

# FEC FORM 3

## REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

SECRETARY OF THE SENATE

09 APR 20 PM 2:18

Office Use Only

1. NAME OF  
COMMITTEE (in full)

USE FEC MAILING LABEL  
OR TYPE OR PRINT

Example: If typing, type  
over the lines

Wyden for Senate

ADDRESS (number and street)

PO Box 3498

Check if different  
than previously  
reported. (ACC)

Portland

OR

97208

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

STATE DISTRICT

C00308676

3. IS THIS  
REPORT

X

NEW  
(N)

OR

AMENDED  
(A)

OR

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

X April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the  
State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

in the  
State of

5. Covering Period

01

01

2009

through

03

31

2009

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

Type or Print Name of Treasurer

Louis Savage

Signature of Treasurer

*Louis Savage*

Date

04 13 2009

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)

FE5AN018

29020190001

**SUMMARY PAGE**

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Wyden for Senate

Report Covering the Period:

From:

M M  
0 1D D  
0 1Y Y Y Y Y  
2 0 0 9

To:

M M  
0 3D D  
3 1Y Y Y Y Y  
2 0 0 9

	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)).....	265653.45	999117.94
(b) Total Contribution Refunds (from Line 20(d)).....	4000.00	6340.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	261653.45	992777.94
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	86761.93	1312345.55
(b) Total Offsets to Operating Expenditures (from Line 14).....	210.85	7175.76
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	86551.08	1305169.79
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1298772.86	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9530  
Local 202-694-1100

FE5AN018

29020190002

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name  
Wyden for Senate

Report Covering the Period:

From:

M M D D Y Y Y Y  
0 1 0 1 2 0 0 9

To:

M M D D Y Y Y Y  
0 3 3 1 2 0 0 9

## **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).....

112800.00

641294.14

(ii) Unitemized.....

353.45

9710.64

(iii) TOTAL of contributions

113153.45

651004.78

from individuals..... ►

(b) Political Party Committees.....

0.00

0.00

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

152500.00

348113.16

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

265653.45

999117.94

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

### **12. TRANSFERS FROM OTHER**

AUTHORIZED COMMITTEES.....

5450.00

292218.09

### **13. LOANS**

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

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

0.00

0.00

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

EXPENDITURES

(Refunds, Rebates, etc.).....

210.85

7175.76

### **15. OTHER RECEIPTS**

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

208.39

184517.73

### **16. TOTAL RECEIPTS (add Lines**

11(e), 12, 13(c), 14, and 15)

(Carry Total to Line 24, page 4)..... ►

271522.69

1483029.52

**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.....	86761.93	1312345.55
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	8800.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	1440.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	4000.00	4900.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	4000.00	6340.00
21. OTHER DISBURSEMENTS.....	0.00	1267970.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) >	90761.93	2595455.55

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1118012.10
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	271522.69
25. SUBTOTAL (add Line 23 and Line 24).....	1389534.79
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	90761.93
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1298772.86

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

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

FOR LINE NUMBER: PAGE 5 / 131

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Florence Barnhart

Mailing Address 182 Sunset Drive

City

Eugene

State

OR

Zip Code

97403-2120

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Homemaker

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2400.00

Date of Receipt

MM / DD / YYYY  
03 / 03 / 2009

Transaction ID: SA11AI.24530

Amount of Each Receipt this Period

2400.00

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

B.

Full Name (Last, First, Middle Initial)

Florence Barnhart

Mailing Address 182 Sunset Drive

City

Eugene

State

OR

Zip Code

97403-2120

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Homemaker

Receipt For: 2010

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

4800.00

Date of Receipt

MM / DD / YYYY  
03 / 03 / 2009

Transaction ID: SA11AI.24531

Amount of Each Receipt this Period

2400.00

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

C.

Full Name (Last, First, Middle Initial)

Philip Barnhart

Mailing Address 182 Sunset Drive

City

Eugene

State

OR

Zip Code

97403-2120

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Psychologist

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2400.00

Date of Receipt

MM / DD / YYYY  
03 / 03 / 2009

Transaction ID: SA11AI.24532

Amount of Each Receipt this Period

2400.00

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

SUBTOTAL of Receipts This Page (optional)

7200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 6 / 131

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Philip Barnhart

Mailing Address 182 Sunset Drive

City

Eugene

State

OR

Zip Code

97403-2120

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Psychologist

Receipt For: 2010

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

4800.00

Date of Receipt

MM / DD / YYYY  
03 / 03 / 2009

Transaction ID: SA11AI.24533

Amount of Each Receipt this Period

2400.00

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

B.

Full Name (Last, First, Middle Initial)

Laurence Belfer

Mailing Address 767 Fifth Avenue

46th Floor

City

New York

State

NY

Zip Code

10153

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Belfer Management

Occupation

Executive

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

MM / DD / YYYY  
03 / 31 / 2009

Transaction ID: SA11AI.24783

Amount of Each Receipt this Period

2300.00

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

C.

Full Name (Last, First, Middle Initial)

Ellen Bolch

Mailing Address 703 Dancy Avenue

City

Savannah

State

GA

Zip Code

31419

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THA Group

Occupation

President & CEO

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2400.00

Date of Receipt

MM / DD / YYYY  
03 / 24 / 2009

Transaction ID: SA11AI.24611

Amount of Each Receipt this Period

2400.00

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

SUBTOTAL of Receipts This Page (optional)

7100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 7 / 131

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Ellen Bolch

Mailing Address 703 Dancy Avenue

City

Savannah

State

GA

Zip Code

31419

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THA Group

Occupation

President & CEO

Receipt For: 2010

☒ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

MM / DD / YYYY  
03 / 24 / 2009

Transaction ID: SA11AI.24613

Amount of Each Receipt this Period

100.00

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

B.

Full Name (Last, First, Middle Initial)

Steven Boyd

Mailing Address 505 Rouen Drive

City

McKinney

State

TX

Zip Code

75070

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Guardian Healthcare

Occupation

CEO

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
03 / 31 / 2009

Transaction ID: SA11AI.24627

Amount of Each Receipt this Period

500.00

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

C.

Full Name (Last, First, Middle Initial)

Steve Brennan

Mailing Address 19485 45th Avenue NE

City

Lake Forest Park

State

WA

Zip Code

98155

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Providence Health and Ser-  
vices

Occupation

Director, Govenment Affairs

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
03 / 17 / 2009

Transaction ID: SA11AI.24562

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 8 / 131

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Michael Bromberg

Mailing Address 2101 Connecticut Ave. NW  
Apt. 35

City State Zip Code  
Washington DC 20008-1756

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Debra Steelman Law Firm

Occupation  
Attorney

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

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

MM / DD / YYYY  
03 / 31 / 2009

Transaction ID: SA11AI.24684

Amount of Each Receipt this Period

1000.00

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

B.

Full Name (Last, First, Middle Initial)

Bert Carp

Mailing Address 820 1st St. NE  
Suite 900

City State Zip Code  
Washington DC 20002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Williams & Jensen

Occupation  
Attorney

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

Election Cycle-to-Date ▼  
500.00

Date of Receipt

MM / DD / YYYY  
03 / 31 / 2009

Transaction ID: SA11AI.24786

Amount of Each Receipt this Period

500.00

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

C.

Full Name (Last, First, Middle Initial)

Russell Carson

Mailing Address 930 Fifth Avenue

City State Zip Code  
New York NY 10021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Welsh Carson Anderson &  
Stowe

Occupation  
CFO

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

Election Cycle-to-Date ▼  
900.00

Date of Receipt

MM / DD / YYYY  
03 / 31 / 2009

Transaction ID: SA11AI.24706

Amount of Each Receipt this Period

900.00

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

SUBTOTAL of Receipts This Page (optional)

2400.00

TOTAL This Period (last page this line number only)



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

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

FOR LINE NUMBER:		PAGE 9 / 131	
(check only one)			
<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	

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

John Clark

Mailing Address 320 Park Avenue  
Suite 2500

City State Zip Code  
New York NY 10022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Welsh Carson

Occupation  
Partner

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

Election Cycle-to-Date ▼  
1500.00

Date of Receipt

MM / DD / YYYY  
03 / 31 / 2009

Transaction ID: SA11AI.24708

Amount of Each Receipt this Period

1500.00

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

B.

Full Name (Last, First, Middle Initial)

Marcylyle Combs

Mailing Address 3 Bains Court

City State Zip Code  
Argyle TX 76226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Foundation Management Ser-  
vices

Occupation  
President

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

Election Cycle-to-Date ▼  
500.00

Date of Receipt

MM / DD / YYYY  
03 / 30 / 2009

Transaction ID: SA11AI.24657

Amount of Each Receipt this Period

500.00

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

C.

Full Name (Last, First, Middle Initial)

Ruth Constant

Mailing Address 4800 N. Navarro  
Suite 103A

City State Zip Code  
Victoria TX 77904

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wichita Home Health

Occupation  
Healthcare Executive

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

Election Cycle-to-Date ▼  
500.00

Date of Receipt

MM / DD / YYYY  
03 / 30 / 2009

Transaction ID: SA11AI.24659

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 10 / 131

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

David Cross

Mailing Address 1073 Granville Drive

City

Newport Beach

State

CA

Zip Code

92660

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Select Medical Corporation

Occupation

Chief Development Officer

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

03 / 31 / 2009

Transaction ID: SA11AI.24740

Amount of Each Receipt this Period

500.00

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

B.

Full Name (Last, First, Middle Initial)

Anthony Denicola

Mailing Address 214 Green Ridge Road

City

Franklin Lakes

State

NJ

Zip Code

07417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Welsh Carson Anderson &  
Stowe

Occupation

Investor

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

03 / 31 / 2009

Transaction ID: SA11AI.24712

Amount of Each Receipt this Period

2300.00

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

C.

Full Name (Last, First, Middle Initial)

Randall Edmundson

Mailing Address 7000 Wycombe Road

City

Atlanta

State

GA

Zip Code

30328

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Guardian Health Care

Occupation

COO

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

03 / 31 / 2009

Transaction ID: SA11AI.24629

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional) ▶

3300.00

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

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

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

FOR LINE NUMBER: PAGE 11 / 131

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Alfred Engelberg

Mailing Address 1050 North Lake Way

City

Palm Beach

State

FL

Zip Code

33480

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Attorney

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2400.00

Date of Receipt

MM / DD / YYYY  
02 / 27 / 2009

Transaction ID: SA11AI.24524

Amount of Each Receipt this Period

2400.00

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

B.

Full Name (Last, First, Middle Initial)

Alfred Engelberg

Mailing Address 1050 North Lake Way

City

Palm Beach

State

FL

Zip Code

33480

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Attorney

Receipt For: 2010

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

4800.00

Date of Receipt

MM / DD / YYYY  
02 / 27 / 2009

Transaction ID: SA11AI.24525

Amount of Each Receipt this Period

2400.00

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

C.

Full Name (Last, First, Middle Initial)

Gail Engelberg

Mailing Address 1050 North Lake Way

City

Palm Beach

State

FL

Zip Code

33480

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2400.00

Date of Receipt

MM / DD / YYYY  
02 / 27 / 2009

Transaction ID: SA11AI.24528

Amount of Each Receipt this Period

2400.00

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

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

7200.00

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

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

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

FOR LINE NUMBER: PAGE 12 / 131

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Gail Engelberg

Mailing Address 1050 North Lake Way

City

Palm Beach

State

FL

Zip Code

33480

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For: 2010

Primary ☒ General

Other (specify) ▼

Election Cycle-to-Date ▼

4800.00

Date of Receipt

MM / DD / YYYY  
02 / 27 / 2009

Transaction ID: SA11AI.24529

Amount of Each Receipt this Period

2400.00

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

B.

Full Name (Last, First, Middle Initial)

Ty Erickson

Mailing Address PO Box 1523  
993 28th Street

City

Hood River

State

OR

Zip Code

97031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Providence Hood River Mem  
Hosp

Occupation  
CEO

Receipt For: 2010

☒ Primary ☐ General

Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
03 / 17 / 2009

Transaction ID: SA11AI.24599

Amount of Each Receipt this Period

250.00

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

C.

Full Name (Last, First, Middle Initial)

Clint Fegan

Mailing Address 2 E. Green Street

City

Shiremanstown

State

PA

Zip Code

17011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Vibra Healthcare

Occupation  
Chief Financial Officer

Receipt For: 2010

☒ Primary ☐ General

Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY  
03 / 31 / 2009

Transaction ID: SA11AI.24754

Amount of Each Receipt this Period

2000.00

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

SUBTOTAL of Receipts This Page (optional)

4650.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:		PAGE 13 / 131	
(check only one)			
<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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Theresa Forster

Mailing Address 702 Avon Place PH

City

Alexandria

State

VA

Zip Code

22314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NAHC

Occupation

Executive Vice President

Receipt For:

2010

☒ Primary

☐ General

Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
03 / 30 / 2009

Transaction ID: SA11AI.24666

Amount of Each Receipt this Period

500.00

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

B.

Full Name (Last, First, Middle Initial)

Frank Fritsch

Mailing Address 14 Southwatch Lane

City

Mechanicsburg

State

PA

Zip Code

17050

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Select Medical Corporation

Occupation

Senior Vice President

Receipt For:

2010

☒ Primary

☐ General

Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
03 / 31 / 2009

Transaction ID: SA11AI.24744

Amount of Each Receipt this Period

500.00

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

C.

Full Name (Last, First, Middle Initial)

James Fuiten

Mailing Address 9240 NW Groveland

City

Hillsboro

State

OR

Zip Code

97124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Metro West Ambulance

Occupation

Owner

Receipt For:

2010

☐ Primary

☒ General

Other (specify) ▼

Election Cycle-to-Date ▼

4700.00

Date of Receipt

MM / DD / YYYY  
03 / 05 / 2009

Transaction ID: SA11AI.24947

Amount of Each Receipt this Period

2200.00

Transaction Split Wyden  
for Oregon 3/5

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

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 14 / 131

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

James Fuiten

Mailing Address 9240 NW Groveland

City

Hillsboro

State

OR

Zip Code

97124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Metro West Ambulance

Occupation

Owner

Receipt For: 2010

☒ Primary ☐ General

Other (specify) ▼

Election Cycle-to-Date ▼

4800.00

Date of Receipt

MM / DD / YYYY  
03 / 05 / 2009

Transaction ID: SA11AI.24948

Amount of Each Receipt this Period

100.00

Transaction split Wyden  
for Oregon 3/5

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Joie Glenn

Mailing Address 5205 Molokai Street NE

City

Albuquerque

State

NM

Zip Code

87111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NM Association for Home  
Care

Occupation

Executive Director

Receipt For: 2010

☒ Primary ☐ General

Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
03 / 30 / 2009

Transaction ID: SA11AI.24664

Amount of Each Receipt this Period

500.00

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

C.

Full Name (Last, First, Middle Initial)

Frederick Graefe

Mailing Address 555 11th Street NW  
Suite 675

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Law Offices of Frederick  
Graefe

Occupation

Attorney

Receipt For: 2010

☒ Primary ☐ General

Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
03 / 31 / 2009

Transaction ID: SA11AI.24687

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

29020190014

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

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

FOR LINE NUMBER:		PAGE 15 / 131	
(check only one)			
<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			

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

NAME OF COMMITTEE (In Full)  
Wyden for Senate

<b>A.</b> Full Name (Last, First, Middle Initial) Claudia Haglund Mailing Address 20410 25th Avenue NW City Shoreline State WA Zip Code 98177 FEC ID number of contributing federal political committee. C Name of Employer Providence Health Services Occupation Strategic Planning Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ Election Cycle-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2009 Transaction ID: SA11AI.24576 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Tom Hanenburg Mailing Address 500 Morton Way City Jacksonville State OR Zip Code 97530 FEC ID number of contributing federal political committee. C Name of Employer Providence Occupation Executive Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ Election Cycle-to-Date ▼ 750.00		Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2009 Transaction ID: SA11AI.24588 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Hart Health Strategies Mailing Address 3823 Fordham Road NW City Washington State DC Zip Code 20016 FEC ID number of contributing federal political committee. C Name of Employer Occupation Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2009 Transaction ID: SA11AI.24604 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
SUBTOTAL of Receipts This Page (optional) .....		2000.00
TOTAL This Period (last page this line number only) .....		

