002</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Valley River Inn</p> <p>Mailing Address 1000 Valley River Way</p> <p>City State Zip Code Eugene, OR 97401</p> <p>Purpose of Disbursement Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>		<p>Date of Disbursement</p> <p>MM / DD / YYYY 05 / 30 / 2014</p> <p>Amount of Each Disbursement this Period</p> <p>MEMO 91.76</p> <p>Category/ Type 002</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Facebook</p> <p>Mailing Address 1601 Willow Road</p> <p>City State Zip Code MENLO PARK, CA 94025</p> <p>Purpose of Disbursement Social Media Advertising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>		<p>Date of Disbursement</p> <p>MM / DD / YYYY 05 / 30 / 2014</p> <p>Amount of Each Disbursement this Period</p> <p>MEMO 800.63</p> <p>Category/ Type 004</p>
<p>SUBTOTAL of Disbursements This Page (optional) .....</p> <p>TOTAL This Period (last page this line number only) .....</p>		<p>0.00</p>

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

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for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Fedex Kinkos</p> <p>Mailing Address 1528 SE Bybee Blvd.</p> <p>City PORTLAND, OR 97202</p> <p>Purpose of Disbursement Shipping Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>		<p>Date of Disbursement</p> <p>MM / DD / YYYY 05 / 30 / 2014</p> <p>Amount of Each Disbursement this Period</p> <p>MEMO 125.63</p> <p>Category/ Type 001</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Google</p> <p>Mailing Address 1600 Amphitheatre Pkwy</p> <p>City Mountain View, CA 94043</p> <p>Purpose of Disbursement Social Media Advertising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>		<p>Date of Disbursement</p> <p>MM / DD / YYYY 05 / 30 / 2014</p> <p>Amount of Each Disbursement this Period</p> <p>MEMO 128.47</p> <p>Category/ Type 004</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Hotel deLuxe</p> <p>Mailing Address 729 SW 15th Ave.</p> <p>City Portland, OR 97205</p> <p>Purpose of Disbursement Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>		<p>Date of Disbursement</p> <p>MM / DD / YYYY 05 / 30 / 2014</p> <p>Amount of Each Disbursement this Period</p> <p>MEMO 442.20</p> <p>Category/ Type 002</p>
<p>SUBTOTAL of Disbursements This Page (optional).....</p> <p>TOTAL This Period (last page this line number only).....</p>		<p>0.00</p>

**SCHEDULE B (FEC Form 3)  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Jamba Juice</p> <p>Mailing Address 1210 Lloyd Center</p> <p>City Portland, OR State Zip Code 97223</p> <p>Purpose of Disbursement Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement</p> <p>MM / DD / YYYY 05 / 30 / 2014</p> <p>Amount of Each Disbursement this Period</p> <p>MEMO 2.13</p> <p>Category/ Type 002</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Pro Photo Supply</p> <p>Mailing Address 1112 NW 19th Ave.</p> <p>City PORTLAND, OR State Zip Code 97209</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement</p> <p>MM / DD / YYYY 05 / 30 / 2014</p> <p>Amount of Each Disbursement this Period</p> <p>MEMO 50.56</p> <p>Category/ Type 001</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Safeway</p> <p>Mailing Address 1010 SW Jefferson St.</p> <p>City Portland, OR State Zip Code 97201</p> <p>Purpose of Disbursement Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement</p> <p>MM / DD / YYYY 05 / 30 / 2014</p> <p>Amount of Each Disbursement this Period</p> <p>MEMO 2.92</p> <p>Category/ Type 002</p>
<p>SUBTOTAL of Disbursements This Page (optional) .....</p>	
<p>TOTAL This Period (last page this line number only) .....</p>	

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**SCHEDULE B (FEC Form 3)**  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p><b>A.</b> Full Name (Last, First, Middle Initial) United Airlines</p> <p>Mailing Address 233 South Wacker Drive</p> <p>City Chicago, IL Zip Code 60602</p> <p>Purpose of Disbursement Air Fare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 05 / 30 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 123.33</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Valley River Inn</p> <p>Mailing Address 1000 Valley River Way</p> <p>City Eugene, OR Zip Code 97401</p> <p>Purpose of Disbursement Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 05 / 30 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 159.44</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Alaska Airlines</p> <p>Mailing Address 19300 International Blvd.</p> <p>City Seattle, WA Zip Code 98188</p> <p>Purpose of Disbursement Air Fare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 05 / 30 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 159.30</p>
<p>SUBTOTAL of Disbursements This Page (optional).....</p>	
<p>TOTAL This Period (last page this line number only).....</p>	

**SCHEDULE B (FEC Form 3)  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p><b>A.</b> Full Name (Last, First, Middle Initial) Comcast Cable</p> <p>Mailing Address 7037 NE Sandy Blvd</p> <p>City State Zip Code Portland, OR 97213</p> <p>Purpose of Disbursement Telephone &amp; Internet</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 05 / 30 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 134.38</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Delta Airlines</p> <p>Mailing Address 1030 Delta Blvd.</p> <p>City State Zip Code Atlanta, GA 30354</p> <p>Purpose of Disbursement Air Fare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 05 / 30 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 70.03</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Facebook</p> <p>Mailing Address 1601 Willow Road</p> <p>City State Zip Code MENLO PARK, CA 94025</p> <p>Purpose of Disbursement Social Media Advertising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 05 / 30 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 275.50</p>
<p>SUBTOTAL of Disbursements This Page (optional) .....</p> <p>TOTAL This Period (last page this line number only) .....</p>	

**SCHEDULE B (FEC Form 3)**  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p><b>A.</b> Full Name (Last, First, Middle Initial) Hotel deLuxe</p> <p>Mailing Address 729 SW 15th Ave.</p> <p>City State Zip Code Portland, OR 97205</p> <p>Purpose of Disbursement Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 05 / 30 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 797.12</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) United Airlines</p> <p>Mailing Address 233 South Wacker Drive</p> <p>City State Zip Code Chicago, IL 60602</p> <p>Purpose of Disbursement Air Fare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 05 / 30 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 199.68</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Valley River Inn</p> <p>Mailing Address 1000 Valley River Way</p> <p>City State Zip Code Eugene, OR 97401</p> <p>Purpose of Disbursement Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 05 / 30 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 199.28</p>
<p>SUBTOTAL of Disbursements This Page (optional).....</p>	
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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<b>A.</b> Full Name (Last, First, Middle Initial) Alaska Airlines		Date of Disbursement MM / DD / YYYY 05 / 30 / 2014	
Mailing Address 19300 International Blvd.		Amount of Each Disbursement this Period MEMO 48.45	
City Seattle, WA 98188	State WA	Zip Code 98188	Category/ Type 002
Purpose of Disbursement Airfare			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			
<b>B.</b> Full Name (Last, First, Middle Initial) American Airlines		Date of Disbursement MM / DD / YYYY 05 / 30 / 2014	
Mailing Address 4333 Amon Carter Blvd.		Amount of Each Disbursement this Period MEMO 33.24	
City Dallas, TX 76155	State TX	Zip Code 76155	Category/ Type 002
Purpose of Disbursement Airfare			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			
<b>C.</b> Full Name (Last, First, Middle Initial) Chevron		Date of Disbursement MM / DD / YYYY 05 / 30 / 2014	
Mailing Address 2110 NW Lovejoy St.		Amount of Each Disbursement this Period MEMO 22.31	
City PORTLAND, OR 97210	State OR	Zip Code 97210	Category/ Type 002
Purpose of Disbursement Travel			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			
SUBTOTAL of Disbursements This Page (optional).....		0.00	
TOTAL This Period (last page this line number only).....			

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p><b>A.</b> Full Name (Last, First, Middle Initial) Comcast Cable</p> <p>Mailing Address 7037 NE Sandy Blvd</p> <p>City State Zip Code Portland, OR 97213</p> <p>Purpose of Disbursement Telephone &amp; Internet</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 05 / 30 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 134.38</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Delta Airlines</p> <p>Mailing Address 1030 Delta Blvd.</p> <p>City State Zip Code Atlanta, GA 30354</p> <p>Purpose of Disbursement Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 05 / 30 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 356.90</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Jonathan Glick</p> <p>Mailing Address 107 Silver Oak Terrace</p> <p>City State Zip Code Orinda, CA 94563</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 05 / 31 / 2014</p> <p>Amount of Each Disbursement this Period 5,500.29</p>
<p>SUBTOTAL of Disbursements This Page (optional).....</p> <p>TOTAL This Period (last page this line number only).....</p>	

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p><b>A.</b> Full Name (Last, First, Middle Initial) Ross Hemminger</p> <p>Mailing Address 29 Furoush Rd.</p> <p>City _____ State _____ Zip Code _____ West Roxbury, MA 02132</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name _____</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____</p> <p>State: _____ District: _____</p>	<p>Date of Disbursement MM / DD / YYYY 05 / 31 / 2014</p> <p>Amount of Each Disbursement this Period 1,318.75</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) IRS Withholdings C/O Paychex</p> <p>Mailing Address 7650 SW Beveland Street, Suite 200</p> <p>City _____ State _____ Zip Code _____ Tigard, OR 97223</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name _____</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____</p> <p>State: _____ District: _____</p>	<p>Date of Disbursement MM / DD / YYYY 05 / 31 / 2014</p> <p>Amount of Each Disbursement this Period 7,957.29</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Adam Jones</p> <p>Mailing Address 287 NE 3rd Ave. #201</p> <p>City _____ State _____ Zip Code _____ Gresham, OR 97030</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name _____</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____</p> <p>State: _____ District: _____</p>	<p>Date of Disbursement MM / DD / YYYY 05 / 31 / 2014</p> <p>Amount of Each Disbursement this Period 2,035.62</p>
<p>SUBTOTAL of Disbursements This Page (optional) .....</p>	
<p>TOTAL This Period (last page this line number only) .....</p>	

11,311.66

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**SCHEDULE B (FEC Form 3)  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p><b>A.</b> Full Name (Last, First, Middle Initial) Paychex</p> <p>Mailing Address 1200 Executive Parkway Suite 350</p> <p>City Eugene, OR 97401 State Zip Code</p> <p>Purpose of Disbursement Payroll Processing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 05 / 31 / 2014</p> <p>Amount of Each Disbursement this Period 62.40</p> <p>Category/Type 001</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Charles W. Pearce</p> <p>Mailing Address 1926 W. Burnside St., Unit 1310</p> <p>City PORTLAND, OR 97209 State Zip Code</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 05 / 31 / 2014</p> <p>Amount of Each Disbursement this Period 2,949.35</p> <p>Category/Type 001</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Poolhouse</p> <p>Mailing Address 3126 W. Cary Street, Suite 410</p> <p>City RICHMOND, VA 23221 State Zip Code</p> <p>Purpose of Disbursement Google Ad Buy</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 04 / 2014</p> <p>Amount of Each Disbursement this Period 400.00</p> <p>Category/Type 004</p>
<p>SUBTOTAL of Disbursements This Page (optional).....</p> <p>TOTAL This Period (last page this line number only).....</p>	