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

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

FOR LINE NUMBER: PAGE 16 / 131

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Vicki Hart

Mailing Address 3823 Fordham Road NW

City

Washington

State

DC

Zip Code

20016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hart Health Strategies

Occupation  
President

Receipt For: 2010

☒ Primary ☐ General

Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

03 / 17 / 2009

Transaction ID: SA11AI.24604.0

Amount of Each Receipt this Period

1000.00

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

B.

Full Name (Last, First, Middle Initial)

Chuck Hawley

Mailing Address 11890 Big Leaf Way NE

City

Redmond

State

WA

Zip Code

98053

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Providence

Occupation  
Executive

Receipt For: 2010

☒ Primary ☐ General

Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

03 / 17 / 2009

Transaction ID: SA11AI.24603

Amount of Each Receipt this Period

500.00

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

C.

Full Name (Last, First, Middle Initial)

Brad Hollinger

Mailing Address 2850 Ford Farm Road

City

Mechanicsburg

State

PA

Zip Code

17055

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hollinger Group

Occupation  
Chairman

Receipt For: 2010

☒ Primary ☐ General

Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

03 / 31 / 2009

Transaction ID: SA11AI.24756

Amount of Each Receipt this Period

2000.00

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

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

2500.00

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



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

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

FOR LINE NUMBER:		PAGE 17 / 131	
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	12	<input type="checkbox"/>	13a
<input type="checkbox"/>	13b	<input type="checkbox"/>	11c
<input type="checkbox"/>	14	<input type="checkbox"/>	11d
<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)  
Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Martin Jackson

Mailing Address 116 Ellesmere Lane

City

Mechanicsburg

State

PA

Zip Code

17055

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Select Medical Corporation

Occupation

Sr. VP

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

03 / 31 / 2009

Transaction ID: SA11AI.24742

Amount of Each Receipt this Period

500.00

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

B.

Full Name (Last, First, Middle Initial)

Daniel Jarman

Mailing Address 12428 SW 55th Pl.

City

Portland

State

OR

Zip Code

97219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CFM

Occupation

Vice President Federal Affairs

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

03 / 17 / 2009

Transaction ID: SA11AI.24581

Amount of Each Receipt this Period

1000.00

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

C.

Full Name (Last, First, Middle Initial)

Steven Jennings

Mailing Address 6100 Edgewood Terrace

City

Alexandria

State

VA

Zip Code

22307

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Capitol Health Group

Occupation

Principal

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

03 / 31 / 2009

Transaction ID: SA11AI.24686

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 18 / 131

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

John Jonas

Mailing Address 5840 Colfax Avenue

City

Alexandria

State

VA

Zip Code

22311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Patton Boggs

Occupation

Attorney

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

03 / 31 / 2009

Transaction ID: SA11AI.24785

Amount of Each Receipt this Period

1000.00

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

B.

Full Name (Last, First, Middle Initial)

Janice Jones

Mailing Address 26619 SE 16th Court

City

Sammamish

State

WA

Zip Code

98075

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Providence Health and Ser-  
vices

Occupation

SVP, Chief Administrative Officer

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

03 / 17 / 2009

Transaction ID: SA11AI.24595

Amount of Each Receipt this Period

500.00

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

C.

Full Name (Last, First, Middle Initial)

Charles Kahn, III

Mailing Address 801 Pennsylvania Avenue NW

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Federation of Am. Hospita-  
ls

Occupation

President

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

03 / 31 / 2009

Transaction ID: SA11AI.24622

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 19 / 131

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Randall Kaplan

Mailing Address 302 Kemp Road West

City

Greensboro

State

NC

Zip Code

27410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Catsule Group

Occupation  
Executive

Receipt For: 2010

☒ Primary ☐ General

Other (specify) ▼

Election Cycle-to-Date ▼

2400.00

Date of Receipt

MM / DD / YYYY  
03 / 31 / 2009

Transaction ID: SA11AI.24734

Amount of Each Receipt this Period

2400.00

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

B.

Full Name (Last, First, Middle Initial)

Randall Kaplan

Mailing Address 302 Kemp Road West

City

Greensboro

State

NC

Zip Code

27410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Catsule Group

Occupation  
Executive

Receipt For: 2010

☐ Primary ☒ General

Other (specify) ▼

Election Cycle-to-Date ▼

4800.00

Date of Receipt

MM / DD / YYYY  
03 / 31 / 2009

Transaction ID: SA11AI.24735

Amount of Each Receipt this Period

2400.00

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

C.

Full Name (Last, First, Middle Initial)

Mitchell Kapor

Mailing Address 2512 Pacific Avenue

City

San Francisco

State

CA

Zip Code

94115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kapor Enterprises Inc.

Occupation  
President

Receipt For: 2010

☒ Primary ☐ General

Other (specify) ▼

Election Cycle-to-Date ▼

2400.00

Date of Receipt

MM / DD / YYYY  
03 / 17 / 2009

Transaction ID: SA11AI.24570

Amount of Each Receipt this Period

2400.00

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

SUBTOTAL of Receipts This Page (optional)

7200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 20 / 131

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Freeda Kapor Klein

Mailing Address 2512 Pacific Avenue

City

San Francisco

State

CA

Zip Code

94115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Klein Associates Inc.

Occupation

Executive

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2400.00

Date of Receipt

MM / DD / YYYY  
03 / 17 / 2009

Transaction ID: SA11AI.24572

Amount of Each Receipt this Period

2400.00

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

B.

Full Name (Last, First, Middle Initial)

Robert Kogod

Mailing Address 2345 Crystal Drive  
11th Floor

City

Arlington

State

VA

Zip Code

22202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Charles Smith Companies

Occupation

President

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2400.00

Date of Receipt

MM / DD / YYYY  
03 / 31 / 2009

Transaction ID: SA11AI.24772

Amount of Each Receipt this Period

2400.00

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

C.

Full Name (Last, First, Middle Initial)

Robert Kogod

Mailing Address 2345 Crystal Drive  
11th Floor

City

Arlington

State

VA

Zip Code

22202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Charles Smith Companies

Occupation

President

Receipt For: 2010

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

MM / DD / YYYY  
03 / 31 / 2009

Transaction ID: SA11AI.24774

Amount of Each Receipt this Period

100.00

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

SUBTOTAL of Receipts This Page (optional) ▶

4900.00

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

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

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

FOR LINE NUMBER: PAGE 21 / 131

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Herbert Kohl

Mailing Address 825 N. Jefferson Street  
Suite 350

City State Zip Code  
Milwaukee WI 53202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

United States Senator

Receipt For: 2010

☒ Primary ☐ General

Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 31 / 2009

Transaction ID: SA11AI.24940

Amount of Each Receipt this Period

1000.00

Transaction Split Wyden  
for Oregon 3/31

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

John Koster

Mailing Address 5106 102nd Lane NE

City State Zip Code  
Kirkland WA 98033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Providence Health and Ser-  
vices

Occupation

CEO

Receipt For: 2010

☒ Primary ☐ General

Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 17 / 2009

Transaction ID: SA11AI.24601

Amount of Each Receipt this Period

1000.00

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

C.

Full Name (Last, First, Middle Initial)

Gary Lauder

Mailing Address 88 Mercedes Lane

City State Zip Code  
Atherton CA 94027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Venture Capitalist

Receipt For: 2010

☒ Primary ☐ General

Other (specify) ▼

Election Cycle-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 31 / 2009

Transaction ID: SA11AI.24626

Amount of Each Receipt this Period

2400.00

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

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

3400.00

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

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

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

FOR LINE NUMBER: PAGE 22 / 131

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Eric Lee

Mailing Address 320 Park Avenue  
Suite 2500

City State Zip Code  
New York NY 10022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Welsh Carson

Occupation  
Manager

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

Election Cycle-to-Date ▼  
400.00

Date of Receipt

MM / DD / YYYY  
03 / 31 / 2009

Transaction ID: SA11AI.24704

Amount of Each Receipt this Period

400.00

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

B.

Full Name (Last, First, Middle Initial)

Priscilla Lewis

Mailing Address 833 NW 25th Avenue

City State Zip Code  
Portland OR 97210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Providence

Occupation  
Administrator

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

Election Cycle-to-Date ▼  
250.00

Date of Receipt

MM / DD / YYYY  
03 / 17 / 2009

Transaction ID: SA11AI.24593

Amount of Each Receipt this Period

250.00

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

C.

Full Name (Last, First, Middle Initial)

Ira Lipman

Mailing Address PO Box 45

City State Zip Code  
Memphis TN 38101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Guardmark, Inc.

Occupation  
CEO

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

Election Cycle-to-Date ▼  
2400.00

Date of Receipt

MM / DD / YYYY  
02 / 27 / 2009

Transaction ID: SA11AI.24526

Amount of Each Receipt this Period

2400.00

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

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

3050.00

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

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

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

FOR LINE NUMBER:		PAGE 23 / 131	
(check only one)			
<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

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

NAME OF COMMITTEE (In Full)  
 Wyden for Senate

A. Full Name (Last, First, Middle Initial) Ira Lipman		Date of Receipt MM / DD / YYYY 02 / 27 / 2009
Mailing Address PO Box 45		Transaction ID: SA11AI.24527
City Memphis	State TN	Zip Code 38101
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2400.00
Name of Employer Guardsmark, Inc.	Occupation CEO	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4800.00	

B. Full Name (Last, First, Middle Initial) Lawrence Lopardo		Date of Receipt MM / DD / YYYY 03 / 31 / 2009
Mailing Address 48 Hillshire Drive		Transaction ID: SA11AI.24639
City Lake Oswego	State OR	Zip Code 97034
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Avamere Health Services, LLC	Occupation General Counsel	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

C. Full Name (Last, First, Middle Initial) D. Scott Mackesy		Date of Receipt MM / DD / YYYY 03 / 31 / 2009
Mailing Address 8 Locust Lane		Transaction ID: SA11AI.24710
City Bronxville	State NY	Zip Code 10708
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer Welsh Carson	Occupation Manager	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional) .....	4900.00
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 24 / 131

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Michael Madden

Mailing Address 480 Palmetto Drive

City

Pasadena

State

CA

Zip Code

91105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Providence Health & Services

Occupation

Health Executive

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
03 / 17 / 2009

Transaction ID: SA11AI.24560

Amount of Each Receipt this Period

500.00

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

B.

Full Name (Last, First, Middle Initial)

Michael Maher

Mailing Address PO Box 2146

City

Winter Park

State

FL

Zip Code

32790

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Lawyer

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2400.00

Date of Receipt

MM / DD / YYYY  
03 / 24 / 2009

Transaction ID: SA11AI.24608

Amount of Each Receipt this Period

2400.00

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

C.

Full Name (Last, First, Middle Initial)

Michael Maher

Mailing Address PO Box 2146

City

Winter Park

State

FL

Zip Code

32790

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Lawyer

Receipt For: 2010

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

MM / DD / YYYY  
03 / 24 / 2009

Transaction ID: SA11AI.24610

Amount of Each Receipt this Period

2200.00

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

SUBTOTAL of Receipts This Page (optional)

5100.00

TOTAL This Period (last page this line number only)



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

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

FOR LINE NUMBER: PAGE 25 / 131

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Ronald Malone

Mailing Address PO Box 1065

City

Travelers Rest

State

SC

Zip Code

29690

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gentiva

Occupation

Chairman

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
03 / 31 / 2009

Transaction ID: SA11AI.24635

Amount of Each Receipt this Period

1000.00

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

B.

Full Name (Last, First, Middle Initial)

Kathy Manning

Mailing Address 302 Kemp Road West

City

Greensboro

State

NC

Zip Code

27410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Smith, Helms, Mulliss &  
Moore, LLP

Occupation

Attorney

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2400.00

Date of Receipt

MM / DD / YYYY  
03 / 31 / 2009

Transaction ID: SA11AI.24736

Amount of Each Receipt this Period

2400.00

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

C.

Full Name (Last, First, Middle Initial)

Kathy Manning

Mailing Address 302 Kemp Road West

City

Greensboro

State

NC

Zip Code

27410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Smith, Helms, Mulliss &  
Moore, LLP

Occupation

Attorney

Receipt For: 2010

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

4800.00

Date of Receipt

MM / DD / YYYY  
03 / 31 / 2009

Transaction ID: SA11AI.24737

Amount of Each Receipt this Period

2400.00

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

SUBTOTAL of Receipts This Page (optional)

5800.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 26 / 131

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Stephen Marcus

Mailing Address 1017 S Waterford Way

City State Zip Code  
Mechanicsburg PA 17050

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Vibra Healthcare

Occupation  
Chief Operating Officer

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

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

MM / DD / YYYY  
03 / 31 / 2009

Transaction ID: SA11AI.24752

Amount of Each Receipt this Period  
1000.00

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

B.

Full Name (Last, First, Middle Initial)

A. Malachi Mixon, III

Mailing Address 3105 Topping Lane

City State Zip Code  
Chagrin Falls OH 44022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Invacare Corp.

Occupation  
President

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

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

MM / DD / YYYY  
03 / 17 / 2009

Transaction ID: SA11AI.24584

Amount of Each Receipt this Period  
1000.00

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

C.

Full Name (Last, First, Middle Initial)

John Mudd

Mailing Address 6678 127th Place SE

City State Zip Code  
Bellevue WA 98006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Providence Health and Ser-  
vices

Occupation  
Management

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

Election Cycle-to-Date ▼  
500.00

Date of Receipt

MM / DD / YYYY  
03 / 17 / 2009

Transaction ID: SA11AI.24574

Amount of Each Receipt this Period  
500.00

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

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 27 / 131

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

R. A. Ortenzio

Mailing Address 7 Westwind Drive

City

Lemoyne

State

PA

Zip Code

17043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Select Medical Corporation

Occupation

Chairman

Receipt For:

2010

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

Date of Receipt

03 / 31 / 2009

Transaction ID: SA11AI.24748

Amount of Each Receipt this Period

1250.00

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

B.

Full Name (Last, First, Middle Initial)

R. A. Ortenzio

Mailing Address 7 Westwind Drive

City

Lemoyne

State

PA

Zip Code

17043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Select Medical Corporation

Occupation

Chairman

Receipt For:

2010

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2400.00

Date of Receipt

03 / 31 / 2009

Transaction ID: SA11AI.24750

Amount of Each Receipt this Period

1150.00

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

C.

Full Name (Last, First, Middle Initial)

R. A. Ortenzio

Mailing Address 7 Westwind Drive

City

Lemoyne

State

PA

Zip Code

17043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Select Medical Corporation

Occupation

Chairman

Receipt For:

2010

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

03 / 31 / 2009

Transaction ID: SA11AI.24751

Amount of Each Receipt this Period

100.00

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

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 28 / 131

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

E. Al Parrish

Mailing Address 333 M Street  
Suite 302

City State Zip Code  
Anchorage AK 99501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Providence Health System

Occupation  
CEO Alaska

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

Election Cycle-to-Date ▼  
500.00

Date of Receipt

MM / DD / YYYY  
03 / 17 / 2009

Transaction ID: SA11AI.24597

Amount of Each Receipt this Period

500.00

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

B.

Full Name (Last, First, Middle Initial)

Dolores Petruzelli

Mailing Address 9980 SW Riverwood Lane

City State Zip Code  
Tigard OR 97224

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Homemaker

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

Election Cycle-to-Date ▼  
1150.00

Date of Receipt

MM / DD / YYYY  
01 / 05 / 2009

Transaction ID: SA11AI.24944

Amount of Each Receipt this Period

1150.00

Transfer Wyden for Oregon  
1/5/09

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

C.

Full Name (Last, First, Middle Initial)

Paul Queally

Mailing Address 67 Lone Tree Farm Road

City State Zip Code  
New Canaan CT 06840

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Welsh Carson

Occupation  
Manager

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

Election Cycle-to-Date ▼  
2300.00

Date of Receipt

MM / DD / YYYY  
03 / 31 / 2009

Transaction ID: SA11AI.24718

Amount of Each Receipt this Period

2300.00

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

SUBTOTAL of Receipts This Page (optional)

2800.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:		PAGE 29 / 131	
(check only one)			
<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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

<b>A.</b> Full Name (Last, First, Middle Initial) Michele Quirolo Mailing Address 5 Raynor Avenue City Mount Vernon State NY Zip Code 10552 FEC ID number of contributing federal political committee. C Name of Employer VNA of Hudson Valley Occupation President Receipt For: 2010 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00		Date of Receipt MM / DD / YYYY 03 / 31 / 2009 Transaction ID: SA11AI.24637 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Jonathan Rather Mailing Address 291 Ocean Drive E City Stamford State CT Zip Code 06902 FEC ID number of contributing federal political committee. C Name of Employer Welsh Carson Anderson Stowe Occupation CFO Receipt For: 2010 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 800.00		Date of Receipt MM / DD / YYYY 03 / 31 / 2009 Transaction ID: SA11AI.24716 Amount of Each Receipt this Period 800.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Thomas Ryan Mailing Address 4323 Westover Place NW City Washington State DC Zip Code 20016 FEC ID number of contributing federal political committee. C Name of Employer Ryan, Phillips, Utrecht & MacKinnon Occupation Attorney Receipt For: 2010 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00		Date of Receipt MM / DD / YYYY 03 / 31 / 2009 Transaction ID: SA11AI.24685 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

2300.00

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

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

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

FOR LINE NUMBER: PAGE 30 / 131

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Arnold Schaffer

Mailing Address 777 Arden Road

City

Pasadena

State

CA

Zip Code

91106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Providence Health System

Occupation

CEO

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

03 / 17 / 2009

Transaction ID: SA11AI.24579

Amount of Each Receipt this Period

250.00

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

B.

Full Name (Last, First, Middle Initial)

Thomas Scully

Mailing Address 1801 N.Edgehill Drive

City

Alexandria

State

VA

Zip Code

22307

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Alston & Bird LLP

Occupation

Attorney

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2100.00

Date of Receipt

03 / 31 / 2009

Transaction ID: SA11AI.24702

Amount of Each Receipt this Period

2100.00

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

C.

Full Name (Last, First, Middle Initial)

William Simone

Mailing Address 185 Crestwood Terrace

City

Orange

State

CT

Zip Code

06477

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Simione Consultants

Occupation

Owner

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2400.00

Date of Receipt

03 / 30 / 2009

Transaction ID: SA11AI.24661

Amount of Each Receipt this Period

2400.00

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

SUBTOTAL of Receipts This Page (optional)

4750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 31 / 131

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

<b>A.</b>		Full Name (Last, First, Middle Initial) William Simone		Date of Receipt MM / DD / YYYY 03 / 30 / 2009	
Mailing Address		185 Crestwood Terrace		Transaction ID: SA11AI.24663	
City		State		Zip Code	
Orange		CT		06477	
FEC ID number of contributing federal political committee.		C		Amount of Each Receipt this Period 100.00	
Name of Employer Simione Consultants		Occupation Owner		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Receipt For: 2010 Primary <input type="checkbox"/> X General <input checked="" type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2500.00			
<b>B.</b>		Full Name (Last, First, Middle Initial) Tony Strange		Date of Receipt MM / DD / YYYY 03 / 31 / 2009	
Mailing Address		3350 Riverwood Parkway		Transaction ID: SA11AI.24633	
City		State		Zip Code	
Atlanta		GA		30339	
FEC ID number of contributing federal political committee.		C		Amount of Each Receipt this Period 1000.00	
Name of Employer Gentiva Health Services		Occupation CEO		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Receipt For: 2010 X Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00			
<b>C.</b>		Full Name (Last, First, Middle Initial) Sanjay Swani		Date of Receipt MM / DD / YYYY 03 / 31 / 2009	
Mailing Address		33 East End Avenue Apt. 5C		Transaction ID: SA11AI.24720	
City		State		Zip Code	
New York		NY		10028	
FEC ID number of contributing federal political committee.		C		Amount of Each Receipt this Period 1500.00	
Name of Employer Welsh Carson Anderson and Stow		Occupation Partner		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Receipt For: 2010 X Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1500.00			
SUBTOTAL of Receipts This Page (optional) .....				2600.00	
TOTAL This Period (last page this line number only) .....					

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

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

FOR LINE NUMBER:		PAGE 32 / 131	
(check only one)			
<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

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

NAME OF COMMITTEE (In Full)  
Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

James Talalai

Mailing Address 1919 Monterey Drive

City

Mechanicsburg

State

PA

Zip Code

17050

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Select Medical Corporation

Occupation

Vice President

Receipt For: 2010

☒ Primary ☐ General

Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
03 / 31 / 2009

Transaction ID: SA11AI.24746

Amount of Each Receipt this Period

500.00

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

B.

Full Name (Last, First, Middle Initial)

Michael Tarvin

Mailing Address 117 Willow Lake Drive

City

Carlisle

State

PA

Zip Code

17015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Select Medical Corporation

Occupation

Attorney

Receipt For: 2010

☒ Primary ☐ General

Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
03 / 31 / 2009

Transaction ID: SA11AI.24738

Amount of Each Receipt this Period

500.00

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

C.

Full Name (Last, First, Middle Initial)

Susan Tellj

Mailing Address 309 SE 18th Street

City

Fort Lauderdale

State

FL

Zip Code

33316

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospice Care of SE Florida

Occupation

CEO

Receipt For: 2010

☒ Primary ☐ General

Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
03 / 30 / 2009

Transaction ID: SA11AI.24668

Amount of Each Receipt this Period

500.00

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

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

1500.00

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



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

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

FOR LINE NUMBER: PAGE 33 / 131

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Sean Traynor

Mailing Address 101 Mendota Avenue

City State Zip Code

Rye NY 10580

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Welsh Carson Anderson Sto-  
we

Occupation

Partner

Receipt For: 2010

Election Cycle-to-Date ▼

☒ Primary ☐ General  
Other (specify) ▼

1100.00

Date of Receipt

03 / 31 / 2009

Transaction ID: SA11AI.24714

Amount of Each Receipt this Period

1100.00

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

B.

Full Name (Last, First, Middle Initial)

David Underriner

Mailing Address 2690 Surrey Lane

City State Zip Code

West Linn OR 97068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Providence

Occupation

Executive

Receipt For: 2010

Election Cycle-to-Date ▼

☒ Primary ☐ General  
Other (specify) ▼

1500.00

Date of Receipt

03 / 17 / 2009

Transaction ID: SA11AI.24578

Amount of Each Receipt this Period

500.00

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

C.

Full Name (Last, First, Middle Initial)

Robert Van Heuvelen

Mailing Address 4504 Middleton

City State Zip Code

Bethesda MD 20814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Van Heuvelen Strategies

Occupation

Principal

Receipt For: 2010

Election Cycle-to-Date ▼

☒ Primary ☐ General  
Other (specify) ▼

1000.00

Date of Receipt

02 / 27 / 2009

Transaction ID: SA11AI.24517

Amount of Each Receipt this Period

1000.00

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

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

2600.00

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

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

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

FOR LINE NUMBER:		PAGE 34 / 131	
(check only one)			
<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	

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Greg Van Pelt

Mailing Address 2801 1st Avenue #319

City

Seattle

State

WA

Zip Code

98121

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Providence

Occupation

Executive

Receipt For: 2010

☒ Primary ☐ General

Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
03 / 17 / 2009

Transaction ID: SA11AI.24564

Amount of Each Receipt this Period

1000.00

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

B.

Full Name (Last, First, Middle Initial)

Frederick Waller

Mailing Address 1350 SW Parkwood Drive

City

Portland

State

OR

Zip Code

97225

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Providence Health

Occupation

Physician

Receipt For: 2010

☒ Primary ☐ General

Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
03 / 17 / 2009

Transaction ID: SA11AI.24557

Amount of Each Receipt this Period

500.00

Earmarked through ActBlue

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

C.

Full Name (Last, First, Middle Initial)

Christy Walton

Mailing Address PO Box 1860

City

Bentonville

State

AR

Zip Code

72712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Philanthropist

Receipt For: 2010

☒ Primary ☐ General

Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

MM / DD / YYYY  
02 / 03 / 2009

Transaction ID: SA11AI.24500

Amount of Each Receipt this Period

2300.00

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

SUBTOTAL of Receipts This Page (optional)

3800.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 35 / 131

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Thomas Weinberg

Mailing Address 14651 Dallas Parkway  
Suite 900

City State Zip Code  
Dallas TX 75254

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
U.S. Renal Care, Inc.

Occupation  
Lawyer

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

Election Cycle-to-Date ▼  
250.00

Date of Receipt

MM / DD / YYYY  
03 / 31 / 2009

Transaction ID: SA11AI.24641

Amount of Each Receipt this Period

250.00

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

B.

Full Name (Last, First, Middle Initial)

Rod Windley

Mailing Address 3150 Riverwood Parkway

City State Zip Code  
Atlanta GA 30339

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gentiva

Occupation  
Executive

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

Election Cycle-to-Date ▼  
2400.00

Date of Receipt

MM / DD / YYYY  
03 / 31 / 2009

Transaction ID: SA11AI.24631

Amount of Each Receipt this Period

2400.00

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

C.

Full Name (Last, First, Middle Initial)

Craig Wright

Mailing Address 731 SW Bancroft Terrace

City State Zip Code  
Portland OR 97239

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Providence

Occupation  
Executive

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

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

MM / DD / YYYY  
03 / 17 / 2009

Transaction ID: SA11AI.24559

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional)

3150.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 36 / 131

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

William Yarmuth

Mailing Address 5222 Indian Woods Drive  
Unit 301

City State Zip Code

Louisville KY 40207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Almost Family

Occupation

Executive

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2400.00

Date of Receipt

MM / DD / YYYY  
03 / 30 / 2009

Transaction ID: SA11AI.24651

Amount of Each Receipt this Period

2400.00

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

B.

Full Name (Last, First, Middle Initial)

William Yarmuth

Mailing Address 5222 Indian Woods Drive  
Unit 301

City State Zip Code

Louisville KY 40207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Almost Family

Occupation

Executive

Receipt For: 2010

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

MM / DD / YYYY  
03 / 30 / 2009

Transaction ID: SA11AI.24653

Amount of Each Receipt this Period

100.00

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

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

2500.00

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

112800.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 37 / 131

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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

AGA PAC

Mailing Address 4720 Montgomery Lane  
Suite 430

City State Zip Code  
Bethesda MD 20814

FEC ID number of contributing  
federal political committee.

C C00460279

Name of Employer

Occupation

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

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
03 / 31 / 2009

Transaction ID: SA11C.24700

Amount of Each Receipt this Period

1000.00

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

B.

Full Name (Last, First, Middle Initial)

AKIN GUMP STRAUSS HAUER & FELD LLP CIVIC ACTION COMMITTEE (AKA AGSH&F CIVIC ACTION

Mailing Address 1333 New Hampshire Ave., NW

City State Zip Code  
Washington DC 20036

FEC ID number of contributing  
federal political committee.

C C00104901

Name of Employer

Occupation

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

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
02 / 27 / 2009

Transaction ID: SA11C.24513

Amount of Each Receipt this Period

1000.00

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

C.

Full Name (Last, First, Middle Initial)

Alaska Air Group PAC

Mailing Address P.O. Box 68900

City State Zip Code  
Seattle WA 98168

FEC ID number of contributing  
federal political committee.

C C00024349

Name of Employer

Occupation

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

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
03 / 31 / 2009

Transaction ID: SA11C.24670

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 38 / 131

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

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

Mailing Address 5959 South Sherwood Forest Blvd

City State Zip Code  
Baton Rouge LA 70816

FEC ID number of contributing  
federal political committee. C C00436360

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

MM / DD / YYYY  
03 / 31 / 2009

Transaction ID: SA11C.24942

Amount of Each Receipt this Period

1000.00

Transaction Split Wyden  
for Oregon 3/31

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

B.

Full Name (Last, First, Middle Initial)  
AMERICAN ACADEMY OF PHYSICIAN ASSISTANTS POLITICAL ACTION COMMITTEE

Mailing Address 950 N WASHINGTON STREET

City State Zip Code  
ALEXANDRIA VA 22314

FEC ID number of contributing  
federal political committee. C C00122499

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

MM / DD / YYYY  
03 / 27 / 2009

Transaction ID: SA11C.24615

Amount of Each Receipt this Period

1000.00

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

C.

Full Name (Last, First, Middle Initial)  
AMERICAN ASSOCIATION FOR JUSTICE POLITICAL ACTION COMMITTEE (AAJ PAC)

Mailing Address 777 6th Street, NW  
Suite 200

City State Zip Code  
Washington DC 20001

FEC ID number of contributing  
federal political committee. C C00024521

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
2500.00

Date of Receipt

MM / DD / YYYY  
02 / 27 / 2009

Transaction ID: SA11C.24520

Amount of Each Receipt this Period

2500.00

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

SUBTOTAL of Receipts This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:		PAGE 39 / 131	
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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

NAME OF COMMITTEE (In Full)  
Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)

Mailing Address 1120 Connecticut Avenue NW  
Suite 600

City State Zip Code  
Washington DC 20036

FEC ID number of contributing  
federal political committee.

C C00004275

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
03 / 31 / 2009

Transaction ID: SA11C.24673

Amount of Each Receipt this Period

1000.00

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

B.

Full Name (Last, First, Middle Initial)

American Chiropractic Association PAC

Mailing Address 1701 Clarendon Blvd.

City State Zip Code  
Arlington VA 22209

FEC ID number of contributing  
federal political committee.

C C00102764

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

MM / DD / YYYY  
02 / 27 / 2009

Transaction ID: SA11C.24505

Amount of Each Receipt this Period

1000.00

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

C.

Full Name (Last, First, Middle Initial)

AMERICAN COUNCIL OF LIFE INSURERS POLITICAL ACTION COMMITTEE

Mailing Address 101 Constitution Ave. NW  
Suite 700

City State Zip Code  
Washington DC 20001

FEC ID number of contributing  
federal political committee.

C C00147066

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

MM / DD / YYYY  
02 / 27 / 2009

Transaction ID: SA11C.24522

Amount of Each Receipt this Period

1000.00

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

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

3000.00

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

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

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

FOR LINE NUMBER:		PAGE 40 / 131	
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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

NAME OF COMMITTEE (In Full)  
Wyden for Senate

<b>A.</b> Full Name (Last, First, Middle Initial) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES PEOPLE Mailing Address 1625 L STREET NW City WASHINGTON State DC Zip Code 20036 FEC ID number of contributing federal political committee. <b>C</b> C00011114 Name of Employer _____ Occupation _____ Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2009 Transaction ID: SA11C.24695 Amount of Each Receipt this Period 1000.00  <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) AMERICAN HEALTH QUALITY ASSOCIATION POLITICAL ACTION COMMITTEE (AHQA-PAC) Mailing Address 1155 21st Street NW Suite 202 City WASHINGTON State DC Zip Code 20036 FEC ID number of contributing federal political committee. <b>C</b> C00370213 Name of Employer _____ Occupation _____ Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2009 Transaction ID: SA11C.24729 Amount of Each Receipt this Period 1000.00  <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) AMERICAN MEDICAL GROUP ASSOCIATION PAC Mailing Address 3901 Hoyt Avenue City Everett State WA Zip Code 98290 FEC ID number of contributing federal political committee. <b>C</b> C00408120 Name of Employer _____ Occupation _____ Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2009 Transaction ID: SA11C.24758 Amount of Each Receipt this Period 1000.00  <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
SUBTOTAL of Receipts This Page (optional) .....		3000.00
TOTAL This Period (last page this line number only) .....		



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

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

FOR LINE NUMBER: PAGE 41 / 131

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

American Occupational Therapy Association PAC

Mailing Address 4720 Montgomery Ln  
Box 31220

City State Zip Code  
Bethesda MD 20824

FEC ID number of contributing  
federal political committee. C C00089086

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

MM / DD / YYYY  
03 / 31 / 2009

Transaction ID: SA11C.24683

Amount of Each Receipt this Period

1000.00

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

B.

Full Name (Last, First, Middle Initial)

American Postal Workers Union, AFL-CIO

Mailing Address 1300 L St, NW

City State Zip Code  
Washington DC 20005

FEC ID number of contributing  
federal political committee. C C70003322

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
2500.00

Date of Receipt

MM / DD / YYYY  
02 / 27 / 2009

Transaction ID: SA11C.24523

Amount of Each Receipt this Period

2500.00

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

C.

Full Name (Last, First, Middle Initial)

AMERICAN ROAD & TRANSPORTATION BUILDERS ASSOCIATION PAC

Mailing Address 1219 28th Street NW

City State Zip Code  
Washington DC 20007

FEC ID number of contributing  
federal political committee. C C00118208

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

MM / DD / YYYY  
03 / 31 / 2009

Transaction ID: SA11C.24676

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 42 / 131

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

AMERICAN SOCIETY OF PENSION PROFESSIONALS & ACTUARIES PAC

Mailing Address 4245 N Fairfax Drive  
Suite 750

City State Zip Code  
Arlington VA 22203

FEC ID number of contributing  
federal political committee. C C00333104

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
02 / 10 / 2009

Transaction ID: SA11C.24502

Amount of Each Receipt this Period

1000.00

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

B.