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p><b>A.</b> Full Name (Last, First, Middle Initial) Comcast Cable</p> <p>Mailing Address 7037 NE Sandy Blvd</p> <p>City State Zip Code Portland, OR 97213</p> <p>Purpose of Disbursement Cable &amp; Internet</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 05 / 2014</p> <p>Amount of Each Disbursement this Period 233.14</p> <p>Category/Type 001</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Jonathan Glick</p> <p>Mailing Address 107 Silver Oak Terrace</p> <p>City State Zip Code Orinda, CA 94563</p> <p>Purpose of Disbursement Reimb. Expenses-See Memos</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 05 / 2014</p> <p>Amount of Each Disbursement this Period 531.36</p> <p>Category/Type 001</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Chevron</p> <p>Mailing Address 2110 NW Lovejoy St.</p> <p>City State Zip Code PORTLAND, OR 97210</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 05 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 65.44</p> <p>Category/Type 002</p>
<p>SUBTOTAL of Disbursements This Page (optional) .....</p> <p>TOTAL This Period (last page this line number only) .....</p>	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<b>A.</b> Full Name (Last, First, Middle Initial) Taylor Gourmet Restaurant		Date of Disbursement MM / DD / YYYY 06 / 05 / 2014	
Mailing Address 485 K St NW		Amount of Each Disbursement this Period MEMO 293.58	
City State Zip Code Washington, DC 20001			
Purpose of Disbursement Meals		Category/ Type 002	
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:			

<b>B.</b> Full Name (Last, First, Middle Initial) Verizon Wireless		Date of Disbursement MM / DD / YYYY 06 / 05 / 2014	
Mailing Address 616 SW Broadway		Amount of Each Disbursement this Period MEMO 123.34	
City State Zip Code Portland, OR 97205			
Purpose of Disbursement Telephone		Category/ Type 001	
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:			

<b>C.</b> Full Name (Last, First, Middle Initial) Zip Car Inc.		Date of Disbursement MM / DD / YYYY 06 / 05 / 2014	
Mailing Address 739 SW 10th Ave.		Amount of Each Disbursement this Period MEMO 49.00	
City State Zip Code Portland, OR 97205			
Purpose of Disbursement Car Rental		Category/ Type 002	
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:			

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

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

0.00

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<b>A.</b> Full Name (Last, First, Middle Initial) Ross Hemminger <hr/> Mailing Address 29 Furoush Rd. <hr/> City State Zip Code West Roxbury, MA 02132 <hr/> Purpose of Disbursement Reimb. Expenses-See Memos <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		Date of Disbursement MM / DD / YYYY 06 / 05 / 2014 <hr/> Amount of Each Disbursement this Period 1,229.16 <hr/> Category/ Type 001
<b>B.</b> Full Name (Last, First, Middle Initial) Broadway Cab <hr/> Mailing Address 8725 NE Emerson St. <hr/> City State Zip Code Portland, 97220 <hr/> Purpose of Disbursement Travel <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		Date of Disbursement MM / DD / YYYY 06 / 05 / 2014 <hr/> Amount of Each Disbursement this Period MEMO 41.80 <hr/> Category/ Type 002
<b>C.</b> Full Name (Last, First, Middle Initial) Chevron <hr/> Mailing Address 2110 NW Lovejoy St. <hr/> City State Zip Code PORTLAND, OR 97210 <hr/> Purpose of Disbursement Travel <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		Date of Disbursement MM / DD / YYYY 06 / 05 / 2014 <hr/> Amount of Each Disbursement this Period MEMO 113.75 <hr/> Category/ Type 002
SUBTOTAL of Disbursements This Page (optional).....		1,229.16
TOTAL This Period (last page this line number only).....		

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p><b>A.</b> Full Name (Last, First, Middle Initial) Fedex Kinkos</p> <p>Mailing Address 1528 SE Bybee Blvd.</p> <p>City PORTLAND, OR State Zip Code 97202</p> <p>Purpose of Disbursement Shipping Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 05 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 68.12</p> <p>Category/ Type 001</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Five Guys Burgers</p> <p>Mailing Address 15129 SE McLoughlin</p> <p>City Milwaukee, OR State Zip Code 97267</p> <p>Purpose of Disbursement Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 05 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 72.72</p> <p>Category/ Type 002</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Fred Meyer</p> <p>Mailing Address 100 NW 20th Pl</p> <p>City Portland, OR State Zip Code 97209</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 05 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 8.78</p> <p>Category/ Type 001</p>
<p>SUBTOTAL of Disbursements This Page (optional) .....</p> <p>TOTAL This Period (last page this line number only) .....</p>	

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**SCHEDULE B (FEC Form 3)  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p><b>A.</b> Full Name (Last, First, Middle Initial) Haggens</p> <p>Mailing Address 19701 Oregon 213</p> <p>City Oregon City, OR 97045 State Zip Code</p> <p>Purpose of Disbursement Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 05 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 11.99</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Pioneer Pizza</p> <p>Mailing Address 13559 Redland Rd.</p> <p>City Oregon City, OR 97045 State Zip Code</p> <p>Purpose of Disbursement Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 05 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 53.75</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Safeway</p> <p>Mailing Address 1010 SW Jefferson St.</p> <p>City Portland, OR 97201 State Zip Code</p> <p>Purpose of Disbursement Volunteer Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 05 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 454.55</p>
<p>SUBTOTAL of Disbursements This Page (optional).....</p> <p>TOTAL This Period (last page this line number only).....</p>	

0.00

**SCHEDULE B (FEC Form 3)  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p><b>A.</b> Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address 616 SW Broadway</p> <p>City State Zip Code Portland, OR 97205</p> <p>Purpose of Disbursement Telephone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 05 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 445.50</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Hueter &amp; Associates, Inc.</p> <p>Mailing Address PO Box 8533</p> <p>City State Zip Code Emeryville, CA 94662</p> <p>Purpose of Disbursement Fundraising Retainer</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 05 / 2014</p> <p>Amount of Each Disbursement this Period 3,000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Adam Jones</p> <p>Mailing Address 287 NE 3rd Ave. #201</p> <p>City State Zip Code Gresham, OR 97030</p> <p>Purpose of Disbursement Reimb. Expenses-See Memos</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 05 / 2014</p> <p>Amount of Each Disbursement this Period 1,905.80</p>
<p>SUBTOTAL of Disbursements This Page (optional) .....</p>	
<p>TOTAL This Period (last page this line number only) .....</p>	

14020590328

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<b>A.</b> Full Name (Last, First, Middle Initial) Arco		Date of Disbursement MM / DD / YYYY 06 / 05 / 2014	
Mailing Address 6508 N Interstate Ave		Amount of Each Disbursement this Period MEMO 31.91	
City Portland, OR	State OR	Zip Code 97217	Category/ Type 002
Purpose of Disbursement Travel			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>B.</b> Full Name (Last, First, Middle Initial) Bar 33		Date of Disbursement MM / DD / YYYY 06 / 05 / 2014	
Mailing Address 3348 SE Belmont St.		Amount of Each Disbursement this Period MEMO 56.50	
City Portland,	State 	Zip Code 97214	Category/ Type 002
Purpose of Disbursement Meals			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>C.</b> Full Name (Last, First, Middle Initial) Burger King		Date of Disbursement MM / DD / YYYY 06 / 05 / 2014	
Mailing Address 1525 Southeast Grand Ave.		Amount of Each Disbursement this Period MEMO 14.83	
City Portland,	State 	Zip Code 97214	Category/ Type 002
Purpose of Disbursement Meals			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

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

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

0.00

14020590329

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<b>A.</b> Full Name (Last, First, Middle Initial) Delta Airlines		Date of Disbursement MM / DD / YYYY 06 / 05 / 2014		
Mailing Address 1030 Delta Blvd.		Amount of Each Disbursement this Period MEMO 354.00		
City	State			Zip Code
Atlanta, GA				30354
Purpose of Disbursement Travel				
Candidate Name		Category/ Type 001		
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:				

<b>B.</b> Full Name (Last, First, Middle Initial) Executive Car		Date of Disbursement MM / DD / YYYY 06 / 05 / 2014		
Mailing Address PO Box 14324		Amount of Each Disbursement this Period MEMO 150.00		
City	State			Zip Code
Portland, OR				97293
Purpose of Disbursement Travel				
Candidate Name		Category/ Type 002		
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:				

<b>C.</b> Full Name (Last, First, Middle Initial) GetRide.com		Date of Disbursement MM / DD / YYYY 06 / 05 / 2014		
Mailing Address 222 N. 13th Street, Suite 200		Amount of Each Disbursement this Period MEMO 54.50		
City	State			Zip Code
Boise, ID				83702
Purpose of Disbursement Cab Fare				
Candidate Name		Category/ Type 002		
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:				

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

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

0.00

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<b>A.</b> Full Name (Last, First, Middle Initial) Hilton Hotels Mailing Address 921 SW 6th Ave. City State Zip Code Portland, OR 97204 Purpose of Disbursement Lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		Date of Disbursement MM / DD / YYYY 06 / 05 / 2014 Amount of Each Disbursement this Period MEMO 426.48 Category/Type 002
<b>B.</b> Full Name (Last, First, Middle Initial) Leathers 12 Mile Texaco Mailing Address 22300 SE Stark Street City State Zip Code Gresham, OR 97030 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		Date of Disbursement MM / DD / YYYY 06 / 05 / 2014 Amount of Each Disbursement this Period MEMO 35.38 Category/Type 002
<b>C.</b> Full Name (Last, First, Middle Initial) Liberty Bell Cabs Mailing Address 2927 Conti St. City State Zip Code New Orleans, LA 70119 Purpose of Disbursement Cab Fare Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		Date of Disbursement MM / DD / YYYY 06 / 05 / 2014 Amount of Each Disbursement this Period MEMO 39.60 Category/Type 002
SUBTOTAL of Disbursements This Page (optional).....		0.00
TOTAL This Period (last page this line number only).....		0.00

**SCHEDULE B (FEC Form 3)**  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p><b>A.</b> Full Name (Last, First, Middle Initial) Old Town 76</p> <p>Mailing Address 400 W. Burnside St.</p> <p>City Portland, OR 97209 State Zip Code</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 05 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 15.65</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Radio Cab</p> <p>Mailing Address 1613 NW Kearney St.</p> <p>City Portland, OR 97209 State Zip Code</p> <p>Purpose of Disbursement Cab Fare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 05 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 153.15</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) United Airlines</p> <p>Mailing Address 233 South Wacker Drive</p> <p>City Chicago, IL 60602 State Zip Code</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 05 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 532.00</p>
<p>SUBTOTAL of Disbursements This Page (optional) .....</p>	
<p>TOTAL This Period (last page this line number only) .....</p>	