Full Name (Last, First, Middle Initial)

AMERICAN STAFFING ASSOCIATION STAFFINGPAC

Mailing Address 277 S. Washington St. Suite 200

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing  
federal political committee. C C00145623

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

MM / DD / YYYY  
03 / 31 / 2009

Transaction ID: SA11C.24725

Amount of Each Receipt this Period

5000.00

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

C.

Full Name (Last, First, Middle Initial)

Amgen Inc. PAC

Mailing Address One Amgen Center Drive

City State Zip Code  
Thousand Oaks CA 91320

FEC ID number of contributing  
federal political committee. C C00251876

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

MM / DD / YYYY  
03 / 31 / 2009

Transaction ID: SA11C.24777

Amount of Each Receipt this Period

5000.00

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

SUBTOTAL of Receipts This Page (optional)

11000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 43 / 131

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Amgen Inc. PAC

Mailing Address One Amgen Center Drive

City

Thousand Oaks

State

CA

Zip Code

91320

FEC ID number of contributing  
federal political committee.

C C00251876

Name of Employer

Occupation

Receipt For:

2010

Primary

☒ General

Other (specify) ▼

Election Cycle-to-Date ▼

10000.00

Date of Receipt

MM / DD / YYYY  
03 / 31 / 2009

Transaction ID: SA11C.24778

Amount of Each Receipt this Period

5000.00

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

B.

Full Name (Last, First, Middle Initial)

APMA PAC

Mailing Address 9312 OLD GEORGETOWN ROAD

City

Bethesda

State

MD

Zip Code

20814

FEC ID number of contributing  
federal political committee.

C C00008839

Name of Employer

Occupation

Receipt For:

2010

☒ Primary

☐ General

Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
03 / 31 / 2009

Transaction ID: SA11C.24768

Amount of Each Receipt this Period

1000.00

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

C.

Full Name (Last, First, Middle Initial)

APMA PAC

Mailing Address 9312 OLD GEORGETOWN ROAD

City

Bethesda

State

MD

Zip Code

20814

FEC ID number of contributing  
federal political committee.

C C00008839

Name of Employer

Occupation

Receipt For:

2010

☒ Primary

☐ General

Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

Date of Receipt

MM / DD / YYYY  
03 / 31 / 2009

Transaction ID: SA11C.24770

Amount of Each Receipt this Period

3000.00

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

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

9000.00

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

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

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

FOR LINE NUMBER: PAGE 44 / 131

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Assn for Advancement of Psychology PAC

Mailing Address 750 First St. NE

City

State

Zip Code

Washington

DC

20002

FEC ID number of contributing  
federal political committee.

C C00002956

Name of Employer

Occupation

Receipt For:

2010

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

03 / 03 / 2009

Transaction ID: SA11C.24951

Amount of Each Receipt this Period

1000.00

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

B.

Full Name (Last, First, Middle Initial)

BECTON DICKINSON AND COMPANY PAC

Mailing Address 1 Becton Drive MC085

City

State

Zip Code

Franklin Lakes

NJ

07024

FEC ID number of contributing  
federal political committee.

C C00376582

Name of Employer

Occupation

Receipt For:

2010

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

03 / 31 / 2009

Transaction ID: SA11C.24775

Amount of Each Receipt this Period

1000.00

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

C.

Full Name (Last, First, Middle Initial)

Bingham McCutchen LLP PAC

Mailing Address 2020 K Street NW

City

State

Zip Code

Washington

DC

20006

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

2010

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

02 / 27 / 2009

Transaction ID: SA11C.24508

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 45 / 131

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

BOSTON SCIENTIFIC CORPORATION POLITICAL ACTION COMMITTEE ('BSC PAC')

Mailing Address ONE BOSTON SCIENTIFIC PLACE

City

NATICK

State

MA

Zip Code

01760

FEC ID number of contributing  
federal political committee.

C C00357863

Name of Employer

Occupation

Receipt For:

2010

☒ Primary

☐ General

Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
03 / 31 / 2009

Transaction ID: SA11C.24681

Amount of Each Receipt this Period

1000.00

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

B.

Full Name (Last, First, Middle Initial)

CAITHNESS EQUITIES CORPORATION PAC

Mailing Address 565 Fifth Avenue  
29th Floor

City

New York

State

NY

Zip Code

10017

FEC ID number of contributing  
federal political committee.

C C00371062

Name of Employer

Occupation

Receipt For:

2010

☒ Primary

☐ General

Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
03 / 31 / 2009

Transaction ID: SA11C.24677

Amount of Each Receipt this Period

1000.00

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

C.

Full Name (Last, First, Middle Initial)

CALIFORNIA DAIRIES FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address 475 South Tegner

City

Turlock

State

CA

Zip Code

95380

FEC ID number of contributing  
federal political committee.

C C00349746

Name of Employer

Occupation

Receipt For:

2010

☒ Primary

☐ General

Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

MM / DD / YYYY  
03 / 30 / 2009

Transaction ID: SA11C.24646

Amount of Each Receipt this Period

5000.00

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

SUBTOTAL of Receipts This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 46 / 131

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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) CME GROUP, INC. PAC (CME/CBOT/NYMEX PAC)</p> <p>Mailing Address 20 South Wacker Drive</p> <p>City State Zip Code Chicago IL 60606</p> <p>FEC ID number of contributing federal political committee. <b>C</b> C00076299</p> <p>Name of Employer Occupation</p> <p>Receipt For: 2010  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1000.00</p>	<p>Date of Receipt  M M / D D / Y Y Y Y  03 / 17 / 2009</p> <p>Transaction ID: SA11C.24591</p> <p>Amount of Each Receipt this Period 1000.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Comcast Corporation PAC</p> <p>Mailing Address 1500 Market St.</p> <p>City State Zip Code Philadelphia PA 19102</p> <p>FEC ID number of contributing federal political committee. <b>C</b> C00248716</p> <p>Name of Employer Occupation</p> <p>Receipt For: 2010  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1000.00</p>	<p>Date of Receipt  M M / D D / Y Y Y Y  03 / 06 / 2009</p> <p>Transaction ID: SA11C.24535</p> <p>Amount of Each Receipt this Period 1000.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Committee on Letter Carriers Political Education</p> <p>Mailing Address 100 Indiana Avenue NW</p> <p>City State Zip Code Washington DC 20001</p> <p>FEC ID number of contributing federal political committee. <b>C</b> C70001516</p> <p>Name of Employer Occupation</p> <p>Receipt For: 2010  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 2500.00</p>	<p>Date of Receipt  M M / D D / Y Y Y Y  03 / 31 / 2009</p> <p>Transaction ID: SA11C.24672</p> <p>Amount of Each Receipt this Period 2500.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>

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

4500.00

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

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

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

FOR LINE NUMBER:		PAGE 47 / 131	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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	

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

NAME OF COMMITTEE (In Full)  
Wyden for Senate

A.

Full Name (Last, First, Middle Initial)  
COVIDIEN POLITICAL ACTION COMMITTEE (COVIDIEN PAC)

Mailing Address 900 7th Street N.W.  
Suite 975

City State Zip Code  
Washington DC 20001

FEC ID number of contributing  
federal political committee. C C00433490

Name of Employer

Occupation

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

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

MM / DD / YYYY  
03 / 31 / 2009

Transaction ID: SA11C.24779

Amount of Each Receipt this Period

1000.00

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

B.

Full Name (Last, First, Middle Initial)  
DAVITA INC POLITICAL ACTION COMMITTEE ('DAVITA')

Mailing Address 601 Hawaii Street  
C/O CONGRESSIONAL CONSULTANTS

City State Zip Code  
El Segundo CA 90245

FEC ID number of contributing  
federal political committee. C C00340943

Name of Employer

Occupation

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

Election Cycle-to-Date ▼  
6500.00

Date of Receipt

MM / DD / YYYY  
03 / 27 / 2009

Transaction ID: SA11C.24614

Amount of Each Receipt this Period

2500.00

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

C.

Full Name (Last, First, Middle Initial)  
DELOITTE FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address P.O. Box 365

City State Zip Code  
Washington DC 20044

FEC ID number of contributing  
federal political committee. C C00211318

Name of Employer

Occupation

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

Election Cycle-to-Date ▼  
4000.00

Date of Receipt

MM / DD / YYYY  
03 / 17 / 2009

Transaction ID: SA11C.24569

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 48 / 131

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

DIRECTV GROUP, INC. FUND - FEDERAL (DIRECTV PAC)

Mailing Address 901 F Street, NW  
Suite 600

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C C00331991

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

MM / DD / YYYY  
03 / 31 / 2009

Transaction ID: SA11C.24674

Amount of Each Receipt this Period

2500.00

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

B.

Full Name (Last, First, Middle Initial)

DRINKER BIDDLE POLITICAL ACTION COMMITTEE

Mailing Address 1500 K Street NW  
Suite 1100

City State Zip Code  
Washington DC 20005

FEC ID number of contributing  
federal political committee.

C C00370759

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
02 / 27 / 2009

Transaction ID: SA11C.24511

Amount of Each Receipt this Period

1000.00

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

C.

Full Name (Last, First, Middle Initial)

eBay Inc. Comm. For Responsible Internet Commerce

Mailing Address 555 13th Street NW  
Suite 300, East Tower

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C C00342394

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

MM / DD / YYYY  
02 / 27 / 2009

Transaction ID: SA11C.24504

Amount of Each Receipt this Period

2500.00

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

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

6000.00

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



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

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

FOR LINE NUMBER: PAGE 49 / 131

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

**A. ENGINEERS POLITICAL EDUCATION COMMITTEE (EPEC)/INTERNATIONAL UNION OF OPERATING ENGINEERS**

Full Name (Last, First, Middle Initial)

Mailing Address 1125 17th St, NW

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. C C00029504

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

Transaction ID: SA11C.24618

Amount of Each Receipt this Period  
5000.00

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

**B. ENGINEERS POLITICAL EDUCATION COMMITTEE (EPEC)/INTERNATIONAL UNION OF OPERATING ENGINEERS**

Full Name (Last, First, Middle Initial)

Mailing Address 1125 17th St, NW

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. C C00029504

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
10000.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

Transaction ID: SA11C.24619

Amount of Each Receipt this Period  
5000.00

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

**C. Genzyme Corporation PAC**

Full Name (Last, First, Middle Initial)

Mailing Address 1850 K Street, NW  
Suite 650

City State Zip Code  
Washington DC 20006

FEC ID number of contributing federal political committee. C C00393736

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

Transaction ID: SA11C.24620

Amount of Each Receipt this Period  
1000.00

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

SUBTOTAL of Receipts This Page (optional)

11000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 50 / 131

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

<b>A.</b>		Full Name (Last, First, Middle Initial) HEALTH INDUSTRY GROUP PURCHASING ASSOCIATION POLITICAL ACTION COMMITTEE (HIGPA PAC)		Date of Receipt MM / DD / YYYY 03 / 31 / 2009	
Mailing Address		2025 M STREET NW SUITE 800		Transaction ID: SA11C.24688	
City		State		Zip Code	
WASHINGTON		DC		20036	
FEC ID number of contributing federal political committee.		C C00423863		Amount of Each Receipt this Period 1000.00	
Name of Employer		Occupation		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Receipt For: 2010		Election Cycle-to-Date ▼		1000.00	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General					
<input type="checkbox"/> Other (specify) ▼					
<b>B.</b>		Full Name (Last, First, Middle Initial) Hogan & Hartson PAC		Date of Receipt MM / DD / YYYY 03 / 30 / 2009	
Mailing Address		555 13 St. NW		Transaction ID: SA11C.24656	
City		State		Zip Code	
Washington		DC		20004	
FEC ID number of contributing federal political committee.		C C00261339		Amount of Each Receipt this Period 1000.00	
Name of Employer		Occupation		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Receipt For: 2010		Election Cycle-to-Date ▼		1000.00	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General					
<input type="checkbox"/> Other (specify) ▼					
<b>C.</b>		Full Name (Last, First, Middle Initial) Holland & Knight Comm. For Effective Government		Date of Receipt MM / DD / YYYY 02 / 27 / 2009	
Mailing Address		2099 Penn. Ave. NW Suite 100		Transaction ID: SA11C.24510	
City		State		Zip Code	
Washington		DC		20006	
FEC ID number of contributing federal political committee.		C C00171330		Amount of Each Receipt this Period 1000.00	
Name of Employer		Occupation		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Receipt For: 2010		Election Cycle-to-Date ▼		1000.00	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General					
<input type="checkbox"/> Other (specify) ▼					
SUBTOTAL of Receipts This Page (optional) .....				3000.00	
TOTAL This Period (last page this line number only) .....					

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

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

FOR LINE NUMBER:		PAGE 51 / 131	
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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

NAME OF COMMITTEE (In Full)  
Wyden for Senate

A.

Full Name (Last, First, Middle Initial)  
INTERNATIONAL PAPER POLITICAL ACTION COMMITTEE

Mailing Address 1101 Pennsylvania Avenue NW  
Suite 200

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee. C C00034405

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

MM / DD / YYYY  
03 / 31 / 2009

Transaction ID: SA11C.24760

Amount of Each Receipt this Period

1000.00

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

B.

Full Name (Last, First, Middle Initial)  
KEYCORP ADVOCATES FUND

Mailing Address 127 Public Square

City State Zip Code  
Cleveland OH 44114

FEC ID number of contributing  
federal political committee. C C00073155

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

MM / DD / YYYY  
03 / 31 / 2009

Transaction ID: SA11C.24731

Amount of Each Receipt this Period

1000.00

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

C.

Full Name (Last, First, Middle Initial)  
KIDNEY CARE COUNCIL POLITICAL ACTION COMMITTEE

Mailing Address The Atlantic Building  
950 F Street NW

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee. C C00326736

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

MM / DD / YYYY  
03 / 20 / 2009

Transaction ID: SA11C.24549

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:		PAGE 52 / 131	
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

<b>A.</b> Full Name (Last, First, Middle Initial) <b>KIDNEY CARE COUNCIL POLITICAL ACTION COMMITTEE</b> Mailing Address <b>The Atlantic Building</b> <b>950 F Street NW</b> City <b>Washington</b> State <b>DC</b> Zip Code <b>20004</b> FEC ID number of contributing federal political committee. <b>C C00326736</b> Name of Employer _____ Occupation _____ Receipt For: 2010 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>2500.00</b>		Date of Receipt M M / D D / Y Y Y Y <b>03 / 20 / 2009</b> Transaction ID: SA11C.24552 Amount of Each Receipt this Period <b>1500.00</b> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) <b>KIDNEY CARE PARTNERS POLITICAL ACTION COMMITTEE (KCP PAC)</b> Mailing Address <b>5746 UNION MILL ROAD</b> <b>BOX 160</b> City <b>CLIFTON</b> State <b>VA</b> Zip Code <b>20124</b> FEC ID number of contributing federal political committee. <b>C C00431924</b> Name of Employer _____ Occupation _____ Receipt For: 2010 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>2500.00</b>		Date of Receipt M M / D D / Y Y Y Y <b>03 / 20 / 2009</b> Transaction ID: SA11C.24553 Amount of Each Receipt this Period <b>2500.00</b> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) <b>KINDRED HEALTHCARE INC. PAC</b> Mailing Address <b>680 S. Fourth St.</b> <b>ONE VENCOR PLACE</b> City <b>Louisville</b> State <b>KY</b> Zip Code <b>40202</b> FEC ID number of contributing federal political committee. <b>C C00242271</b> Name of Employer _____ Occupation _____ Receipt For: 2010 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>2500.00</b>		Date of Receipt M M / D D / Y Y Y Y <b>03 / 31 / 2009</b> Transaction ID: SA11C.24762 Amount of Each Receipt this Period <b>2500.00</b> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶

**6500.00**

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)

PAGE 53 / 131

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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

KRAFT FOODS GLOBAL INC. POLITICAL ACTION COMMITTEE (KRAFT PAC)

Mailing Address 975 F Street NW  
Ste. 1000

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee. C C00077701

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

MM / DD / YYYY  
02 / 27 / 2009

Transaction ID: SA11C.24515

Amount of Each Receipt this Period  
1000.00

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

B.