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p><b>A.</b> Full Name (Last, First, Middle Initial) Charles W. Pearce</p> <p>Mailing Address 1926 W. Burnside St., Unit 1310</p> <p>City PORTLAND, OR State Zip Code 97209</p> <p>Purpose of Disbursement Reimb. Expenses-See Memos</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 05 / 2014</p> <p>Amount of Each Disbursement this Period 6,548.54</p> <p>Category/Type 001</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Apple Inc.</p> <p>Mailing Address 700 SW 5th Ave. #1035</p> <p>City Portland, OR State Zip Code 97204</p> <p>Purpose of Disbursement Computer Hardware</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 05 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 336.03</p> <p>Category/Type 001</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Astoria B&amp;B</p> <p>Mailing Address 3391 Irving Ave.</p> <p>City Astoria, OR State Zip Code 97103</p> <p>Purpose of Disbursement Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 05 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 55.95</p> <p>Category/Type 002</p>
<p>SUBTOTAL of Disbursements This Page (optional).....</p> <p>TOTAL This Period (last page this line number only).....</p>	

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p><b>A.</b> Full Name (Last, First, Middle Initial) Austin House Cafe</p> <p>Mailing Address 75805 Hwy 26</p> <p>City State Zip Code Bates, OR 97817</p> <p>Purpose of Disbursement Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 05 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 41.75</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Avis Rent A Car</p> <p>Mailing Address 330 SW Washington St</p> <p>City State Zip Code Portland, OR 97205</p> <p>Purpose of Disbursement Car Rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 05 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 110.45</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Bear Mountain Pir--</p> <p>Mailing Address 2104 Island Ave.</p> <p>City State Zip Code La Grande, OR 97850</p> <p>Purpose of Disbursement Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 05 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 77.55</p>
<p>SUBTOTAL of Disbursements This Page (optional) .....</p>	
<p>TOTAL This Period (last page this line number only) .....</p>	

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p><b>A.</b> Full Name (Last, First, Middle Initial) Best Buy</p> <p>Mailing Address 8700 Ne Vancouver Mall Dr, Ste 147</p> <p>City State Zip Code VANCOUVER, WA 98662</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 05 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 205.49</p> <p>Category/Type 001</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Black Bear Diner</p> <p>Mailing Address 1465 NE 3rd St.</p> <p>City State Zip Code Bend, OR 97701</p> <p>Purpose of Disbursement Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 05 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 15.38</p> <p>Category/Type 002</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Chevron</p> <p>Mailing Address 2110 NW Lovejoy St.</p> <p>City State Zip Code PORTLAND, OR 97210</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 05 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 259.56</p> <p>Category/Type 002</p>
<p>SUBTOTAL of Disbursements This Page (optional) .....</p> <p>TOTAL This Period (last page this line number only) .....</p>	

0.00

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Dutch Goose</p> <p>Mailing Address 3567 Alameda De Las Pulgas</p> <p>City State Zip Code Menlo Park, CA 94025</p> <p>Purpose of Disbursement Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 05 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 12.35</p> <p>Category/ Type 002</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Pedex Kinkos</p> <p>Mailing Address 1528 SE Bybee Blvd.</p> <p>City State Zip Code PORTLAND, OR 97202</p> <p>Purpose of Disbursement Shipping Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 05 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 143.98</p> <p>Category/ Type 001</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Home Depot</p> <p>Mailing Address 10120 SE Washington St</p> <p>City State Zip Code PORTLAND, OR 97216</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 05 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 25.00</p> <p>Category/ Type 001</p>
<p>SUBTOTAL of Disbursements This Page (optional).....</p> <p>TOTAL This Period (last page this line number only).....</p>	

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p><b>A.</b> Full Name (Last, First, Middle Initial) Jimmy O's Pizzeria</p> <p>Mailing Address 1678 S Beaver Creek Rd.</p> <p>City State Zip Code Beavercreek, OR 97045</p> <p>Purpose of Disbursement Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 05 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 23.85</p> <p>Category/Type 002</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) MailChimp</p> <p>Mailing Address 512 Means St Suite 404</p> <p>City State Zip Code ATLANTA, GA 30318</p> <p>Purpose of Disbursement Blast Email Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 05 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 155.00</p> <p>Category/Type 001</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) McDonald's</p> <p>Mailing Address 1035 SW 6th Ave</p> <p>City State Zip Code Portland, OR 97204</p> <p>Purpose of Disbursement Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 05 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 11.48</p> <p>Category/Type 002</p>
<p>SUBTOTAL of Disbursements This Page (optional).....</p> <p>TOTAL This Period (last page this line number only).....</p>	

0.00

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

A. Full Name (Last, First, Middle Initial) McMenamins		Date of Disbursement MM / DD / YYYY 06 / 05 / 2014
Mailing Address 430 N. Killingsworth St.		Amount of Each Disbursement this Period MEMO 115.85
City Portland, OR	State OR	
Zip Code 97217		
Purpose of Disbursement Meals	Category/Type 002	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	

B. Full Name (Last, First, Middle Initial) Mill City Service		Date of Disbursement MM / DD / YYYY 06 / 05 / 2014
Mailing Address 218 SW Boardway St.		Amount of Each Disbursement this Period MEMO 65.60
City Mill City, OR	State OR	
Zip Code 97360		
Purpose of Disbursement Graphic Design	Category/Type 006	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	

C. Full Name (Last, First, Middle Initial) Nibbley's Cafe		Date of Disbursement MM / DD / YYYY 06 / 05 / 2014
Mailing Address 2650 Washburn Way		Amount of Each Disbursement this Period MEMO 63.37
City Klamath Falls, OR	State OR	
Zip Code 97603		
Purpose of Disbursement Meals	Category/Type 002	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	

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

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

0.00

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Oregon Secretary of State</p> <hr/> <p>Mailing Address 136 State Capitol</p> <hr/> <p>City _____ State _____ Zip Code _____ Salem, OR 97310</p> <hr/> <p>Purpose of Disbursement Candidate Filing Fees</p> <hr/> <p>Candidate Name _____</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____</p> <p>State: _____ District: _____</p>	<p>Date of Disbursement</p> <p>MM / DD / YYYY 06 / 05 / 2014</p> <hr/> <p>Amount of Each Disbursement this Period</p> <p>MEMO 3,000.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Pilot Gas</p> <hr/> <p>Mailing Address 2115 U.S. 395</p> <hr/> <p>City _____ State _____ Zip Code _____ Stanfield, OR 97875</p> <hr/> <p>Purpose of Disbursement Travel</p> <hr/> <p>Candidate Name _____</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____</p> <p>State: _____ District: _____</p>	<p>Date of Disbursement</p> <p>MM / DD / YYYY 06 / 05 / 2014</p> <hr/> <p>Amount of Each Disbursement this Period</p> <p>MEMO 183.15</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Safeway</p> <hr/> <p>Mailing Address 1010 SW Jefferson St.</p> <hr/> <p>City _____ State _____ Zip Code _____ Portland, OR 97201</p> <hr/> <p>Purpose of Disbursement Volunteer Meals</p> <hr/> <p>Candidate Name _____</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____</p> <p>State: _____ District: _____</p>	<p>Date of Disbursement</p> <p>MM / DD / YYYY 06 / 05 / 2014</p> <hr/> <p>Amount of Each Disbursement this Period</p> <p>MEMO 182.50</p>
<p>SUBTOTAL of Disbursements This Page (optional) .....</p>	
<p>TOTAL This Period (last page this line number only) .....</p>	

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p><b>A.</b> Full Name (Last, First, Middle Initial) Santiam Quick Mart</p> <p>Mailing Address 654 NW Santiam Blvd.</p> <p>City State Zip Code Mill City, OR 97360</p> <p>Purpose of Disbursement Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 05 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 9.26</p> <p>Category/Type 002</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Shell Oil</p> <p>Mailing Address 3800 NW St Helens Rd</p> <p>City State Zip Code PORTLAND, OR 97210</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 05 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 352.85</p> <p>Category/Type 002</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Space Age Gasoline</p> <p>Mailing Address 22 NW Division Street</p> <p>City State Zip Code Gresham, OR 97030</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 05 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 53.25</p> <p>Category/Type 001</p>
<p>SUBTOTAL of Disbursements This Page (optional).....</p> <p>TOTAL This Period (last page this line number only).....</p>	

0.00

14020590340

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>A. Full Name (Last, First, Middle Initial) Super Color</p>		<p>Date of Disbursement</p> <p>MM / DD / YYYY 06 / 05 / 2014</p>	
<p>Mailing Address 16761 Hale Ave.</p>		<p>Amount of Each Disbursement this Period</p> <p>MEMO 227.88</p>	
<p>City State Zip Code IRVINE, CA 92606</p>	<p>Purpose of Disbursement Printing-Remit Envelopes</p>	<p>Category/ Type 001</p>	
<p>Candidate Name</p>	<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: G2014</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify)</p>	
<p>State: District:</p>			
<p>B. Full Name (Last, First, Middle Initial) United Airlines</p>		<p>Date of Disbursement</p> <p>MM / DD / YYYY 06 / 05 / 2014</p>	
<p>Mailing Address 233 South Wacker Drive</p>		<p>Amount of Each Disbursement this Period</p> <p>MEMO 161.22</p>	
<p>City State Zip Code Chicago, IL 60602</p>	<p>Purpose of Disbursement Air Fare</p>	<p>Category/ Type 002</p>	
<p>Candidate Name</p>	<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: G2014</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify)</p>	
<p>State: District:</p>			
<p>C. Full Name (Last, First, Middle Initial) USPS</p>		<p>Date of Disbursement</p> <p>MM / DD / YYYY 06 / 05 / 2014</p>	
<p>Mailing Address 6723 SE 16th Ave</p>		<p>Amount of Each Disbursement this Period</p> <p>MEMO 563.39</p>	
<p>City State Zip Code PORTLAND, OR 97202</p>	<p>Purpose of Disbursement Postage</p>	<p>Category/ Type 001</p>	
<p>Candidate Name</p>	<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: G2014</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify)</p>	
<p>State: District:</p>			
<p>SUBTOTAL of Disbursements This Page (optional).....</p>		<p>0.00</p>	
<p>TOTAL This Period (last page this line number only).....</p>			

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<b>A.</b> Full Name (Last, First, Middle Initial) Westside Pub Mailing Address 930 NW Galveston Ave. City Bend, OR 97701 State Zip Code Purpose of Disbursement Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		Date of Disbursement MM / DD / YYYY 06 / 05 / 2014 Amount of Each Disbursement this Period MEMO 74.00 Category/Type 002
<b>B.</b> Full Name (Last, First, Middle Initial) Wild River Brewing Mailing Address 2684 N. Pacific Hwy. City Medford, OR 97501 State Zip Code Purpose of Disbursement Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		Date of Disbursement MM / DD / YYYY 06 / 05 / 2014 Amount of Each Disbursement this Period MEMO 22.40 Category/Type 002
<b>C.</b> Full Name (Last, First, Middle Initial) American Association of Neurological Surgeons Political Action Committee Mailing Address 725 15th Street, NW, Suite 500 City WASHINGTON, DC 20005 State Zip Code Purpose of Disbursement Reception Costs: Food & Beverage Charges Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		Date of Disbursement MM / DD / YYYY 06 / 07 / 2014 Amount of Each Disbursement this Period 4,917.34 Category/Type
SUBTOTAL of Disbursements This Page (optional) ..... TOTAL This Period (last page this line number only) .....		4,917.34

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p><b>A.</b> Full Name (Last, First, Middle Initial) Jonathan Glick</p> <p>Mailing Address 107 Silver Oak Terrace</p> <p>City State Zip Code Orinda, CA 94563</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 09 / 2014</p> <p>Amount of Each Disbursement this Period 1,389.51</p> <p>Category/ Type 001</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Adam Jones</p> <p>Mailing Address 287 NE 3rd Ave. #201</p> <p>City State Zip Code Gresham, OR 97030</p> <p>Purpose of Disbursement Win Bonus</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 09 / 2014</p> <p>Amount of Each Disbursement this Period 10,000.00</p> <p>Category/ Type 001</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Political Finance Solutions, Inc.</p> <p>Mailing Address 1022 G Street</p> <p>City State Zip Code SACRAMENTO, CA 95814</p> <p>Purpose of Disbursement Bookkeeping &amp; Compliance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 09 / 2014</p> <p>Amount of Each Disbursement this Period 4,520.92</p> <p>Category/ Type 001</p>
<p>SUBTOTAL of Disbursements This Page (optional) .....</p> <p>TOTAL This Period (last page this line number only) .....</p>	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<b>A.</b> Full Name (Last, First, Middle Initial) TG Fundraising, LLC		Date of Disbursement MM / DD / YYYY 06 / 09 / 2014	
Mailing Address PO Box 13470			
City PORTLAND, OR	State OR	Zip Code 97213	
Purpose of Disbursement Fundraising Retainer		Category/ Type 003	Amount of Each Disbursement this Period 5,000.00
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			
<b>B.</b> Full Name (Last, First, Middle Initial) Voyageur Company, LLC		Date of Disbursement MM / DD / YYYY 06 / 09 / 2014	
Mailing Address 1151 Orchard Circle			
City ST. PAUL, MN	State MN	Zip Code 55118	
Purpose of Disbursement Direct Mail Fundraising		Category/ Type 003	Amount of Each Disbursement this Period 37,251.78
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			
<b>C.</b> Full Name (Last, First, Middle Initial) eFundraising Connections		Date of Disbursement MM / DD / YYYY 06 / 10 / 2014	
Mailing Address 2131 Capitol Ave. Ste. 306			
City SACRAMENTO, CA	State CA	Zip Code 95816	
Purpose of Disbursement CC Processing fee		Category/ Type 001	Amount of Each Disbursement this Period 50.25
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			
SUBTOTAL of Disbursements This Page (optional) .....		42,302.03	
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  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Anedot</p> <p>Mailing Address 5555 Hilton Ave. Ste. 106</p> <p>City State Zip Code Baton Rouge, LA 70808</p> <p>Purpose of Disbursement Credit Card Processing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>		<p>Date of Disbursement</p> <p>MM / DD / YYYY 06 / 11 / 2014</p> <p>Amount of Each Disbursement this Period</p> <p>2,349.93</p> <p>Category/Type 001</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Yuma Solutions</p> <p>Mailing Address PO Box 152075</p> <p>City State Zip Code TAMPA, FL 33684</p> <p>Purpose of Disbursement Website &amp; Email Hosting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>		<p>Date of Disbursement</p> <p>MM / DD / YYYY 06 / 12 / 2014</p> <p>Amount of Each Disbursement this Period</p> <p>180.00</p> <p>Category/Type 001</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Independent Party of Oregon</p> <p>Mailing Address 9220 SW Barbur Blvd., Ste. 119-254</p> <p>City State Zip Code Portland, OR 97219</p> <p>Purpose of Disbursement Filing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>		<p>Date of Disbursement</p> <p>MM / DD / YYYY 06 / 13 / 2014</p> <p>Amount of Each Disbursement this Period</p> <p>3,000.00</p> <p>Category/Type 001</p>
<p>SUBTOTAL of Disbursements This Page (optional) .....</p>		<p>5,529.93</p>
<p>TOTAL This Period (last page this line number only) .....</p>		

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<b>A.</b> Full Name (Last, First, Middle Initial) US Bank		Date of Disbursement <div style="border: 1px solid black; padding: 2px;">                     MM / DD / YYYY                      06 / 13 / 2014                 </div>
Mailing Address 410 SW Harrison St.		Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px;">                     303.00                 </div>
City State Zip Code Portland, OR 97201		
Purpose of Disbursement Bank Fees		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Category/ Type <div style="border: 1px solid black; padding: 2px;">                     001                 </div>
State: District:		
<b>B.</b> Full Name (Last, First, Middle Initial) Timothy Christopher		Date of Disbursement <div style="border: 1px solid black; padding: 2px;">                     MM / DD / YYYY                      06 / 15 / 2014                 </div>
Mailing Address 12440 Locust Farm Court		Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px;">                     1,289.75                 </div>
City State Zip Code Oregon City, OR 97045		
Purpose of Disbursement Salary		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Category/ Type <div style="border: 1px solid black; padding: 2px;">                     001                 </div>
State: District:		
<b>C.</b> Full Name (Last, First, Middle Initial) Ross Hemminger		Date of Disbursement <div style="border: 1px solid black; padding: 2px;">                     MM / DD / YYYY                      06 / 15 / 2014                 </div>
Mailing Address 29 Furoush Rd.		Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px;">                     1,794.41                 </div>
City State Zip Code West Roxbury, MA 02132		
Purpose of Disbursement Salary		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Category/ Type <div style="border: 1px solid black; padding: 2px;">                     001                 </div>
State: District:		
SUBTOTAL of Disbursements This Page (optional).....		<div style="border: 1px solid black; padding: 2px;">                     3,387.16                 </div>
TOTAL This Period (last page this line number only).....		<div style="border: 1px solid black; padding: 2px;">                     3,387.16                 </div>

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

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p><b>A.</b> Full Name (Last, First, Middle Initial) IRS Withholdings C/O Paychex</p> <p>Mailing Address 7650 SW Beveland Street, Suite 200</p> <p>City Tigard, OR 97223 State Zip Code</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 15 / 2014</p> <p>Amount of Each Disbursement this Period 6,466.59</p> <p>Category/Type 001</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Adam Jones</p> <p>Mailing Address 287 NE 3rd Ave. #201</p> <p>City Gresham, OR 97030 State Zip Code</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 15 / 2014</p> <p>Amount of Each Disbursement this Period 2,037.05</p> <p>Category/Type 001</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Paychex</p> <p>Mailing Address 1200 Executive Parkway Suite 350</p> <p>City Eugene, OR 97401 State Zip Code</p> <p>Purpose of Disbursement Payroll Processing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 15 / 2014</p> <p>Amount of Each Disbursement this Period 65.71</p> <p>Category/Type 001</p>
<p>SUBTOTAL of Disbursements This Page (optional) .....</p> <p>TOTAL This Period (last page this line number only) .....</p>	

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p><b>A.</b> Full Name (Last, First, Middle Initial) Charles W. Pearce</p> <p>Mailing Address 1926 W. Burnside St., Unit 1310</p> <p>City PORTLAND, OR 97209 State Zip Code</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 15 / 2014</p> <p>Amount of Each Disbursement this Period 2,950.78</p> <p>Category/Type 001</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Stefanie Williams</p> <p>Mailing Address 6 Somerville Ave.</p> <p>City Wilmington, MA 01887 State Zip Code</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 15 / 2014</p> <p>Amount of Each Disbursement this Period 1,794.41</p> <p>Category/Type 001</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Comcast Cable</p> <p>Mailing Address 7037 NE Sandy Blvd</p> <p>City Portland, OR 97213 State Zip Code</p> <p>Purpose of Disbursement Cable &amp; Internet</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 16 / 2014</p> <p>Amount of Each Disbursement this Period 433.71</p> <p>Category/Type 001</p>
<p>SUBTOTAL of Disbursements This Page (optional).....</p> <p>TOTAL This Period (last page this line number only).....</p>	

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Emmert Development Company</p> <p>Mailing Address 275 Beaver Creek Rd. A-105</p> <p>City Oregon City, OR 97045 State Zip Code</p> <p>Purpose of Disbursement Rent &amp; Utilities</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement</p> <p>MM / DD / YYYY 06 / 16 / 2014</p> <p>Amount of Each Disbursement this Period</p> <p>2,496.07</p> <p>Category/Type 001</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Ross Hemminger</p> <p>Mailing Address 29 Furoush Rd.</p> <p>City West Roxbury, MA 02132 State Zip Code</p> <p>Purpose of Disbursement Reimb. Expenses-See Memos</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement</p> <p>MM / DD / YYYY 06 / 16 / 2014</p> <p>Amount of Each Disbursement this Period</p> <p>1,421.14</p> <p>Category/Type 001</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Burger King</p> <p>Mailing Address 1525 Southeast Grand Ave.</p> <p>City Portland, 97214 State Zip Code</p> <p>Purpose of Disbursement Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement</p> <p>MM / DD / YYYY 06 / 16 / 2014</p> <p>Amount of Each Disbursement this Period</p> <p>MEMO 13.16</p> <p>Category/Type 002</p>
<p>SUBTOTAL of Disbursements This Page (optional).....</p> <p>TOTAL This Period (last page this line number only).....</p>	

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p><b>A.</b> Full Name (Last, First, Middle Initial) Costco</p> <p>Mailing Address 4849 NE 138th Ave.</p> <p>City State Zip Code Portland, 97230</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 16 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 546.96</p> <p>Category/Type 001</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) McMenamins</p> <p>Mailing Address 430 N. Killingsworth St.</p> <p>City State Zip Code Portland, OR 97217</p> <p>Purpose of Disbursement Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 16 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 60.00</p> <p>Category/Type 002</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Pioneer Pizza</p> <p>Mailing Address 13559 Redland Rd.</p> <p>City State Zip Code Oregon City, OR 97045</p> <p>Purpose of Disbursement Volunteer Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 16 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 51.25</p> <p>Category/Type 002</p>
<p>SUBTOTAL of Disbursements This Page (optional).....</p>	
<p>TOTAL This Period (last page this line number only).....</p>	