Full Name (Last, First, Middle Initial)

LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC

Mailing Address 420 W. Pinhook Road  
Suite A

City State Zip Code  
LAFAYETTE LA 70503

FEC ID number of contributing  
federal political committee. C C00382796

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
2500.00

Date of Receipt

MM / DD / YYYY  
03 / 30 / 2009

Transaction ID: SA11C.24644

Amount of Each Receipt this Period  
2500.00

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

C.

Full Name (Last, First, Middle Initial)

M-PAC

Mailing Address 607 14th Street N.W.  
Suite 800

City State Zip Code  
Washington DC 20005

FEC ID number of contributing  
federal political committee. C C00365270

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
5000.00

Date of Receipt

MM / DD / YYYY  
03 / 31 / 2009

Transaction ID: SA11C.24697

Amount of Each Receipt this Period  
5000.00

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

SUBTOTAL of Receipts This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 131

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

M-PAC

Mailing Address 607 14th Street N.W.  
Suite 800

City State Zip Code  
Washington DC 20005

FEC ID number of contributing  
federal political committee. C C00365270

Name of Employer

Occupation

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

Election Cycle-to-Date ▼  
10000.00

Date of Receipt

MM / DD / YYYY  
03 / 31 / 2009

Transaction ID: SA11C.24699

Amount of Each Receipt this Period

5000.00

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

B.

Full Name (Last, First, Middle Initial)

MEDASSETS INC POLITICAL ACTION COMMITTEE: AKA MEDASSETS PAC

Mailing Address 200 NORTH POINT CENTER E SUITE 600

City State Zip Code  
ALPHARETTA GA 30022

FEC ID number of contributing  
federal political committee. C C00458380

Name of Employer

Occupation

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

Election Cycle-to-Date ▼  
1250.00

Date of Receipt

MM / DD / YYYY  
03 / 31 / 2009

Transaction ID: SA11C.24690

Amount of Each Receipt this Period

1250.00

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

C.

Full Name (Last, First, Middle Initial)

MEDASSETS INC POLITICAL ACTION COMMITTEE: AKA MEDASSETS PAC

Mailing Address 200 NORTH POINT CENTER E SUITE 600

City State Zip Code  
ALPHARETTA GA 30022

FEC ID number of contributing  
federal political committee. C C00458380

Name of Employer

Occupation

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

Election Cycle-to-Date ▼  
2500.00

Date of Receipt

MM / DD / YYYY  
03 / 31 / 2009

Transaction ID: SA11C.24692

Amount of Each Receipt this Period

1250.00

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

SUBTOTAL of Receipts This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:		PAGE 55 / 131	
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

A. Full Name (Last, First, Middle Initial) MEDTRONIC INC. MEDICAL TECHNOLOGY FUND		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2009
Mailing Address 1420 New York Avenue NW Suite 600		Transaction ID: SA11C.24781
City Washington	State DC	Amount of Each Receipt this Period 2500.00
Zip Code 20005		
FEC ID number of contributing federal political committee. C C00311878		
Name of Employer	Occupation	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial) MILLER & CHEVALIER CHARTERED POLITICAL ACTION COMMITTEE (MILLER & CHEVALIER PAC)		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2009
Mailing Address 655 15TH STREET NW SUITE 900		Transaction ID: SA11C.24537
City WASHINGTON	State DC	Amount of Each Receipt this Period 1000.00
Zip Code 20005		
FEC ID number of contributing federal political committee. C C00255216		
Name of Employer	Occupation	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial) NAPUS PAC For Postmasters		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2009
Mailing Address 8 Herbert Street		Transaction ID: SA11C.24536
City Alexandria	State VA	Amount of Each Receipt this Period 1000.00
Zip Code 22305		
FEC ID number of contributing federal political committee. C C00100404		
Name of Employer	Occupation	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶

4500.00

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

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

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

FOR LINE NUMBER: PAGE 56 / 131

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

<b>A.</b> Full Name (Last, First, Middle Initial) National Assn. of Postal Supervisors PAC Mailing Address 1727 King Street Suite 400 City Alexandria State VA Zip Code 22314 FEC ID number of contributing federal political committee. <b>C</b> C00092957 Name of Employer _____ Occupation _____ Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) _____ Election Cycle-to-Date ▼ 3000.00		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2009 Transaction ID: SA11C.24771 Amount of Each Receipt this Period 2000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
--	--	---

<b>B.</b> Full Name (Last, First, Middle Initial) NATIONAL ASSOCIATION OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE Mailing Address 701 13TH STREET NW SUITE 950 City WASHINGTON State DC Zip Code 20005 FEC ID number of contributing federal political committee. <b>C</b> C00107136 Name of Employer _____ Occupation _____ Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) _____ Election Cycle-to-Date ▼ 2500.00		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2009 Transaction ID: SA11C.24621 Amount of Each Receipt this Period 2500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
--	--	---

<b>C.</b> Full Name (Last, First, Middle Initial) National Cable & Telecomm. Assn PAC Mailing Address 1724 Mass. Ave. NW City Washington State DC Zip Code 20036 FEC ID number of contributing federal political committee. <b>C</b> C00010082 Name of Employer _____ Occupation _____ Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) _____ Election Cycle-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2009 Transaction ID: SA11C.24534 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
--	--	---

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

5500.00

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



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

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

FOR LINE NUMBER:		PAGE 57 / 131	
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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

NAME OF COMMITTEE (In Full)  
Wyden for Senate

A. Full Name (Last, First, Middle Initial) NATIONAL COMMITTEE TO PRESERVE SOCIAL SECURITY & MEDICARE - PAC		Date of Receipt MM / DD / YYYY 03 / 31 / 2009
Mailing Address 10 G STREET N E SUITE 600		Transaction ID: SA11C.24723
City WASHINGTON	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C C70002597		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

B. Full Name (Last, First, Middle Initial) NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC		Date of Receipt MM / DD / YYYY 03 / 31 / 2009
Mailing Address 100 Daingerfield Road		Transaction ID: SA11C.24722
City Alexandria	State VA	Zip Code 22314
FEC ID number of contributing federal political committee. C C00030809		Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

C. Full Name (Last, First, Middle Initial) National Education Association		Date of Receipt MM / DD / YYYY 03 / 31 / 2009
Mailing Address 1201 16th St, NW Fifth Floor		Transaction ID: SA11C.24679
City Washington	State DC	Zip Code 20036-3290
FEC ID number of contributing federal political committee. C C00003251		Amount of Each Receipt this Period 1500.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional) .....	4500.00
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 58 / 131

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

NEMPAC

Mailing Address PO Box 61911

City

Dallas

State

TX

Zip Code

75261

FEC ID number of contributing  
federal political committee.

C C00140061

Name of Employer

Occupation

Receipt For:

2010

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

MM / DD / YYYY  
03 / 20 / 2009

Transaction ID: SA11C.24555

Amount of Each Receipt this Period

5000.00

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

B.

Full Name (Last, First, Middle Initial)

NRLCA PAC

Mailing Address 1630 Duke St  
Fourth Floor

City

Alexandria

State

VA

Zip Code

22314

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

2010

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
03 / 30 / 2009

Transaction ID: SA11C.24643

Amount of Each Receipt this Period

1000.00

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

C.

Full Name (Last, First, Middle Initial)

OB-GYNS FOR WOMEN'S HEALTH PAC

Mailing Address 409 12TH STREET SW

City

WASHINGTON

State

DC

Zip Code

20024

FEC ID number of contributing  
federal political committee.

C C00364158

Name of Employer

Occupation

Receipt For:

2010

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

MM / DD / YYYY  
03 / 13 / 2009

Transaction ID: SA11C.24547

Amount of Each Receipt this Period

2500.00

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

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

8500.00

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

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

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

FOR LINE NUMBER: PAGE 59 / 131

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) PROFESSIONAL AVIATION SAFETY SPECIALISTS PAC</p> <p>Mailing Address 1150 17th Street NW Suite 702</p> <p>City Washington State DC Zip Code 20036</p> <p>FEC ID number of contributing federal political committee. <b>C</b> C00286807</p> <p>Name of Employer Occupation</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1000.00</p>	<p>Date of Receipt MM / DD / YYYY 03 / 31 / 2009</p> <p>Transaction ID: SA11C.24766</p> <p>Amount of Each Receipt this Period 1000.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Qualcomm Inc. PAC</p> <p>Mailing Address 2001 Pennsylvania Avenue NW Suite 650</p> <p>City Washington State DC Zip Code 20006</p> <p>FEC ID number of contributing federal political committee. <b>C</b> C00339085</p> <p>Name of Employer Occupation</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 3000.00</p>	<p>Date of Receipt MM / DD / YYYY 03 / 17 / 2009</p> <p>Transaction ID: SA11C.24590</p> <p>Amount of Each Receipt this Period 1000.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Realtors PAC</p> <p>Mailing Address 700 11th St, NW</p> <p>City Washington State DC Zip Code 20001</p> <p>FEC ID number of contributing federal political committee. <b>C</b> C00030718</p> <p>Name of Employer Occupation</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1000.00</p>	<p>Date of Receipt MM / DD / YYYY 02 / 27 / 2009</p> <p>Transaction ID: SA11C.24514</p> <p>Amount of Each Receipt this Period 1000.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional) ..... ➤</p> <p><b>TOTAL</b> This Period (last page this line number only) ..... ➤</p>	

3000.00

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

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

FOR LINE NUMBER: PAGE 60 / 131

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Sheet Metal Workers' Intl. Assn. Political Action League</p> <p>Mailing Address 1750 New York Ave NW 6th Floor</p> <p>City Washington State DC Zip Code 20006</p> <p>FEC ID number of contributing federal political committee. C C00007542</p> <p>Name of Employer _____ Occupation _____</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 5000.00</p>	<p>Date of Receipt MM / DD / YYYY 03 / 31 / 2009</p> <p>Transaction ID: SA11C.24671</p> <p>Amount of Each Receipt this Period 5000.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Snake River Sugar Co. PAC</p> <p>Mailing Address PO Box 1520</p> <p>City Ogden State UT Zip Code 84402</p> <p>FEC ID number of contributing federal political committee. C C00326389</p> <p>Name of Employer _____ Occupation _____</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1000.00</p>	<p>Date of Receipt MM / DD / YYYY 02 / 27 / 2009</p> <p>Transaction ID: SA11C.24519</p> <p>Amount of Each Receipt this Period 1000.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Sonnenschein PAC</p> <p>Mailing Address 1301 K St. NW Suite 600 East Tower</p> <p>City Washington State DC Zip Code 20005</p> <p>FEC ID number of contributing federal political committee. C C00216127</p> <p>Name of Employer _____ Occupation _____</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1000.00</p>	<p>Date of Receipt MM / DD / YYYY 03 / 31 / 2009</p> <p>Transaction ID: SA11C.24727</p> <p>Amount of Each Receipt this Period 1000.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional) ..... <b>7000.00</b></p> <p><b>TOTAL</b> This Period (last page this line number only) ..... <b>7000.00</b></p>	

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

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

FOR LINE NUMBER: PAGE 61 / 131

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

SPINE PAC OF THE NATIONAL ASSOCIATION OF SPINE SPECIALISTS

Mailing Address 7075 Veterans Blvd.

City

State

Zip Code

Burr Ridge

IL

60527

FEC ID number of contributing  
federal political committee.

C C00349225

Name of Employer

Occupation

Receipt For:

2010

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

MM / DD / YYYY  
03 / 17 / 2009

Transaction ID: SA11C.24582

Amount of Each Receipt this Period

1500.00

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

B.

Full Name (Last, First, Middle Initial)

SUN HEALTHCARE GROUP, INC. POLITICAL ACTION COMMITTEE D/B/A SUN HEALTHCARE P.A.C.

Mailing Address 101 Sun Avenue NE

City

State

Zip Code

Albuquerque

NM

87109

FEC ID number of contributing  
federal political committee.

C C00398826

Name of Employer

Occupation

Receipt For:

2010

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

Date of Receipt

MM / DD / YYYY  
03 / 31 / 2009

Transaction ID: SA11C.24764

Amount of Each Receipt this Period

4000.00

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

C.

Full Name (Last, First, Middle Initial)

TEXAS HOMECARE PAC

Mailing Address 3737 EXECUTIVE CENTER DR STE 268  
Suite 268

City

State

Zip Code

AUSTIN

TX

78731

FEC ID number of contributing  
federal political committee.

C C00393728

Name of Employer

Occupation

Receipt For:

2010

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
03 / 30 / 2009

Transaction ID: SA11C.24654

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 62 / 131

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

The Orthopaedic PAC

Mailing Address 317 Massachussetts Avenue NE

City

Washington

State

DC

Zip Code

20002

FEC ID number of contributing  
federal political committee.

C C00343137

Name of Employer

Occupation

Receipt For:

2010

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

MM / DD / YYYY  
03 / 17 / 2009

Transaction ID: SA11C.24589

Amount of Each Receipt this Period

2500.00

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

B.

Full Name (Last, First, Middle Initial)

UFCW

Mailing Address 1775 K St. NW

City

Washington

State

DC

Zip Code

20006-1598

FEC ID number of contributing  
federal political committee.

C C00002766

Name of Employer

Occupation

Receipt For:

2010

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

MM / DD / YYYY  
03 / 27 / 2009

Transaction ID: SA11C.24617

Amount of Each Receipt this Period

5000.00

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

C.

Full Name (Last, First, Middle Initial)

Union Pacific Corp. Fund for Effective Government

Mailing Address 600 13th St. NW

Suite #340

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.

C C00010470

Name of Employer

Occupation

Receipt For:

2010

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
03 / 13 / 2009

Transaction ID: SA11C.24546

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 63 / 131

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

VAN NESS FELDMAN, P.C. POLITICAL ACTION COMMITTEE

Mailing Address 1050 Thomas Jefferson Street, NW

City

Washington

State

DC

Zip Code

20007

FEC ID number of contributing  
federal political committee.

C C00205369

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
02 / 27 / 2009

Transaction ID: SA11C.24506

Amount of Each Receipt this Period

1000.00

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

B.

Full Name (Last, First, Middle Initial)

Ven-PAC

Mailing Address PO Box 70002

City

Washington

State

DC

Zip Code

20024

FEC ID number of contributing  
federal political committee.

C C00369660

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
03 / 31 / 2009

Transaction ID: SA11C.24680

Amount of Each Receipt this Period

1000.00

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

C.

Full Name (Last, First, Middle Initial)

Washington PAC

Mailing Address 444 N. Capitol St, NW  
Suite 712

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing  
federal political committee.

C C00138560

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
03 / 31 / 2009

Transaction ID: SA11C.24728

Amount of Each Receipt this Period

1000.00

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

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

3000.00

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

152500.00

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

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

FOR LINE NUMBER: PAGE 64 / 131

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

WYDEN FOR OREGON

Mailing Address PMB 430

City

PORTLAND

State

OR

Zip Code

97232

FEC ID number of contributing  
federal political committee.

C C00436998

Name of Employer

Occupation

Receipt For:

2010

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

5750.00

Date of Receipt

MM / DD / YYYY  
01 / 05 / 2009

Transaction ID: SA12.24541

Amount of Each Receipt this Period

1150.00

Transfer

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

B.

Full Name (Last, First, Middle Initial)

WYDEN FOR OREGON

Mailing Address PMB 430

City

PORTLAND

State

OR

Zip Code

97232

FEC ID number of contributing  
federal political committee.

C C00436998

Name of Employer

Occupation

Receipt For:

2010

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

8050.00

Date of Receipt

MM / DD / YYYY  
03 / 05 / 2009

Transaction ID: SA12.24544

Amount of Each Receipt this Period

2300.00

Transfer

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

C.

Full Name (Last, First, Middle Initial)

WYDEN FOR OREGON

Mailing Address PMB 430

City

PORTLAND

State

OR

Zip Code

97232

FEC ID number of contributing  
federal political committee.

C C00436998

Name of Employer

Occupation

Receipt For:

2010

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

10050.00

Date of Receipt

MM / DD / YYYY  
03 / 31 / 2009

Transaction ID: SA12.24937

Amount of Each Receipt this Period

2000.00

Transfer

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

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

5450.00

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

5450.00



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

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

FOR LINE NUMBER: PAGE 65 / 131

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

ADP

Mailing Address 4099 SE International Way  
Suite #220

City State Zip Code  
Milwaukie OR 97220

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

441.08

Date of Receipt

MM / DD / YYYY  
03 / 17 / 2009

Transaction ID: SA14.24949

Amount of Each Receipt this Period

210.85

Payroll Tax Overcharge Re-  
fund

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

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

210.85

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

210.85

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

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

FOR LINE NUMBER: PAGE 66 / 131

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address PO Box 3977

City

Seattle

State

WA

Zip Code

98124

FEC ID number of contributing  
federal political committee.