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p><b>A.</b> Full Name (Last, First, Middle Initial) Safeway</p> <p>Mailing Address 1010 SW Jefferson St.</p> <p>City Portland, OR State Zip Code 97201</p> <p>Purpose of Disbursement Volunteer Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 16 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 153.97</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Space Age Gasoline</p> <p>Mailing Address 22 NW Division Street</p> <p>City Gresham, OR State Zip Code 97030</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 16 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 116.41</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Target</p> <p>Mailing Address 9800 SE Washington St.</p> <p>City Portland, OR State Zip Code 97216</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 16 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 65.36</p>
<p>SUBTOTAL of Disbursements This Page (optional) .....</p>	
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p><b>A.</b> Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address 616 SW Broadway</p> <p>City State Zip Code Portland, OR 97205</p> <p>Purpose of Disbursement Telephone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 16 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 205.38</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Wal-Mart</p> <p>Mailing Address 702 SW 8th St.</p> <p>City State Zip Code BENTONVILLE, AR 72716</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 16 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 208.65</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Acquire Digital</p> <p>Mailing Address 113A 17th Ave. South</p> <p>City State Zip Code Nashville, TN 37203</p> <p>Purpose of Disbursement Digital Media Design &amp; Consulting Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 18 / 2014</p> <p>Amount of Each Disbursement this Period 10,000.00</p>
<p>SUBTOTAL of Disbursements This Page (optional) .....</p>	
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) US Bank Visa</p> <p>Mailing Address 3230 SE Milwaukie Ave</p> <p>City <span style="float:right">State</span> <span style="float:right">Zip Code</span> Portland, OR 97202</p> <p>Purpose of Disbursement Credit Card Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement</p> <p>MM / DD / YYYY 06 / 19 / 2014</p> <p>Amount of Each Disbursement this Period</p> <p>1,621.79</p> <p>Category/ Type 001</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Burger King</p> <p>Mailing Address 1525 Southeast Grand Ave.</p> <p>City <span style="float:right">State</span> <span style="float:right">Zip Code</span> Portland, 97214</p> <p>Purpose of Disbursement Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement</p> <p>MM / DD / YYYY 06 / 19 / 2014</p> <p>Amount of Each Disbursement this Period</p> <p>MEMO 1.19</p> <p>Category/ Type 002</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Chevron</p> <p>Mailing Address 2110 NW Lovejoy St.</p> <p>City <span style="float:right">State</span> <span style="float:right">Zip Code</span> PORTLAND, OR 97210</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement</p> <p>MM / DD / YYYY 06 / 19 / 2014</p> <p>Amount of Each Disbursement this Period</p> <p>MEMO 6.79</p> <p>Category/ Type 002</p>
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p><b>A.</b> Full Name (Last, First, Middle Initial) Facebook</p> <p>Mailing Address 1601 Willow Road</p> <p>City State Zip Code MENLO PARK, CA 94025</p> <p>Purpose of Disbursement Social Media Advertising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 19 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 187.06</p> <p>Category/ Type 004</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Fedex Kinkos</p> <p>Mailing Address 1528 SE Bybee Blvd.</p> <p>City State Zip Code PORTLAND, OR 97202</p> <p>Purpose of Disbursement Shipping Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 19 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 3.16</p> <p>Category/ Type 001</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Lardo</p> <p>Mailing Address 1212 SE Hawthorne Blvd.</p> <p>City State Zip Code Portland, OR 97214</p> <p>Purpose of Disbursement Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 19 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 1.90</p> <p>Category/ Type 002</p>
<p>SUBTOTAL of Disbursements This Page (optional).....</p> <p>TOTAL This Period (last page this line number only).....</p>	

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p><b>A.</b> Full Name (Last, First, Middle Initial) Old Town 76</p> <p>Mailing Address 400 W. Burnside St.</p> <p>City Portland, OR 97209 State Zip Code</p> <p>Purpose of Disbursement Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 19 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 8.24</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Valley River Inn</p> <p>Mailing Address 1000 Valley River Way</p> <p>City Eugene, OR 97401 State Zip Code</p> <p>Purpose of Disbursement Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 19 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 29.76</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Facebook</p> <p>Mailing Address 1601 Willow Road</p> <p>City MENLO PARK, CA 94025 State Zip Code</p> <p>Purpose of Disbursement Social Media Advertising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 19 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 259.69</p>
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Fedex Kinkos</p> <p>Mailing Address 1528 SE Bybee Blvd.</p> <p>City <span style="margin-left: 150px;">State</span> <span style="margin-left: 50px;">Zip Code</span> PORTLAND, OR 97202</p> <p>Purpose of Disbursement Shipping Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: <span style="margin-left: 50px;">District:</span></p>	<p>Date of Disbursement MM / DD / YYYY 06 / 19 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 40.75</p> <p>Category/ Type 001</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Google</p> <p>Mailing Address 1600 Amphitheatre Pkwy</p> <p>City <span style="margin-left: 150px;">State</span> <span style="margin-left: 50px;">Zip Code</span> Mountain View, CA 94043</p> <p>Purpose of Disbursement Social Media Advertising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: <span style="margin-left: 50px;">District:</span></p>	<p>Date of Disbursement MM / DD / YYYY 06 / 19 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 41.67</p> <p>Category/ Type 004</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Hotel deLuxe</p> <p>Mailing Address 729 SW 15th Ave.</p> <p>City <span style="margin-left: 150px;">State</span> <span style="margin-left: 50px;">Zip Code</span> Portland, OR 97205</p> <p>Purpose of Disbursement Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: <span style="margin-left: 50px;">District:</span></p>	<p>Date of Disbursement MM / DD / YYYY 06 / 19 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 143.43</p> <p>Category/ Type 002</p>
<p>SUBTOTAL of Disbursements This Page (optional) .....</p> <p>TOTAL This Period (last page this line number only) .....</p>	

0.00

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p><b>A.</b> Full Name (Last, First, Middle Initial) Jamba Juice</p> <p>Mailing Address 1210 Lloyd Center</p> <p>City State Zip Code Portland, OR 97223</p> <p>Purpose of Disbursement Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 19 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 0.69</p> <p>Category/ Type 002</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Pro Photo Supply</p> <p>Mailing Address 1112 NW 19th Ave.</p> <p>City State Zip Code PORTLAND, OR 97209</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 19 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 16.40</p> <p>Category/ Type 001</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Safeway</p> <p>Mailing Address 1010 SW Jefferson St.</p> <p>City State Zip Code Portland, OR 97201</p> <p>Purpose of Disbursement Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 19 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 0.95</p> <p>Category/ Type 002</p>
<p>SUBTOTAL of Disbursements This Page (optional) .....</p>	
<p>TOTAL This Period (last page this line number only) .....</p>	

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p><b>A.</b> Full Name (Last, First, Middle Initial) United Airlines</p> <p>Mailing Address 233 South Wacker Drive</p> <p>City Chicago, IL 60602 State Zip Code</p> <p>Purpose of Disbursement Air Fare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 19 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 40.00</p> <p>Category/Type 002</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Valley River Inn</p> <p>Mailing Address 1000 Valley River Way</p> <p>City Eugene, OR 97401 State Zip Code</p> <p>Purpose of Disbursement Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 19 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 51.72</p> <p>Category/Type 002</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Alaska Airlines</p> <p>Mailing Address 19300 International Blvd.</p> <p>City Seattle, WA 98188 State Zip Code</p> <p>Purpose of Disbursement Air Fare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 19 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 51.67</p> <p>Category/Type 002</p>
<p>SUBTOTAL of Disbursements This Page (optional).....</p> <p>TOTAL This Period (last page this line number only).....</p>	

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

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Comcast Cable</p> <p>Mailing Address 7037 NE Sandy Blvd</p> <p>City <span style="float:right">State</span> <span style="float:right">Zip Code</span> Portland, OR 97213</p> <p>Purpose of Disbursement Telephone &amp; Internet</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>		<p>Date of Disbursement</p> <p>MM / DD / YYYY 06 / 19 / 2014</p> <p>Amount of Each Disbursement this Period</p> <p>MEMO 43.59</p> <p>Category/ Type 001</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Delta Airlines</p> <p>Mailing Address 1030 Delta Blvd.</p> <p>City <span style="float:right">State</span> <span style="float:right">Zip Code</span> Atlanta, GA 30354</p> <p>Purpose of Disbursement Air Fare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>		<p>Date of Disbursement</p> <p>MM / DD / YYYY 06 / 19 / 2014</p> <p>Amount of Each Disbursement this Period</p> <p>MEMO 22.72</p> <p>Category/ Type 002</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Facebook</p> <p>Mailing Address 1601 Willow Road</p> <p>City <span style="float:right">State</span> <span style="float:right">Zip Code</span> MENLO PARK, CA 94025</p> <p>Purpose of Disbursement Social Media Advertising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>		<p>Date of Disbursement</p> <p>MM / DD / YYYY 06 / 19 / 2014</p> <p>Amount of Each Disbursement this Period</p> <p>MEMO 89.36</p> <p>Category/ Type 004</p>
<p>SUBTOTAL of Disbursements This Page (optional) .....</p>		<p>0.00</p>
<p>TOTAL This Period (last page this line number only) .....</p>		

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

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(check only one)

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<b>A.</b> Full Name (Last, First, Middle Initial) Hotel deLuxe <hr/> Mailing Address 729 SW 15th Ave. <hr/> City <span style="float:right">State</span> <span style="float:right">Zip Code</span> Portland, OR 97205 <hr/> Purpose of Disbursement Lodging <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: _____ District: _____		Date of Disbursement <div style="border: 1px solid black; padding: 2px;">                     MM / DD / YYYY                      06 / 19 / 2014                 </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px;">                     MEMO 258.55                 </div> <hr/> <div style="border: 1px solid black; padding: 2px; text-align: center;">                     002                 </div> Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) United Airlines <hr/> Mailing Address 233 South Wacker Drive <hr/> City <span style="float:right">State</span> <span style="float:right">Zip Code</span> Chicago, IL 60602 <hr/> Purpose of Disbursement Air Fare <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: _____ District: _____		Date of Disbursement <div style="border: 1px solid black; padding: 2px;">                     MM / DD / YYYY                      06 / 19 / 2014                 </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px;">                     MEMO 64.77                 </div> <hr/> <div style="border: 1px solid black; padding: 2px; text-align: center;">                     002                 </div> Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) Valley River Inn <hr/> Mailing Address 1000 Valley River Way <hr/> City <span style="float:right">State</span> <span style="float:right">Zip Code</span> Eugene, OR 97401 <hr/> Purpose of Disbursement Lodging <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: _____ District: _____		Date of Disbursement <div style="border: 1px solid black; padding: 2px;">                     MM / DD / YYYY                      06 / 19 / 2014                 </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px;">                     MEMO 64.64                 </div> <hr/> <div style="border: 1px solid black; padding: 2px; text-align: center;">                     002                 </div> Category/ Type
SUBTOTAL of Disbursements This Page (optional) .....		<div style="border: 1px solid black; padding: 2px; text-align: center;">                     0.00                 </div>
TOTAL This Period (last page this line number only) .....		<div style="border: 1px solid black; padding: 2px; text-align: center;">                     0.00                 </div>