C.

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

307.01

Date of Receipt

MM / DD / YYYY  
01 / 29 / 2009

Transaction ID: SA15.24539

Amount of Each Receipt this Period

157.17

Interest

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

B.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address PO Box 25118

City

Tampa

State

FL

Zip Code

33622

FEC ID number of contributing  
federal political committee.

C.

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

498.82

Date of Receipt

MM / DD / YYYY  
01 / 30 / 2009

Transaction ID: SA15.24945

Amount of Each Receipt this Period

8.94

Interest

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

C.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address PO Box 3977

City

Seattle

State

WA

Zip Code

98124

FEC ID number of contributing  
federal political committee.

C.

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

332.26

Date of Receipt

MM / DD / YYYY  
02 / 26 / 2009

Transaction ID: SA15.24540

Amount of Each Receipt this Period

25.25

Dividend

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

SUBTOTAL of Receipts This Page (optional)

191.36

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:		PAGE 67 / 131	
(check only one)			
<input 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 checked="" 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)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address PO Box 25118

City

Tampa

State

FL

Zip Code

33622

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

2010

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

506.90

Date of Receipt

MM / DD / YYYY  
02 / 27 / 2009

Transaction ID: SA15.24545

Amount of Each Receipt this Period

8.08

Interest

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

B.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address PO Box 25118

City

Tampa

State

FL

Zip Code

33622

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

2010

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

515.85

Date of Receipt

MM / DD / YYYY  
03 / 31 / 2009

Transaction ID: SA15.24733

Amount of Each Receipt this Period

8.95

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

SUBTOTAL of Receipts This Page (optional)

17.03

TOTAL This Period (last page this line number only)

208.39

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 68 / 131

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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) ADP</p>	<p>Transaction ID: SB17.24813 Date of Disbursement</p>
<p>Mailing Address 4099 SE International Way Suite #220</p>	<p><input type="text" value="01"/> <input type="text" value="14"/> / <input type="text" value="2009"/></p>
<p>City Milwaukee State OR Zip Code 97220</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Payroll Processing Fees Candidate Name</p>	<p><input type="text" value="6.00"/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>001 Category/ Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) ADP</p>	<p>Transaction ID: SB17.24380 Date of Disbursement</p>
<p>Mailing Address 4099 SE International Way Suite #220</p>	<p><input type="text" value="01"/> <input type="text" value="19"/> / <input type="text" value="2009"/></p>
<p>City Milwaukee State OR Zip Code 97220</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Payroll Taxes Candidate Name</p>	<p><input type="text" value="640.52"/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>001 Category/ Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) ADP</p>	<p>Transaction ID: SB17.24381 Date of Disbursement</p>
<p>Mailing Address 4099 SE International Way Suite #220</p>	<p><input type="text" value="01"/> <input type="text" value="19"/> / <input type="text" value="2009"/></p>
<p>City Milwaukee State OR Zip Code 97220</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Payroll Processing Fees Candidate Name</p>	<p><input type="text" value="62.65"/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>001 Category/ Type</p>

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

709.17

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 69 / 131

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

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

NAME OF COMMITTEE (In Full)  
Wyden for Senate

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) ADP</p> <p>Mailing Address 4099 SE International Way Suite #220</p> <p>City Milwaukee State OR Zip Code 97220</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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.24814</p> <p>Date of Disbursement 01 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 17.04</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) ADP</p> <p>Mailing Address 4099 SE International Way Suite #220</p> <p>City Milwaukee State OR Zip Code 97220</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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.24815</p> <p>Date of Disbursement 01 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 62.10</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) ADP</p> <p>Mailing Address 4099 SE International Way Suite #220</p> <p>City Milwaukee State OR Zip Code 97220</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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.24385</p> <p>Date of Disbursement 01 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 640.52</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ➤</p>	
<p><b>TOTAL</b> This Period (last page this line number only) ..... ➤</p>	

719.66

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 70 / 131

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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

ADP

Mailing Address 4099 SE International Way  
Suite #220

City Milwaukee State OR Zip Code 97220

Purpose of Disbursement

Payroll Processing Fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.24386

Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

62.65

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

B.

Full Name (Last, First, Middle Initial)

ADP

Mailing Address 4099 SE International Way  
Suite #220

City Milwaukee State OR Zip Code 97220

Purpose of Disbursement

Payroll Processing Fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.24818

Date of Disbursement

02 / 11 / 2009

Amount of Each Disbursement this Period

6.00

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

C.

Full Name (Last, First, Middle Initial)

ADP

Mailing Address 4099 SE International Way  
Suite #220

City Milwaukee State OR Zip Code 97220

Purpose of Disbursement

Payroll Taxes

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.24398

Date of Disbursement

02 / 13 / 2009

Amount of Each Disbursement this Period

640.52

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

SUBTOTAL of Disbursements This Page (optional) ▶

709.17

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 71/131

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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

ADP

Mailing Address 4099 SE International Way  
Suite #220

City Milwaukee State OR Zip Code 97220

Purpose of Disbursement

Payroll Processing Fees

Candidate Name

001  
Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For: 2010

☒ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Transaction ID: SB17.24399

Date of Disbursement

02 / 13 / 2009

Amount of Each Disbursement this Period

62.65

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

B.

Full Name (Last, First, Middle Initial)

ADP

Mailing Address 4099 SE International Way  
Suite #220

City Milwaukee State OR Zip Code 97220

Purpose of Disbursement

Payroll Taxes

Candidate Name

001  
Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For: 2010

☒ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Transaction ID: SB17.24443

Date of Disbursement

02 / 27 / 2009

Amount of Each Disbursement this Period

640.54

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

C.

Full Name (Last, First, Middle Initial)

ADP

Mailing Address 4099 SE International Way  
Suite #220

City Milwaukee State OR Zip Code 97220

Purpose of Disbursement

Payroll Processing Fees

Candidate Name

001  
Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For: 2010

☒ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Transaction ID: SB17.24444

Date of Disbursement

02 / 27 / 2009

Amount of Each Disbursement this Period

62.65

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

SUBTOTAL of Disbursements This Page (optional)

765.84

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 72 / 131

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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) ADP</p> <p>Mailing Address 4099 SE International Way Suite #220</p> <p>City Milwaukie State OR Zip Code 97220</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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.24931</p> <p>Date of Disbursement 03 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 6.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) ADP</p> <p>Mailing Address 4099 SE International Way Suite #220</p> <p>City Milwaukie State OR Zip Code 97220</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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.24920</p> <p>Date of Disbursement 03 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 581.06</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) ADP</p> <p>Mailing Address 4099 SE International Way Suite #220</p> <p>City Milwaukie State OR Zip Code 97220</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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.24921</p> <p>Date of Disbursement 03 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 62.65</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

649.71

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



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 73 / 131

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

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

NAME OF COMMITTEE (In Full)  
Wyden for Senate

A.	Full Name (Last, First, Middle Initial) ADP	Transaction ID: SB17.24925 Date of Disbursement
	Mailing Address 4099 SE International Way Suite #220	03 / 31 / 2009
	City Milwaukie State OR Zip Code 97220	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Taxes	581.06
	Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
	State: District:	<input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ..... 849.20

TOTAL This Period (last page this line number only) ..... 849.20

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 74 / 131

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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

<b>A.</b> Full Name (Last, First, Middle Initial) Ashmead Group		Transaction ID: SB17.24401 Date of Disbursement 02 / 20 / 2009
Mailing Address 233 Massachusetts Ave, NE 2nd Floor		Amount of Each Disbursement this Period 7742.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20002		
Purpose of Disbursement Fundraising Consulting Candidate Name	003 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		
<b>B.</b> Full Name (Last, First, Middle Initial) Ashmead Group		Transaction ID: SB17.24794 Date of Disbursement 03 / 13 / 2009
Mailing Address 233 Massachusetts Ave, NE 2nd Floor		Amount of Each Disbursement this Period 12523.44 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20002		
Purpose of Disbursement Fundraising Expenses Candidate Name	003 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		
<b>C.</b> Full Name (Last, First, Middle Initial) AT&T Mobility		Transaction ID: SB17.24351 Date of Disbursement 01 / 02 / 2009
Mailing Address P.O. Box 68056		Amount of Each Disbursement this Period 102.64 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Anaheim Hills State CA Zip Code 92817-8056		
Purpose of Disbursement Telephone Service Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

SUBTOTAL of Disbursements This Page (optional)

20368.08

TOTAL This Period (last page this line number only)

FE5AN018

FEC Schedule B ( Form 3 ) (Revised 02/2003)

29020190074

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 75 / 131

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

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

NAME OF COMMITTEE (In Full)  
Wyden for Senate

<b>A.</b> Full Name (Last, First, Middle Initial) AT&T Mobility	Transaction ID: SB17.24354 Date of Disbursement
Mailing Address P.O. Box 68056	<div> <div>01</div> <div>02</div> <div>2009</div> </div>
City Anaheim Hills State CA Zip Code 92817-8056	Amount of Each Disbursement this Period
Purpose of Disbursement Telephone Service Candidate Name	<div>73.26</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	001 Category/ Type
State: District:	
<b>B.</b> Full Name (Last, First, Middle Initial) AT&T Mobility	Transaction ID: SB17.24355 Date of Disbursement
Mailing Address P.O. Box 68056	<div> <div>01</div> <div>16</div> <div>2009</div> </div>
City Anaheim Hills State CA Zip Code 92817-8056	Amount of Each Disbursement this Period
Purpose of Disbursement Telephone Service Candidate Name	<div>130.56</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	001 Category/ Type
State: District:	
<b>C.</b> Full Name (Last, First, Middle Initial) AT&T Mobility	Transaction ID: SB17.24357 Date of Disbursement
Mailing Address P.O. Box 68056	<div> <div>01</div> <div>16</div> <div>2009</div> </div>
City Anaheim Hills State CA Zip Code 92817-8056	Amount of Each Disbursement this Period
Purpose of Disbursement Telephone Service Candidate Name	<div>238.98</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	001 Category/ Type
State: District:	

SUBTOTAL of Disbursements This Page (optional)

442.80

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 76 / 131

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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) AT&amp;T Mobility</p> <p>Mailing Address P.O. Box 68056</p> <p>City Anaheim Hills State CA Zip Code 92817-8056</p> <p>Purpose of Disbursement Telephone Service Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.24361</p> <p>Date of Disbursement 01 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 73.48</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) AT&amp;T Mobility</p> <p>Mailing Address P.O. Box 68056</p> <p>City Anaheim Hills State CA Zip Code 92817-8056</p> <p>Purpose of Disbursement Telephone Service Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.24363</p> <p>Date of Disbursement 01 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 104.03</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) AT&amp;T Mobility</p> <p>Mailing Address P.O. Box 68056</p> <p>City Anaheim Hills State CA Zip Code 92817-8056</p> <p>Purpose of Disbursement Telephone Service Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.24403</p> <p>Date of Disbursement 02 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 102.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional)

280.01

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 77/131

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

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

NAME OF COMMITTEE (In Full)  
Wyden for Senate

<p><b>A.</b> Full Name (Last, First, Middle Initial) AT&amp;T Mobility</p> <p>Mailing Address P.O. Box 68056</p> <p>City Anaheim Hills State CA Zip Code 92817-8056</p> <p>Purpose of Disbursement Telephone Service Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼</p>	<p>Transaction ID: SB17.24406 Date of Disbursement 02 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 83.57</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) AT&amp;T Mobility</p> <p>Mailing Address P.O. Box 68056</p> <p>City Anaheim Hills State CA Zip Code 92817-8056</p> <p>Purpose of Disbursement Telephone Service Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼</p>	<p>Transaction ID: SB17.24789 Date of Disbursement 03 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 135.56</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) AT&amp;T Mobility</p> <p>Mailing Address P.O. Box 68056</p> <p>City Anaheim Hills State CA Zip Code 92817-8056</p> <p>Purpose of Disbursement Telephone Service Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼</p>	<p>Transaction ID: SB17.24800 Date of Disbursement 03 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 102.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) .....	321.63
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 78 / 131

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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Auth.net</p> <p>Mailing Address 10800 NE 8th Street Suite 600</p> <p>City Bellevue State WA Zip Code 98004</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 State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼</p>	<p>Transaction ID: SB17.24812</p> <p>Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 20.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Auth.net</p> <p>Mailing Address 10800 NE 8th Street Suite 600</p> <p>City Bellevue State WA Zip Code 98004</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 State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼</p>	<p>Transaction ID: SB17.24817</p> <p>Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 20.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Auth.net</p> <p>Mailing Address 10800 NE 8th Street Suite 600</p> <p>City Bellevue State WA Zip Code 98004</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 State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼</p>	<p>Transaction ID: SB17.24930</p> <p>Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 20.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

60.00

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

FE5AN018

FEC Schedule B ( Form 3 ) (Revised 02/2003)

29020190078

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 79 / 131

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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

<p><b>A.</b> Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address PO Box 3977</p> <p>City Seattle State WA Zip Code 98124</p> <p>Purpose of Disbursement Credit Card Merchant 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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.24811</p> <p>Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 57.40</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address 900 West Trade Street</p> <p>City Charlotte State NC Zip Code 28255</p> <p>Purpose of Disbursement Credit Card Payment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.24366</p> <p>Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 2671.80</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address PO Box 3977</p> <p>City Seattle State WA Zip Code 98124</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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.24366.0</p> <p>Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 49.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>

SUBTOTAL of Disbursements This Page (optional) ▶

2729.20

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 80 / 131

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

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

NAME OF COMMITTEE (In Full)  
Wyden for Senate

A.

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

Mailing Address PO Box 3977

City State Zip Code  
Seattle WA 98124

Purpose of Disbursement

Bank Fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.24366.1  
Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

52.71

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

[MEMO ITEM]

B.

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

Mailing Address 1605 NE 7th Ave

City State Zip Code  
Portland OR 97232

Purpose of Disbursement

Shipping

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.24366.2  
Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

28.00

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
Office Depot #832

Mailing Address 323 SE MLK Blvd

City State Zip Code  
Portland OR 97214

Purpose of Disbursement

Office Equipment

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.24366.3  
Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

381.21

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 81 / 131

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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Portland Mac Store

Mailing Address 700 NE Multnomah St. #190

City Portland State OR Zip Code 97232

Purpose of Disbursement

Computer Equipment

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.24366.4

Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

237.95

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Verizon

Mailing Address PO Box 1915

City Beltsville State MD Zip Code 20705

Purpose of Disbursement

Internet Service

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.24366.5

Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

98.81

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Portland Mac Store

Mailing Address 700 NE Multnomah St. #190

City Portland State OR Zip Code 97232

Purpose of Disbursement

Computer Equipment

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.24366.6

Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

123.90

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 82 / 131

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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Bistro Bis</p> <p>Mailing Address 15 E Street NW</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Meeting Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.24366.7</p> <p>Date of Disbursement 01 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 85.13</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Dulles Int'l Airport</p> <p>Mailing Address 1 Aviation Circle</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Travel Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.24366.12</p> <p>Date of Disbursement 01 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 25.71</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Paradies Washington National</p> <p>Mailing Address Washington National Airport</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Travel Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.24366.14</p> <p>Date of Disbursement 01 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 25.82</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 83 / 131

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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

<b>A.</b> Full Name (Last, First, Middle Initial) Carroll Travel	Transaction ID: SB17.24366.17 Date of Disbursement
Mailing Address 201 Massachussetts Avenue NE	<div> <div>01</div> <div>30</div> <div>2009</div> </div>
City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
Purpose of Disbursement Airfare Candidate Name 002 Category/ Type	<div>718.31</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) FedEx	Transaction ID: SB17.24366.18 Date of Disbursement
Mailing Address 942 S Shady Grove Road	<div> <div>01</div> <div>30</div> <div>2009</div> </div>
City Memphis State TN Zip Code 38120	Amount of Each Disbursement this Period
Purpose of Disbursement Shipping Candidate Name 001 Category/ Type	<div>5.74</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) FedEx	Transaction ID: SB17.24366.20 Date of Disbursement
Mailing Address 942 S Shady Grove Road	<div> <div>01</div> <div>30</div> <div>2009</div> </div>
City Memphis State TN Zip Code 38120	Amount of Each Disbursement this Period
Purpose of Disbursement Shipping Candidate Name 001 Category/ Type	<div>32.72</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>[MEMO ITEM]</b>

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 84 / 131

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

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

NAME OF COMMITTEE (In Full)  
Wyden for Senate

A.