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<b>A.</b> Full Name (Last, First, Middle Initial) Alaska Airlines		Date of Disbursement <div style="border: 1px solid black; padding: 2px;">                     MM / DD / YYYY                      06 / 19 / 2014                 </div>
Mailing Address 19300 International Blvd.		Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px;">                     MEMO 15.72                 </div>
City State Zip Code Seattle, WA 98188		
Purpose of Disbursement Airfare		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Category/Type <div style="border: 1px solid black; padding: 2px;">002</div>
State: District:		
<b>B.</b> Full Name (Last, First, Middle Initial) American Airlines		Date of Disbursement <div style="border: 1px solid black; padding: 2px;">                     MM / DD / YYYY                      06 / 19 / 2014                 </div>
Mailing Address 4333 Amon Carter Blvd.		Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px;">                     MEMO 10.78                 </div>
City State Zip Code Dallas, TX 76155		
Purpose of Disbursement Airfare		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Category/Type <div style="border: 1px solid black; padding: 2px;">002</div>
State: District:		
<b>C.</b> Full Name (Last, First, Middle Initial) Chevron		Date of Disbursement <div style="border: 1px solid black; padding: 2px;">                     MM / DD / YYYY                      06 / 19 / 2014                 </div>
Mailing Address 2110 NW Lovejoy St.		Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px;">                     MEMO 7.24                 </div>
City State Zip Code PORTLAND, OR 97210		
Purpose of Disbursement Travel		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Category/Type <div style="border: 1px solid black; padding: 2px;">002</div>
State: District:		
SUBTOTAL of Disbursements This Page (optional).....		<div style="border: 1px solid black; padding: 2px;">0.00</div>
TOTAL This Period (last page this line number only).....		<div style="border: 1px solid black; padding: 2px;"></div>

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p><b>A.</b> Full Name (Last, First, Middle Initial) Comcast Cable</p> <p>Mailing Address 7037 NE Sandy Blvd</p> <p>City State Zip Code Portland, OR 97213</p> <p>Purpose of Disbursement Telephone &amp; Internet</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 19 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 43.59</p> <p>Category/Type 001</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Delta Airlines</p> <p>Mailing Address 1030 Delta Blvd.</p> <p>City State Zip Code Atlanta, GA 30354</p> <p>Purpose of Disbursement Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 19 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 115.76</p> <p>Category/Type 002</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) US Bank Visa</p> <p>Mailing Address 3230 SE Milwaukie Ave</p> <p>City State Zip Code Portland, OR 97202</p> <p>Purpose of Disbursement CC Payment for Travel and Office Expenses-See Memo</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 19 / 2014</p> <p>Amount of Each Disbursement this Period 3,378.21</p> <p>Category/Type 001</p>
<p>SUBTOTAL of Disbursements This Page (optional).....</p> <p>TOTAL This Period (last page this line number only).....</p>	

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Delta Airlines</p> <p>Mailing Address 1030 Delta Blvd.</p> <p>City Atlanta, GA State Zip Code 30354</p> <p>Purpose of Disbursement Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 19 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 232.88</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Facebook</p> <p>Mailing Address 1601 Willow Road</p> <p>City MENLO PARK, CA State Zip Code 94025</p> <p>Purpose of Disbursement Social Media Advertising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 19 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 704.05</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Fedex Kinkos</p> <p>Mailing Address 1528 SE Bybee Blvd.</p> <p>City PORTLAND, OR State Zip Code 97202</p> <p>Purpose of Disbursement Shipping Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 19 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 720.44</p>
<p>SUBTOTAL of Disbursements This Page (optional) .....</p>	
<p>TOTAL This Period (last page this line number only) .....</p>	

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Optimist Printers</p> <p>Mailing Address 723 East Third Street</p> <p>City THE DALLES, OR State Zip Code 97058</p> <p>Purpose of Disbursement Printing-Business Cards</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>		<p>Date of Disbursement MM / DD / YYYY 06 / 19 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 382.00</p> <p>Category/ Type 001</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Staples Inc.</p> <p>Mailing Address 12301 NE Glisan Street</p> <p>City PORTLAND, OR State Zip Code 97230</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>		<p>Date of Disbursement MM / DD / YYYY 06 / 19 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 20.99</p> <p>Category/ Type 001</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) United Airlines</p> <p>Mailing Address 233 South Wacker Drive</p> <p>City Chicago, IL State Zip Code 60602</p> <p>Purpose of Disbursement Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>		<p>Date of Disbursement MM / DD / YYYY 06 / 19 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 336.00</p> <p>Category/ Type 002</p>
<p>SUBTOTAL of Disbursements This Page (optional) .....</p>		<p>0.00</p>
<p>TOTAL This Period (last page this line number only) .....</p>		

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) USPS</p> <p>Mailing Address 6723 SE 16th Ave</p> <p>City _____ State _____ Zip Code _____</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name _____</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____</p> <p>State: _____ District: _____</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 19 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 981.85</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) James Bognet</p> <p>Mailing Address _____</p> <p>City _____ State _____ Zip Code _____</p> <p>Purpose of Disbursement Reimb. Expenses-See Memos</p> <p>Candidate Name _____</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____</p> <p>State: _____ District: _____</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 20 / 2014</p> <p>Amount of Each Disbursement this Period 709.02</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Dollar Car Rental</p> <p>Mailing Address 132 NW Broadway</p> <p>City _____ State _____ Zip Code _____</p> <p>Purpose of Disbursement Car Rental</p> <p>Candidate Name _____</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____</p> <p>State: _____ District: _____</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 20 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 83.37</p>
<p>SUBTOTAL of Disbursements This Page (optional).....</p> <p>TOTAL This Period (last page this line number only).....</p>	

709.02

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p>A. Full Name (Last, First, Middle Initial) Good Dog, Bad Dog</p>		<p>Date of Disbursement</p> <p>MM / DD / YYYY 06 / 20 / 2014</p>	
<p>Mailing Address 7000 NE Airport Way</p>		<p>Amount of Each Disbursement this Period</p> <p>MEMO 6.99</p>	
<p>City State Zip Code Portland, OR 97218</p>	<p>Purpose of Disbursement Meals</p>	<p>Category/ Type 002</p>	
<p>Candidate Name</p>	<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	
<p>State: District:</p>			

<p>B. Full Name (Last, First, Middle Initial) Kenny &amp; Zuke's Delicatessen</p>		<p>Date of Disbursement</p> <p>MM / DD / YYYY 06 / 20 / 2014</p>	
<p>Mailing Address 1038 SW Stark St.</p>		<p>Amount of Each Disbursement this Period</p> <p>MEMO 13.75</p>	
<p>City State Zip Code Portland, OR 97205</p>	<p>Purpose of Disbursement Meals</p>	<p>Category/ Type 002</p>	
<p>Candidate Name</p>	<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	
<p>State: District:</p>			

<p>C. Full Name (Last, First, Middle Initial) Lake Oswego Grill</p>		<p>Date of Disbursement</p> <p>MM / DD / YYYY 06 / 20 / 2014</p>	
<p>Mailing Address 7 Centerpointe Dr,</p>		<p>Amount of Each Disbursement this Period</p> <p>MEMO 32.00</p>	
<p>City State Zip Code LAKE OSWEGO, OR 97035</p>	<p>Purpose of Disbursement Meals</p>	<p>Category/ Type 002</p>	
<p>Candidate Name</p>	<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	
<p>State: District:</p>			

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

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p><b>A.</b> Full Name (Last, First, Middle Initial) LAX Airport Parking</p> <p>Mailing Address 6221 S. Sepulveda Blvd.</p> <p>City Los Angeles, CA 90045 State Zip Code</p> <p>Purpose of Disbursement Parking Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 20 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 31.70</p> <p>Category/ Type 002</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Riverfront Cafe</p> <p>Mailing Address 700 NE Airport Way</p> <p>City Portland, OR 97218 State Zip Code</p> <p>Purpose of Disbursement Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 20 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 7.95</p> <p>Category/ Type 002</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Shell Oil</p> <p>Mailing Address 3800 NW St Helens Rd</p> <p>City PORTLAND, OR 97210 State Zip Code</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 20 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 11.36</p> <p>Category/ Type 002</p>
<p>SUBTOTAL of Disbursements This Page (optional) .....</p> <p>TOTAL This Period (last page this line number only) .....</p>	

0.00

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Southwest Airlines</p> <p>Mailing Address 2702 Love Field Drive</p> <p>City State Zip Code Dallas, TX 75235</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 20 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 351.00</p> <p>Category/ Type 002</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Westin Hotels</p> <p>Mailing Address 750 SW Alder St.</p> <p>City State Zip Code Portland, OR 97205</p> <p>Purpose of Disbursement Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 20 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 133.90</p> <p>Category/ Type 002</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Westin Hotels</p> <p>Mailing Address 750 SW Alder St.</p> <p>City State Zip Code Portland, OR 97205</p> <p>Purpose of Disbursement Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 20 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 37.00</p> <p>Category/ Type 002</p>
<p>SUBTOTAL of Disbursements This Page (optional).....</p> <p>TOTAL This Period (last page this line number only).....</p>	

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Anedot</p> <p>Mailing Address 5555 Hilton Ave. Ste. 106</p> <p>City Baton Rouge, LA State Zip Code 70808</p> <p>Purpose of Disbursement Credit Card Processing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 23 / 2014</p> <p>Amount of Each Disbursement this Period 1,288.54</p> <p>Category/Type 001</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Lora Pritchard</p> <p>Mailing Address 13496 SE Evening Star Court</p> <p>City Happy Valley, OR State Zip Code 97086</p> <p>Purpose of Disbursement Consulting and Scheduling Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 23 / 2014</p> <p>Amount of Each Disbursement this Period 1,000.00</p> <p>Category/Type 001</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Emmert Development Company</p> <p>Mailing Address 275 Beavercreek Rd. A-105</p> <p>City Oregon City, OR State Zip Code 97045</p> <p>Purpose of Disbursement Rent &amp; Utilities</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 24 / 2014</p> <p>Amount of Each Disbursement this Period 3,406.17</p> <p>Category/Type 001</p>
<p>SUBTOTAL of Disbursements This Page (optional).....</p> <p>TOTAL This Period (last page this line number only).....</p>	

5,694.71

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p><b>A.</b> Full Name (Last, First, Middle Initial) Strategic Media Services, Inc.</p> <p>Mailing Address 1911 N. Ft. Meyer Drive, Ste. 400</p> <p>City State Zip Code Arlington, VA 22209</p> <p>Purpose of Disbursement Television and Radio Buys</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 24 / 2014</p> <p>Amount of Each Disbursement this Period 18,673.20</p> <p>Category/Type 004</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) eFundraising Connections</p> <p>Mailing Address 2131 Capitol Ave. Ste. 306</p> <p>City State Zip Code SACRAMENTO, CA 95816</p> <p>Purpose of Disbursement CC Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 25 / 2014</p> <p>Amount of Each Disbursement this Period 238.75</p> <p>Category/Type 001</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Anedot</p> <p>Mailing Address 5555 Hilton Ave. Ste. 106</p> <p>City State Zip Code Baton Rouge, LA 70808</p> <p>Purpose of Disbursement Credit Card Processing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 26 / 2014</p> <p>Amount of Each Disbursement this Period 693.55</p> <p>Category/Type 001</p>
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19,605.50

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Day Law Group, PC</p> <p>Mailing Address 15055 SW Sequoia Pkwy, Suite 170</p> <p>City: PORTLAND, OR      State:      Zip Code: 97224</p> <p>Purpose of Disbursement Legal Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State:      District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 26 / 2014</p> <p>Amount of Each Disbursement this Period 542.50</p> <p>Category/Type 001</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) US Bank Visa</p> <p>Mailing Address 3230 SE Milwaukie Ave</p> <p>City: Portland, OR      State:      Zip Code: 97202</p> <p>Purpose of Disbursement CC payment for Travel &amp; Fundraising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State:      District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 26 / 2014</p> <p>Amount of Each Disbursement this Period 5,000.00</p> <p>Category/Type 001</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) American Airlines</p> <p>Mailing Address 4333 Amon Carter Blvd.</p> <p>City: Dallas, TX      State:      Zip Code: 76155</p> <p>Purpose of Disbursement Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State:      District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 26 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 327.43</p> <p>Category/Type 002</p>
<p>SUBTOTAL of Disbursements This Page (optional) .....</p>	
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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Avis Rent A Car</p> <p>Mailing Address 330 SW Washington St</p> <p>City State Zip Code Portland, OR 97205</p> <p>Purpose of Disbursement Car Rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 26 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 165.41</p> <p>Category/Type 002</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Delta Airlines</p> <p>Mailing Address 1030 Delta Blvd.</p> <p>City State Zip Code Atlanta, GA 30354</p> <p>Purpose of Disbursement Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 26 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 522.00</p> <p>Category/Type 002</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Facebook</p> <p>Mailing Address 1601 Willow Road</p> <p>City State Zip Code MENLO PARK, CA 94025</p> <p>Purpose of Disbursement Social Media Advertising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 26 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 1,509.92</p> <p>Category/Type 004</p>
<p>SUBTOTAL of Disbursements This Page (optional).....</p>	
<p>TOTAL This Period (last page this line number only).....</p>	

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p><b>A.</b> Full Name (Last, First, Middle Initial) Fedex Kinkos</p> <p>Mailing Address 1528 SE Bybee Blvd.</p> <p>City PORTLAND, OR State Zip Code 97202</p> <p>Purpose of Disbursement Shipping Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 26 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 691.21</p> <p>Category/Type 001</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Google</p> <p>Mailing Address 1600 Amphitheatre Pkwy</p> <p>City Mountain View, CA State Zip Code 94043</p> <p>Purpose of Disbursement Social Media Advertising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 26 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 389.26</p> <p>Category/Type 004</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Microsoft Ads</p> <p>Mailing Address 1 Microsoft Way</p> <p>City Redmond, WA State Zip Code 98052</p> <p>Purpose of Disbursement Social Media Advertising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 26 / 2014</p> <p>Amount of Each Disbursement this Period MEMO 69.02</p> <p>Category/Type 004</p>
<p>SUBTOTAL of Disbursements This Page (optional).....</p> <p>TOTAL This Period (last page this line number only).....</p>	

0.00

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<b>A.</b> Full Name (Last, First, Middle Initial) Southwest Airlines		Date of Disbursement MM / DD / YYYY 06 / 26 / 2014	
Mailing Address 2702 Love Field Drive		Amount of Each Disbursement this Period MEMO 262.50	
City State Zip Code Dallas, TX 75235	Purpose of Disbursement Airfare	Category/ Type 002	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			
<b>B.</b> Full Name (Last, First, Middle Initial) TMH Catering, LLC		Date of Disbursement MM / DD / YYYY 06 / 26 / 2014	
Mailing Address 4980 Wyaconda Rd Ste G		Amount of Each Disbursement this Period MEMO 712.25	
City State Zip Code Rockville, MD 20852	Purpose of Disbursement Catering Services	Category/ Type 003	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			
<b>C.</b> Full Name (Last, First, Middle Initial) United Airlines		Date of Disbursement MM / DD / YYYY 06 / 26 / 2014	
Mailing Address 233 South Wacker Drive		Amount of Each Disbursement this Period MEMO 351.00	
City State Zip Code Chicago, IL 60602	Purpose of Disbursement Airfare	Category/ Type 002	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			
SUBTOTAL of Disbursements This Page (optional).....		0.00	
TOTAL This Period (last page this line number only).....			

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p><b>A.</b> Full Name (Last, First, Middle Initial) Anedot</p> <p>Mailing Address 5555 Hilton Ave. Ste. 106</p> <p>City Baton Rouge, LA State Zip Code 70808</p> <p>Purpose of Disbursement Credit Card Processing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 30 / 2014</p> <p>Amount of Each Disbursement this Period 3,584.24</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Timothy Christopher</p> <p>Mailing Address 12440 Locust Farm Court</p> <p>City Oregon City, OR State Zip Code 97045</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 30 / 2014</p> <p>Amount of Each Disbursement this Period 1,288.33</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) eFundraising Connections</p> <p>Mailing Address 2131 Capitol Ave. Ste. 306</p> <p>City SACRAMENTO, CA State Zip Code 95816</p> <p>Purpose of Disbursement CC Processing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 06 / 30 / 2014</p> <p>Amount of Each Disbursement this Period 757.20</p>
<p>SUBTOTAL of Disbursements This Page (optional).....</p> <p>TOTAL This Period (last page this line number only).....</p>	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<b>A.</b> Full Name (Last, First, Middle Initial) Ross Hemminger <hr/> Mailing Address 29 Furoush Rd. <hr/> City State Zip Code West Roxbury, MA 02132 <hr/> Purpose of Disbursement Salary <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		Date of Disbursement MM / DD / YYYY 06 / 30 / 2014 <hr/> Amount of Each Disbursement this Period 1,792.98
<b>B.</b> Full Name (Last, First, Middle Initial) IRS Withholdings C/O Paychex <hr/> Mailing Address 7650 SW Beveland Street, Suite 200 <hr/> City State Zip Code Tigard, OR 97223 <hr/> Purpose of Disbursement Payroll Taxes <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		Date of Disbursement MM / DD / YYYY 06 / 30 / 2014 <hr/> Amount of Each Disbursement this Period 2,679.97
<b>C.</b> Full Name (Last, First, Middle Initial) Paychex <hr/> Mailing Address 1200 Executive Parkway Suite 350 <hr/> City State Zip Code Eugene, OR 97401 <hr/> Purpose of Disbursement Payroll Processing Fees <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		Date of Disbursement MM / DD / YYYY 06 / 30 / 2014 <hr/> Amount of Each Disbursement this Period 112.40
SUBTOTAL of Disbursements This Page (optional).....		4,585.35
TOTAL This Period (last page this line number only).....		

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

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

FOR LINE NUMBER:  
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Stefanie Williams</p> <p>Mailing Address 6 Somerville Ave.</p> <p>City State Zip Code Wilmington, MA 01887</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>		<p>Date of Disbursement</p> <p>MM / DD / YYYY 06 / 30 / 2014</p> <p>Amount of Each Disbursement this Period</p> <p>1,792.98</p> <p>Category/Type 001</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>		<p>Date of Disbursement</p> <p>MM / DD / YYYY</p> <p>Amount of Each Disbursement this Period</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>		<p>Date of Disbursement</p> <p>MM / DD / YYYY</p> <p>Amount of Each Disbursement this Period</p>
<p>SUBTOTAL of Disbursements This Page (optional).....</p> <p>TOTAL This Period (last page this line number only).....</p>		<p>1,792.98</p> <p>551,034.05</p>

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Dr. Monica Wehby for U.S. Senate

<b>A.</b> Full Name (Last, First, Middle Initial) Edward Kutler		Date of Disbursement MM / DD / YYYY 05 / 16 / 2014	
Mailing Address 6405 Tree Top Cir			
City	State	Zip Code	
Columbia, MD		21045	
Purpose of Disbursement Refund		Category/ Type 010	Amount of Each Disbursement this Period 250.00
Candidate Name			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		
<b>B.</b> Full Name (Last, First, Middle Initial) Stephen Griffin		Date of Disbursement MM / DD / YYYY 06 / 30 / 2014	
Mailing Address 11 Winding River circle			
City	State	Zip Code	
Wellesley, MA		02482	
Purpose of Disbursement Insufficient funds		Category/ Type 010	Amount of Each Disbursement this Period 200.00
Candidate Name			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: G2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		
<b>C.</b> Full Name (Last, First, Middle Initial)		Date of Disbursement MM / DD / YYYY	
Mailing Address			
City	State	Zip Code	
Purpose of Disbursement		Category/ Type	Amount of Each Disbursement this Period
Candidate Name			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		
SUBTOTAL of Disbursements This Page (optional).....		450.00	
TOTAL This Period (last page this line number only).....		580.00	

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate  
 schedule(s)  
 for each  
 numbered line)

PAGE 1 OF 7

FOR LINE NUMBER:  
 (check only one)

☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Dr. Monica Wehby for U.S. Senate

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Anvil Media, Inc.

Nature of Debt (Purpose):

Website Design &  
 Maintenance

Mailing Address

310 NE Failing St.

City State

Zip Code

PORTLAND, OR

97212 -

Outstanding Balance Beginning This Period

0.00

Amount Incurred This Period

10,000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10,000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Meridian Pacific Inc.

Nature of Debt (Purpose):

Collateral/Campaign  
 Materials

Mailing Address

925 University Ave.

City State

Zip Code

SACRAMENTO, CA

95825 -

Outstanding Balance Beginning This Period

1,486.00

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1,486.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Meridian Pacific, Inc.

Nature of Debt (Purpose):

Collateral/Campaign  
 Materials

Mailing Address

925 University Ave.

City

State

Zip Code

SACRAMENTO, CA

95825 -

Outstanding Balance Beginning This Period

5,741.00

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5,741.00

1) SUBTOTALS This Period This Page (optional) ☐

17,227.00

2) TOTALS This Period (last page this line number only) ☐

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ☐

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ☐

# SCHEDULE D (FEC Form 3)

## DEBTS AND OBLIGATIONS

### Excluding Loans

(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 2 OF 7

FOR LINE NUMBER:  
(check only one)

☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Dr. Monica Wehby for U.S. Senate

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Meridian Pacific, Inc.

Nature of Debt (Purpose):

Blast Email Services

Mailing Address

925 University Ave.

City State

Zip Code

SACRAMENTO, CA

95825 -

Outstanding Balance Beginning This Period

887.29

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

887.29

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Meridian Pacific, Inc.

Nature of Debt (Purpose):

Graphic Design

Mailing Address

925 University Ave.

City State

Zip Code

SACRAMENTO, CA

95825 -

Outstanding Balance Beginning This Period

355.74

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

355.74

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Meridian Pacific Inc.

Nature of Debt (Purpose):

Auto Dials

Mailing Address

925 University Ave.

City State

State

Zip Code

SACRAMENTO, CA

95825 -

Outstanding Balance Beginning This Period

0.00

Amount Incurred This Period

3,687.12

Payment This Period

0.00

Outstanding Balance at Close of This Period

3,687.12

1) SUBTOTALS This Period This Page (optional) ☐

4,930.15

2) TOTALS This Period (last page this line number only) ☐

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ☐

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ☐

# SCHEDULE D (FEC Form 3)

## DEBTS AND OBLIGATIONS

### Excluding Loans

(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 3 OF 7

FOR LINE NUMBER:  
(check only one)

☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Dr. Monica Wehby for U.S. Senate

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Meridian Pacific, Inc.