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

Mailing Address JFK International Airport

City State Zip Code  
Jamaica NY 11430

Purpose of Disbursement  
Travel Expenses  
Candidate Name

002  
Category/  
Type

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

Transaction ID: SB17.24366.21  
Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

25.88

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
Fred Meyer #0600

Mailing Address 3030 NE Weidler St

City State Zip Code  
Portland OR 97212

Purpose of Disbursement  
Office Supplies  
Candidate Name

001  
Category/  
Type

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

Transaction ID: SB17.24366.24  
Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

95.81

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

[MEMO ITEM]

C.

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

Mailing Address 9605 SW Nimbus Ave

City State Zip Code  
Beaverton OR 97008-7198

Purpose of Disbursement  
Internet Service  
Candidate Name

001  
Category/  
Type

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

Transaction ID: SB17.24366.25  
Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

55.95

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 85 / 131

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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

<p><b>A.</b> Full Name (Last, First, Middle Initial) Safeway</p>	<p>Transaction ID: SB17.24366.26 Date of Disbursement</p>
<p>Mailing Address 1624 Belle View Blvd</p>	<p><input type="checkbox"/> 01 / <input type="checkbox"/> 30 / <input type="checkbox"/> 2009</p>
<p>City Alexandria State VA Zip Code 22307</p>	<p>Amount of Each Disbursement this Period 336.41</p>
<p>Purpose of Disbursement Catering Candidate Name</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>001 Category/ Type</p>
<p>State: District:</p>	<p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) ATT*Worldnet Service</p>	<p>Transaction ID: SB17.24366.27 Date of Disbursement</p>
<p>Mailing Address 340 Mt. Kemble Ave</p>	<p><input type="checkbox"/> 01 / <input type="checkbox"/> 30 / <input type="checkbox"/> 2009</p>
<p>City Morristown State NJ Zip Code 07960</p>	<p>Amount of Each Disbursement this Period 21.95</p>
<p>Purpose of Disbursement Internet Service Candidate Name</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>001 Category/ Type</p>
<p>State: District:</p>	<p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) FedEx</p>	<p>Transaction ID: SB17.24366.28 Date of Disbursement</p>
<p>Mailing Address 942 S Shady Grove Road</p>	<p><input type="checkbox"/> 01 / <input type="checkbox"/> 30 / <input type="checkbox"/> 2009</p>
<p>City Memphis State TN Zip Code 38120</p>	<p>Amount of Each Disbursement this Period 26.45</p>
<p>Purpose of Disbursement Shipping Candidate Name</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>001 Category/ Type</p>
<p>State: District:</p>	<p><b>[MEMO ITEM]</b></p>

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

FE5AN018

FEC Schedule B ( Form 3 ) (Revised 02/2003)

29020190085

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 86 / 131

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

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

NAME OF COMMITTEE (In Full)  
Wyden for Senate

A.

Full Name (Last, First, Middle Initial)  
IMDb

Mailing Address P.O. Box 81226

City State Zip Code  
Seattle WA 98108

Purpose of Disbursement  
Internet Service  
Candidate Name

001  
Category/  
Type

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

State: District:

Transaction ID: SB17.24366.29  
Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

12.95

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
Office Depot #832

Mailing Address 323 SE MLK Blvd

City State Zip Code  
Portland OR 97214

Purpose of Disbursement  
Office Supplies  
Candidate Name

001  
Category/  
Type

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

State: District:

Transaction ID: SB17.24366.30  
Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

38.23

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
Safeway

Mailing Address 1100 NE Broadway

City State Zip Code  
Portland OR 97232

Purpose of Disbursement  
Meeting Expenses  
Candidate Name

001  
Category/  
Type

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

State: District:

Transaction ID: SB17.24366.31  
Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

300.00

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

29020190086

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 87 / 131

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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

<b>A.</b> Full Name (Last, First, Middle Initial) USPS Mailing Address 815 NW Hoyt City Portland State OR Zip Code 97208 Purpose of Disbursement Post Office Box Rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ State: District:		Transaction ID: SB17.24366.32 Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2009 Amount of Each Disbursement this Period 126.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Bank of America Mailing Address PO Box 3977 City Seattle State WA Zip Code 98124 Purpose of Disbursement Credit Card Merchant Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ State: District:		Transaction ID: SB17.24816 Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2009 Amount of Each Disbursement this Period 57.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Bank of America Mailing Address 900 West Trade Street City Charlotte State NC Zip Code 28255 Purpose of Disbursement Credit Card Merchant Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ State: District:		Transaction ID: SB17.24929 Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2009 Amount of Each Disbursement this Period 57.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ►

114.80

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 88 / 131

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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Bank Of America

Mailing Address PO Box 2930

City  
Phoenix

State  
AZ

Zip Code  
85062

Purpose of Disbursement  
Credit Card Payment

Candidate Name

001  
Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: SB17.24447

Date of Disbursement

03 / 03 / 2009

Amount of Each Disbursement this Period

4367.59

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

B.

Full Name (Last, First, Middle Initial)

Murata Restaurant

Mailing Address 200 SW Market Street  
#105

City  
Portland

State  
OR

Zip Code  
97201

Purpose of Disbursement  
Meeting Expenses

Candidate Name

001  
Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: SB17.24447.0

Date of Disbursement

03 / 03 / 2009

Amount of Each Disbursement this Period

48.00

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Postal Annex

Mailing Address 1631 NE Broadway Street

City  
Portland

State  
OR

Zip Code  
97232

Purpose of Disbursement  
Shipping

Candidate Name

001  
Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: SB17.24447.4

Date of Disbursement

03 / 03 / 2009

Amount of Each Disbursement this Period

123.00

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

4367.59

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



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 89 / 131

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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Verizon

Mailing Address PO Box 1915

City  
Beltsville

State  
MD

Zip Code  
20705

Purpose of Disbursement

Telephone Service

Candidate Name

001  
Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: SB17.24447.6

Date of Disbursement

03 / 03 / 2009

Amount of Each Disbursement this Period

94.66

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

AT&T Mobility

Mailing Address P.O. Box 68056

City

Anaheim Hills

State  
CA

Zip Code  
92817-8056

Purpose of Disbursement

Telephone Service

Candidate Name

001  
Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: SB17.24447.7

Date of Disbursement

03 / 03 / 2009

Amount of Each Disbursement this Period

146.34

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

US Senate Restaurants

Mailing Address S-120 Capitol

City

Washington

State  
DC

Zip Code  
20510

Purpose of Disbursement

Meeting Expenses

Candidate Name

001  
Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: SB17.24447.8

Date of Disbursement

03 / 03 / 2009

Amount of Each Disbursement this Period

57.50

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 90 / 131

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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

US Senate Restaurants

Mailing Address S-120 Capitol

City Washington State DC Zip Code 20510

Purpose of Disbursement

Meeting Expenses

Candidate Name

001  
Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

2010

☒ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Transaction ID: SB17.24447.9

Date of Disbursement

03 / 03 / 2009

Amount of Each Disbursement this Period

109.00

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Safeway Store

Mailing Address 490 L St., NW

City Washington State DC Zip Code 20001

Purpose of Disbursement

Meeting Expenses

Candidate Name

001  
Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

2010

☒ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Transaction ID: SB17.24447.11

Date of Disbursement

03 / 03 / 2009

Amount of Each Disbursement this Period

96.47

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Senate Catering

Mailing Address

City Washington State DC Zip Code

Purpose of Disbursement

Catering

Candidate Name

001  
Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

2010

☒ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Transaction ID: SB17.24447.13

Date of Disbursement

03 / 03 / 2009

Amount of Each Disbursement this Period

1610.00

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 91 / 131

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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Ebays Half Com

Mailing Address 2145 Hamilton Ave

City San Jose State CA Zip Code 95125

Purpose of Disbursement

Office Supplies

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.24447.14

Date of Disbursement

03 / 03 / 2009

Amount of Each Disbursement this Period

63.25

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Dulles Int'l Airport

Mailing Address 1 Aviation Circle

City Washington State DC Zip Code 20001

Purpose of Disbursement

Travel Expenses

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.24447.15

Date of Disbursement

03 / 03 / 2009

Amount of Each Disbursement this Period

25.81

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

US Senate Restaurants

Mailing Address S-120 Capitol

City Washington State DC Zip Code 20510

Purpose of Disbursement

Meeting Expenses

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.24447.18

Date of Disbursement

03 / 03 / 2009

Amount of Each Disbursement this Period

50.50

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 92 / 131

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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Frontier News & Tobacco

Mailing Address

City  
New York

State  
NY

Zip Code

Purpose of Disbursement

Travel Expenses

Candidate Name

002  
Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: SB17.24447.20

Date of Disbursement

03 / 03 / 2009

Amount of Each Disbursement this Period

31.35

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

AT&T

Mailing Address PO Box 549

City  
Beaverton

State  
OR

Zip Code  
97005

Purpose of Disbursement

Telephone Equipment

Candidate Name

001  
Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: SB17.24447.24

Date of Disbursement

03 / 03 / 2009

Amount of Each Disbursement this Period

628.97

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Comcast Cable Comm.

Mailing Address 9605 SW Nimbus Ave

City  
Beaverton

State  
OR

Zip Code  
97008-7198

Purpose of Disbursement

Internet Service

Candidate Name

001  
Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: SB17.24447.27

Date of Disbursement

03 / 03 / 2009

Amount of Each Disbursement this Period

57.95

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 93 / 131

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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

US Senate Restaurants

Mailing Address S-120 Capitol

City  
Washington

State  
DC

Zip Code  
20510

Purpose of Disbursement  
Meeting Expenses

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.24447.28

Date of Disbursement

03 / 03 / 2009

Amount of Each Disbursement this Period

53.00

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Amazon.com

Mailing Address PO Box 81226

City  
Seattle

State  
WA

Zip Code  
80217

Purpose of Disbursement  
Computer Equipment

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.24447.29

Date of Disbursement

03 / 03 / 2009

Amount of Each Disbursement this Period

81.82

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Amazon.com

Mailing Address PO Box 81226

City  
Seattle

State  
WA

Zip Code  
80217

Purpose of Disbursement  
Computer Equipment

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.24447.30

Date of Disbursement

03 / 03 / 2009

Amount of Each Disbursement this Period

81.82

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 94 / 131

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

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

NAME OF COMMITTEE (In Full)  
Wyden for Senate

<p><b>A.</b> Full Name (Last, First, Middle Initial) US Senate Restaurants</p> <p>Mailing Address S-120 Capitol</p> <p>City Washington State DC Zip Code 20510</p> <p>Purpose of Disbursement Meeting Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.24447.31</p> <p>Date of Disbursement 03 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 96.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) AT&amp;T Worldnet</p> <p>Mailing Address PO Box 15158</p> <p>City Asheville State NC Zip Code 28813</p> <p>Purpose of Disbursement Internet Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.24447.33</p> <p>Date of Disbursement 03 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 21.95</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) FedEx</p> <p>Mailing Address 942 S Shady Grove Road</p> <p>City Memphis State TN Zip Code 38120</p> <p>Purpose of Disbursement Shipping</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.24447.34</p> <p>Date of Disbursement 03 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 23.11</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 95 / 131

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

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

NAME OF COMMITTEE (In Full)  
Wyden for Senate

A.

Full Name (Last, First, Middle Initial)  
IMDb

Mailing Address P.O. Box 81226

City State Zip Code  
Seattle WA 98108

Purpose of Disbursement  
Internet Service  
Candidate Name

001  
Category/  
Type

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

State: District:

Transaction ID: SB17.24447.35  
Date of Disbursement

03 / 03 / 2009

Amount of Each Disbursement this Period

12.95

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
USPS

Mailing Address 815 NW Hoyt

City State Zip Code  
Portland OR 97208

Purpose of Disbursement  
Postage  
Candidate Name

001  
Category/  
Type

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

State: District:

Transaction ID: SB17.24447.36  
Date of Disbursement

03 / 03 / 2009

Amount of Each Disbursement this Period

19.60

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

[MEMO ITEM]

C.

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

Mailing Address PO Box 81226

City State Zip Code  
Seattle WA 80217

Purpose of Disbursement  
Office Equipment  
Candidate Name

001  
Category/  
Type

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

State: District:

Transaction ID: SB17.24447.37  
Date of Disbursement

03 / 03 / 2009

Amount of Each Disbursement this Period

166.30

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 96 / 131

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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Starbucks

Mailing Address PO Box 3717

City  
Seattle

State  
WA

Zip Code  
98124

Purpose of Disbursement

Meeting Expenses

Candidate Name

001  
Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: SB17.24447.38

Date of Disbursement

03 / 03 / 2009

Amount of Each Disbursement this Period

24.00

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

USPS

Mailing Address 815 NW Hoyt

City  
Portland

State  
OR

Zip Code  
97208

Purpose of Disbursement

Postage

Candidate Name

001  
Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: SB17.24447.40

Date of Disbursement

03 / 03 / 2009

Amount of Each Disbursement this Period

4.95

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 900 West Trade Street

City  
Charlotte

State  
NC

Zip Code  
28255

Purpose of Disbursement

Federal 1120 POL Taxes

Candidate Name

001  
Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: SB17.24788

Date of Disbursement

03 / 10 / 2009

Amount of Each Disbursement this Period

2808.45

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

SUBTOTAL of Disbursements This Page (optional)

2808.45

TOTAL This Period (last page this line number only)



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 97 / 131

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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Bank Of America

Mailing Address PO Box 2930

City

Phoenix

State

AZ

Zip Code

85062

Purpose of Disbursement

Credit Card Payment

Candidate Name

002

Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

2010

☒ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Transaction ID: SB17.24808

Date of Disbursement

03 / 31 / 2009

Amount of Each Disbursement this Period

6941.17

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

B.

Full Name (Last, First, Middle Initial)

Office Depot

Mailing Address 1901 L Street NW

City

Washington

State

DC

Zip Code

20036

Purpose of Disbursement

Office Supplies

Candidate Name

001

Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

2010

☒ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Transaction ID: SB17.24808.0

Date of Disbursement

03 / 31 / 2009

Amount of Each Disbursement this Period

84.19

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Fred Meyer

Mailing Address 3800 SE 22nd

City

Portland

State

OR

Zip Code

97202

Purpose of Disbursement

Office Supplies

Candidate Name

001

Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

2010

☒ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Transaction ID: SB17.24808.1

Date of Disbursement

03 / 31 / 2009

Amount of Each Disbursement this Period

19.05

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

[MEMO ITEM]

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

6941.17

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 98 / 131

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

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

NAME OF COMMITTEE (In Full)  
Wyden for Senate

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Starbucks</p> <p>Mailing Address PO Box 3717</p> <p>City Seattle State WA Zip Code 98124</p> <p>Purpose of Disbursement Meeting Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.24808.2</p> <p>Date of Disbursement 03 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 12.80</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Zupan's Market</p> <p>Mailing Address 7223 NE Hazel Dell Avenue</p> <p>City Vancouver State WA Zip Code 98665</p> <p>Purpose of Disbursement Meeting Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.24808.3</p> <p>Date of Disbursement 03 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 39.65</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Zupan's Market</p> <p>Mailing Address 7223 NE Hazel Dell Avenue</p> <p>City Vancouver State WA Zip Code 98665</p> <p>Purpose of Disbursement Meeting Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.24808.6</p> <p>Date of Disbursement 03 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 22.67</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 99 / 131

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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Alexis Restaurant

Mailing Address 215 W. Burnside St.

City  
Portland

State  
OR

Zip Code  
97209

Purpose of Disbursement

Catering

Candidate Name

003  
Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: SB17.24808.8

Date of Disbursement

03 / 31 / 2009

Amount of Each Disbursement this Period

982.30

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Comcast Cable Comm.