Nature of Debt (Purpose):

Reimbursed Travel  
Expenses

Mailing Address

925 University Ave.

City State

Zip Code

SACRAMENTO, CA

95825 -

Outstanding Balance Beginning This Period

0.00

Amount Incurred This Period

5,897.33

Payment This Period

0.00

Outstanding Balance at Close of This Period

5,897.33

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Meridian Pacific Inc.

Nature of Debt (Purpose):

General Campaign  
Consulting Services

Mailing Address

925 University Ave.

City State

Zip Code

SACRAMENTO, CA

95825 -

Outstanding Balance Beginning This Period

0.00

Amount Incurred This Period

5,000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5,000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Meridian Pacific Inc.

Nature of Debt (Purpose):

General Campaign  
Consulting Services

Mailing Address

925 University Ave.

City State

Zip Code

SACRAMENTO, CA

95825 -

Outstanding Balance Beginning This Period

0.00

Amount Incurred This Period

10,000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10,000.00

1) SUBTOTALS This Period This Page (optional) ☐

20,897.33

2) TOTALS This Period (last page this line number only) ☐

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ☐

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ☐

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate  
 schedule(s)  
 for each  
 numbered line)

PAGE 4 OF 7

FOR LINE NUMBER:  
 (check only one)

☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Dr. Monica Wehby for U.S. Senate

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Meridian Pacific, Inc.

Nature of Debt (Purpose):

Reimbursed Travel  
 Expenses

Mailing Address

925 University Ave.

City State

Zip Code

SACRAMENTO, CA

95825 -

Outstanding Balance Beginning This Period

0.00

Amount Incurred This Period

4,794.92

Payment This Period

0.00

Outstanding Balance at Close of This Period

4,794.92

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Meridian Pacific, Inc.

Nature of Debt (Purpose):

General Campaign  
 Consulting Services

Mailing Address

925 University Ave.

City State

Zip Code

SACRAMENTO, CA

95825 -

Outstanding Balance Beginning This Period

0.00

Amount Incurred This Period

5,000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5,000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Meridian Pacific, Inc.

Nature of Debt (Purpose):

Auto Dials

Mailing Address

925 University Ave.

City State

State

Zip Code

SACRAMENTO, CA

95825 -

Outstanding Balance Beginning This Period

0.00

Amount Incurred This Period

4,578.46

Payment This Period

0.00

Outstanding Balance at Close of This Period

4,578.46

1) SUBTOTALS This Period This Page (optional) ☐

14,373.38

2) TOTALS This Period (last page this line number only) ☐

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ☐

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ☐

# SCHEDULE D (FEC Form 3) DEBTS AND OBLIGATIONS

## Excluding Loans

(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 5 OF 7

FOR LINE NUMBER:  
(check only one)

☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Dr. Monica Wehby for U.S. Senate

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Meridian Pacific Inc.

Nature of Debt (Purpose):

Collateral/Campaign  
Materials

Mailing Address

925 University Ave.

City State

Zip Code

SACRAMENTO, CA

95825 -

Outstanding Balance Beginning This Period

0.00

Amount Incurred This Period

88.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

88.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Meridian Pacific Inc.

Nature of Debt (Purpose):

Reimbursed Travel  
Expenses

Mailing Address

925 University Ave.

City State

Zip Code

SACRAMENTO, CA

95825 -

Outstanding Balance Beginning This Period

0.00

Amount Incurred This Period

3,988.49

Payment This Period

0.00

Outstanding Balance at Close of This Period

3,988.49

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Political Finance Solutions, Inc.

Nature of Debt (Purpose):

Bookkeeping and  
Treasury Services

Mailing Address

1022 G Street

City

State

Zip Code

SACRAMENTO, CA

95814 -

Outstanding Balance Beginning This Period

0.00

Amount Incurred This Period

2,830.48

Payment This Period

0.00

Outstanding Balance at Close of This Period

2,830.48

1) SUBTOTALS This Period This Page (optional) ☐

6,906.97

2) TOTALS This Period (last page this line number only) ☐

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ☐

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ☐

# SCHEDULE D (FEC Form 3)

## DEBTS AND OBLIGATIONS

### Excluding Loans

(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 6 OF 7

FOR LINE NUMBER:  
(check only one)

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☒ 10

NAME OF COMMITTEE (In Full)

Dr. Monica Wehby for U.S. Senate

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

The Tarrance Group

Nature of Debt (Purpose):

Survey

Mailing Address

201 Norht Union St. Suite 410

City State

Zip Code

Alexandria, VA

22314 -

Outstanding Balance Beginning This Period

0.00

Amount Incurred This Period

28,718.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

28,718.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

US Bank Visa

Nature of Debt (Purpose):

Credit Card Fees

Mailing Address

3230 SE Milwaukie Ave

City State

Zip Code

Portland, OR

97202 -

Outstanding Balance Beginning This Period

13,621.79

Amount Incurred This Period

0.00

Payment This Period

13,621.79

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

US Bank Visa

Nature of Debt (Purpose):

CC Payment for  
Travel & Office  
Expenses

Mailing Address

3230 SE Milwaukie Ave

City

State

Zip Code

Portland, OR

97202 -

Outstanding Balance Beginning This Period

0.00

Amount Incurred This Period

11,177.79

Payment This Period

0.00

Outstanding Balance at Close of This Period

11,177.79

1) SUBTOTALS This Period This Page (optional) ☐

39,895.79

2) TOTALS This Period (last page this line number only) ☐

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ☐

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ☐

# SCHEDULE D (FEC Form 3)

## DEBTS AND OBLIGATIONS

### Excluding Loans

(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 7 OF 7

FOR LINE NUMBER:  
(check only one)

☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Dr. Monica Wehby for U.S. Senate

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Verve

Nature of Debt (Purpose):

Database Services

Mailing Address

925 University Ave. Suite V

City State

Zip Code

Sacramento, CA

95825 -

Outstanding Balance Beginning This Period

5,324.25

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5,324.25

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Verve

Nature of Debt (Purpose):

Blast Email Services

Mailing Address

925 University Ave. Suite V

City State

Zip Code

Sacramento, CA

95825 -

Outstanding Balance Beginning This Period

0.00

Amount Incurred This Period

10,326.01

Payment This Period

0.00

Outstanding Balance at Close of This Period

10,326.01

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Verve

Nature of Debt (Purpose):

Blast Email Services

Mailing Address

925 University Ave. Suite V

City

State

Zip Code

Sacramento, CA

95825 -

Outstanding Balance Beginning This Period

0.00

Amount Incurred This Period

2,323.47

Payment This Period

0.00

Outstanding Balance at Close of This Period

2,323.47

1) SUBTOTALS This Period This Page (optional) .....

17,973.73

2) TOTALS This Period (last page this line number only) .....

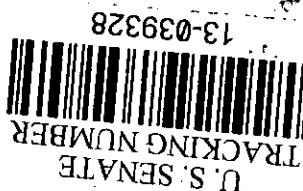
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)...

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

122,204.35

# FedEx

## Express



7/15/2014

FedEx Ship Manager - Print Your Label(s)

From: (978) 501-5522  
Stefanie Williams

Origin ID: MRIA

FedEx  
Express

PO BOX 3375

PORTLAND, OR 97208



J142014061903uv

SHIP TO: (202) 224-2981

BILL SENDER

Office of Public Records  
Secretary of the Senate  
232 HART SENATE OFFICE BUILDING

Washington, DC 20510

Ship Date: 15 JUL 14  
ActWgt: 3.0 LB  
CAD: 106031240/NET3550

Delivery Address Bar Code



Ref #  
Invoice #  
PO #  
Dept #

Webhy FEC Filing

Screened by  
Senate Post Office  
JUL 16 2014

Screened by 19  
Senate Post Office

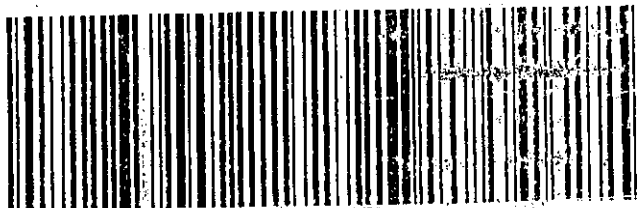
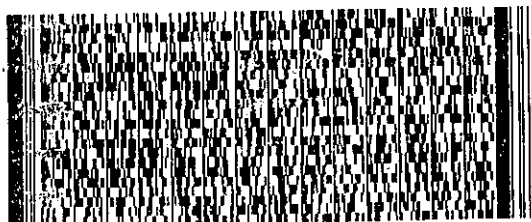
JUL 16 2014

WED - 16 JUL 10:30A  
PRIORITY OVERNIGHT

TRK# 7706 1170 1564  
0201

XC YKNA

20510  
DC-US  
IAD



Post Office  
United States Senate

INSPECTION

Post

14020590386

JANCY ERICKSON  
SECRETARY

ANA C. MCCALLUM  
SUPERINTENDENT  
HAR. STATE OFFICE BUILDING  
SUITE 232  
WASHINGTON, DC 20510-71  
PHONE (202) 224-0322

# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED \_\_\_\_\_ Date of Receipt

USPS FIRST CLASS MAIL \_\_\_\_\_ Postmark

USPS REGISTERED/CERTIFIED \_\_\_\_\_ Postmark

USPS PRIORITY MAIL \_\_\_\_\_ Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL ☐

USPS EXPRESS MAIL \_\_\_\_\_ Postmark

## OVERNIGHT DELIVERY SERVICE:

SHIPPING DATE

NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS

7/15/14



UPS



DHL



AIRBORNE EXPRESS



RECEIVED FROM FEDERAL ELECTION COMMISSION

Date of Receipt

POSTMARK ILLEGIBLE ☐

NO POSTMARK ☐

FAX

Date of Receipt

OTHER

Date of Receipt or Postmark

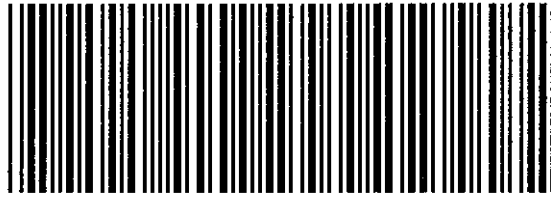
PREPARER

MN

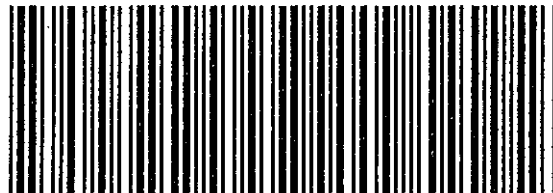
DATE PREPARED

7/18/14

14020590387



SEN PATCH



SEN PATCH

14020590388