Mailing Address 9605 SW Nimbus Ave

City  
Beaverton

State  
OR

Zip Code  
97008-7198

Purpose of Disbursement

Internet Service

Candidate Name

001  
Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: SB17.24808.10

Date of Disbursement

03 / 31 / 2009

Amount of Each Disbursement this Period

57.95

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

FedEx

Mailing Address 942 S Shady Grove Road

City  
Memphis

State  
TN

Zip Code  
38120

Purpose of Disbursement

Shipping

Candidate Name

001  
Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: SB17.24808.15

Date of Disbursement

03 / 31 / 2009

Amount of Each Disbursement this Period

16.11

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 100 / 131

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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

<p><b>A.</b> Full Name (Last, First, Middle Initial) ATT*Worldnet Service</p> <p>Mailing Address 340 Mt. Kemble Ave</p> <p>City Morristown State NJ Zip Code 07960</p> <p>Purpose of Disbursement Internet Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.24808.16</p> <p>Date of Disbursement 03 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 21.95</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) IMDb</p> <p>Mailing Address P.O. Box 81226</p> <p>City Seattle State WA Zip Code 98108</p> <p>Purpose of Disbursement Internet Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.24808.17</p> <p>Date of Disbursement 03 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 12.95</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) USPS</p> <p>Mailing Address 815 NW Hoyt</p> <p>City Portland State OR Zip Code 97208</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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.24808.18</p> <p>Date of Disbursement 03 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 52.35</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 101 / 131

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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Office Depot #832

Mailing Address 323 SE MLK Blvd

City Portland State OR Zip Code 97214

Purpose of Disbursement

Office Supplies

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.24808.19

Date of Disbursement

03 / 31 / 2009

Amount of Each Disbursement this Period

43.98

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Fred Meyer

Mailing Address 3800 SE 22nd

City Portland State OR Zip Code 97202

Purpose of Disbursement

Office Supplies

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.24808.20

Date of Disbursement

03 / 31 / 2009

Amount of Each Disbursement this Period

73.01

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Elephants Catering

Mailing Address 1611 SE 7th Street

City Portland State OR Zip Code 97214

Purpose of Disbursement

Catering

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.24808.22

Date of Disbursement

03 / 31 / 2009

Amount of Each Disbursement this Period

434.25

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

29020190101

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 102 / 131

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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

<p><b>A.</b> Full Name (Last, First, Middle Initial) Market of Choice</p> <p>Mailing Address 8502 SW Terwilliger Blvd</p> <p>City Portland State OR Zip Code 97219</p> <p>Purpose of Disbursement Meeting Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.24808.25</p> <p>Date of Disbursement</p> <p>03 / 31 / 2009</p> <p>Amount of Each Disbursement this Period</p> <p>41.21</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Paradise Bakery</p> <p>Mailing Address 1310 SW 3rd Avenue</p> <p>City Portland State OR Zip Code 97201</p> <p>Purpose of Disbursement Meeting Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.24808.27</p> <p>Date of Disbursement</p> <p>03 / 31 / 2009</p> <p>Amount of Each Disbursement this Period</p> <p>22.70</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Paradise Bakery</p> <p>Mailing Address 1310 SW 3rd Avenue</p> <p>City Portland State OR Zip Code 97201</p> <p>Purpose of Disbursement Meeting Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.24808.28</p> <p>Date of Disbursement</p> <p>03 / 31 / 2009</p> <p>Amount of Each Disbursement this Period</p> <p>187.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 103 / 131

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

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

NAME OF COMMITTEE (In Full)  
Wyden for Senate

<b>A.</b> Full Name (Last, First, Middle Initial) Fred Meyer	Transaction ID: SB17.24808.29 Date of Disbursement
Mailing Address 3800 SE 22nd	<div> <div>M M / D D / Y Y Y Y</div> <div>03 / 31 / 2009</div> </div>
City Portland State OR Zip Code 97202	Amount of Each Disbursement this Period
Purpose of Disbursement Office Supplies	<div> <div>24.95</div> <div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53           </div> </div>
Candidate Name	<div> <div>001</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div>           Disbursement For: 2010  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </div>
<div> <div>[MEMO ITEM]</div> </div>	
<b>B.</b> Full Name (Last, First, Middle Initial) Starbucks	Transaction ID: SB17.24808.31 Date of Disbursement
Mailing Address PO Box 3717	<div> <div>M M / D D / Y Y Y Y</div> <div>03 / 31 / 2009</div> </div>
City Seattle State WA Zip Code 98124	Amount of Each Disbursement this Period
Purpose of Disbursement Meeting Expenses	<div> <div>153.50</div> <div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53           </div> </div>
Candidate Name	<div> <div>001</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div>           Disbursement For: 2010  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </div>
<div> <div>[MEMO ITEM]</div> </div>	
<b>C.</b> Full Name (Last, First, Middle Initial) Central Michel Richard	Transaction ID: SB17.24808.33 Date of Disbursement
Mailing Address 1001 Pennsylvania Ave	<div> <div>M M / D D / Y Y Y Y</div> <div>03 / 31 / 2009</div> </div>
City Washington State DC Zip Code 20004	Amount of Each Disbursement this Period
Purpose of Disbursement Food and Beverage	<div> <div>300.00</div> <div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53           </div> </div>
Candidate Name	<div> <div>002</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div>           Disbursement For: 2010  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </div>
<div> <div>[MEMO ITEM]</div> </div>	

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 104 / 131

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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) AT&amp;T Mobility</p> <p>Mailing Address P.O. Box 68056</p> <p>City Anaheim Hills State CA Zip Code 92817-8056</p> <p>Purpose of Disbursement Telephone Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.24808.34</p> <p>Date of Disbursement</p> <p>03 / 31 / 2009</p> <p>Amount of Each Disbursement this Period</p> <p>220.23</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Verizon</p> <p>Mailing Address PO Box 1915</p> <p>City Beltsville State MD Zip Code 20705</p> <p>Purpose of Disbursement Internet Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.24808.35</p> <p>Date of Disbursement</p> <p>03 / 31 / 2009</p> <p>Amount of Each Disbursement this Period</p> <p>154.10</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) US Senate Restaurants</p> <p>Mailing Address S-120 Capitol</p> <p>City Washington State DC Zip Code 20510</p> <p>Purpose of Disbursement Meeting Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.24808.36</p> <p>Date of Disbursement</p> <p>03 / 31 / 2009</p> <p>Amount of Each Disbursement this Period</p> <p>81.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>

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

0.00

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



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 105 / 131

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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) US Senate Restaurants</p> <p>Mailing Address S-120 Capitol</p> <p>City Washington State DC Zip Code 20510</p> <p>Purpose of Disbursement Meeting Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.24808.37</p> <p>Date of Disbursement 03 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 70.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Safeway Store</p> <p>Mailing Address 490 L St., NW</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Meeting Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.24808.38</p> <p>Date of Disbursement 03 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 12.67</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Bistro Bis</p> <p>Mailing Address 15 E Street NW</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Meeting Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.24808.39</p> <p>Date of Disbursement 03 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 128.40</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) ▶</p>	
<p><b>TOTAL</b> This Period (last page this line number only) ▶</p>	

FE5AN018

FEC Schedule B ( Form 3 ) (Revised 02/2003)

29020190105

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 106 / 131

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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

<p><b>A.</b> Full Name (Last, First, Middle Initial) US Senate Restaurants</p> <p>Mailing Address S-120 Capitol</p> <p>City Washington State DC Zip Code 20510</p> <p>Purpose of Disbursement Meeting Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.24808.40</p> <p>Date of Disbursement MM / DD / YYYY 03 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 80.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) 23 Hoyt</p> <p>Mailing Address 529 NW 23rd Ave</p> <p>City Portland State OR Zip Code 97210</p> <p>Purpose of Disbursement Meeting Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.24808.43</p> <p>Date of Disbursement MM / DD / YYYY 03 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 213.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Ringside</p> <p>Mailing Address 2165 West Burnside</p> <p>City Portland State OR Zip Code 97210</p> <p>Purpose of Disbursement Meeting Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.24808.46</p> <p>Date of Disbursement MM / DD / YYYY 03 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 160.65</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ➤</p>	
<p><b>TOTAL</b> 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)

PAGE 107 / 131

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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Heathman Restaurant</p> <p>Mailing Address 1001 SW Broadway</p> <p>City Portland State OR Zip Code 97205</p> <p>Purpose of Disbursement Meeting Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.24808.47</p> <p>Date of Disbursement 03 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 51.95</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Carroll Travel</p> <p>Mailing Address 201 Massachussetts Avenue NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Travel Agent 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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.24808.50</p> <p>Date of Disbursement 03 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 35.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) United Air</p> <p>Mailing Address PO Box 66100</p> <p>City Chicago State IL Zip Code 60666</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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.24808.51</p> <p>Date of Disbursement 03 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 222.60</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 108 / 131

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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

<b>A.</b> Full Name (Last, First, Middle Initial) Zupan's Market	Transaction ID: SB17.24808.52 Date of Disbursement
Mailing Address 7223 NE Hazel Dell Avenue	<input type="text" value="03"/> <input type="text" value="31"/> <input type="text" value="2009"/>
City Vancouver State WA Zip Code 98665 Purpose of Disbursement Food and Beverage Candidate Name	Amount of Each Disbursement this Period <input type="text" value="10.41"/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ State: District:	002 Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Heathman Restaurant	Transaction ID: SB17.24808.56 Date of Disbursement
Mailing Address 1001 SW Broadway	<input type="text" value="03"/> <input type="text" value="31"/> <input type="text" value="2009"/>
City Portland State OR Zip Code 97205 Purpose of Disbursement Meeting Expenses Candidate Name	Amount of Each Disbursement this Period <input type="text" value="50.15"/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ State: District:	003 Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) Hudson News 300 OR	Transaction ID: SB17.24808.59 Date of Disbursement
Mailing Address 7000 NE Airport Way	<input type="text" value="03"/> <input type="text" value="31"/> <input type="text" value="2009"/>
City Portland State OR Zip Code 97218 Purpose of Disbursement Travel Expenses Candidate Name	Amount of Each Disbursement this Period <input type="text" value="26.60"/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ State: District:	002 Category/ Type

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

0.00

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

FE5AN018

FEC Schedule B ( Form 3 ) (Revised 02/2003)

29020190108

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 109 / 131

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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

<b>A.</b> Full Name (Last, First, Middle Initial) Music Express	Transaction ID: SB17.24808.63 Date of Disbursement 03 / 31 / 2009
Mailing Address 405 Beach Road	
City Burlingame State CA Zip Code 94010	Amount of Each Disbursement this Period 138.50
Purpose of Disbursement Taxi Service	002 Category/ Type
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ State: District:	<b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Woomi Kyoto Sushi	Transaction ID: SB17.24808.66 Date of Disbursement 03 / 31 / 2009
Mailing Address 201 Massachusetts Ave	
City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period 104.68
Purpose of Disbursement Meeting Expenses	001 Category/ Type
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ State: District:	<b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) US Senate Gift Shop	Transaction ID: SB17.24808.67 Date of Disbursement 03 / 31 / 2009
Mailing Address	
City Washington State DC Zip Code	Amount of Each Disbursement this Period 31.00
Purpose of Disbursement Office Supplies	001 Category/ Type
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ State: District:	<b>[MEMO ITEM]</b>

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 110 / 131

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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

<b>A.</b> Full Name (Last, First, Middle Initial) Carroll Travel	Transaction ID: SB17.24808.68 Date of Disbursement
Mailing Address 201 Massachussetts Avenue NE	<div> <div>M M / D D / Y Y Y Y</div> <div>03 / 31 / 2009</div> </div>
<div> <div>City Washington State DC Zip Code 20002</div> <div>Purpose of Disbursement Travel Agent Fee</div> <div>Candidate Name</div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div> <div>002 Category/ Type</div>	Amount of Each Disbursement this Period <div>35.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) US Senate Restaurants	Transaction ID: SB17.24808.69 Date of Disbursement
Mailing Address S-120 Capitol	<div> <div>M M / D D / Y Y Y Y</div> <div>03 / 31 / 2009</div> </div>
<div> <div>City Washington State DC Zip Code 20510</div> <div>Purpose of Disbursement Meeting Expenses</div> <div>Candidate Name</div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div> <div>001 Category/ Type</div>	Amount of Each Disbursement this Period <div>50.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Alaska Air	Transaction ID: SB17.24808.71 Date of Disbursement
Mailing Address PO Box 68900	<div> <div>M M / D D / Y Y Y Y</div> <div>03 / 31 / 2009</div> </div>
<div> <div>City Seattle State WA Zip Code 98168</div> <div>Purpose of Disbursement Airfare</div> <div>Candidate Name</div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div> <div>002 Category/ Type</div>	Amount of Each Disbursement this Period <div>159.60</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 111 / 131

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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Frontier News &amp; Tobacco</p> <p>Mailing Address</p> <p>City New York State NY Zip Code</p> <p>Purpose of Disbursement Travel Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.24808.72</p> <p>Date of Disbursement 03 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 18.18</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) United Air</p> <p>Mailing Address PO Box 66100</p> <p>City Chicago State IL Zip Code 60666</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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.24808.74</p> <p>Date of Disbursement 03 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 789.80</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) United Air</p> <p>Mailing Address PO Box 66100</p> <p>City Chicago State IL Zip Code 60666</p> <p>Purpose of Disbursement Luggage 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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.24808.75</p> <p>Date of Disbursement 03 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 25.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 112 / 131

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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Blue State Digital</p>	<p>Transaction ID: SB17.24374 Date of Disbursement</p>
<p>Mailing Address 734 15th Street NW Suite 1000</p>	<p><input type="text" value="02"/> <input type="text" value="10"/> <input type="text" value="2009"/></p>
<p>City Washington State DC Zip Code 20005</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Website Hosting</p>	<p><input type="text" value="1550.00"/></p>
<p>Candidate Name</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>001 Category/ Type</p>
<p>State: District:</p>	
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Blue State Digital</p>	<p>Transaction ID: SB17.24407 Date of Disbursement</p>
<p>Mailing Address 734 15th Street NW Suite 1000</p>	<p><input type="text" value="02"/> <input type="text" value="24"/> <input type="text" value="2009"/></p>
<p>City Washington State DC Zip Code 20005</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Website Hosting</p>	<p><input type="text" value="1550.00"/></p>
<p>Candidate Name</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>001 Category/ Type</p>
<p>State: District:</p>	
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Blue State Digital</p>	<p>Transaction ID: SB17.24802 Date of Disbursement</p>
<p>Mailing Address 734 15th Street NW Suite 1000</p>	<p><input type="text" value="03"/> <input type="text" value="17"/> <input type="text" value="2009"/></p>
<p>City Washington State DC Zip Code 20005</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Website Hosting</p>	<p><input type="text" value="1550.00"/></p>
<p>Candidate Name</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>001 Category/ Type</p>
<p>State: District:</p>	

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

4650.00

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



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 113 / 131

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

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

NAME OF COMMITTEE (In Full)  
Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Comcast Cable Comm.

Mailing Address 9605 SW Nimbus Ave

City Beaverton State OR Zip Code 97008-7198

Purpose of Disbursement

Internet Service

Candidate Name

001  
Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

2010

☒ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Transaction ID: SB17.24373

Date of Disbursement

02 / 06 / 2009

Amount of Each Disbursement this Period

61.23

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

B.

Full Name (Last, First, Middle Initial)

Comcast Cable Comm.

Mailing Address 9605 SW Nimbus Ave

City Beaverton State OR Zip Code 97008-7198

Purpose of Disbursement

Internet Service

Candidate Name

001  
Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

2010

☒ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Transaction ID: SB17.24376

Date of Disbursement

02 / 11 / 2009

Amount of Each Disbursement this Period

59.95

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

C.

Full Name (Last, First, Middle Initial)

Comcast Cable Comm.

Mailing Address 9605 SW Nimbus Ave

City Beaverton State OR Zip Code 97008-7198

Purpose of Disbursement

Internet Service

Candidate Name

001  
Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

2010

☒ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Transaction ID: SB17.24797

Date of Disbursement

03 / 09 / 2009

Amount of Each Disbursement this Period

57.95

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

SUBTOTAL of Disbursements This Page (optional)

179.13

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 114 / 131

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

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

NAME OF COMMITTEE (In Full)  
Wyden for Senate

A.

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

Mailing Address 232 NE 9th Ave.  
Suite 105

City Portland State OR Zip Code 97232

Purpose of Disbursement  
Rent

Candidate Name

001  
Category/  
Type

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

State: District:

Transaction ID: SB17.24349  
Date of Disbursement

01 / 02 / 2009

Amount of Each Disbursement this Period

413.00

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

B.

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

Mailing Address 232 NE 9th Ave.  
Suite 105

City Portland State OR Zip Code 97232

Purpose of Disbursement  
Telephone Service

Candidate Name

001  
Category/  
Type

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

State: District:

Transaction ID: SB17.24360  
Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

7.00

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

C.

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

Mailing Address 232 NE 9th Ave.  
Suite 105

City Portland State OR Zip Code 97232

Purpose of Disbursement  
Rent

Candidate Name

001  
Category/  
Type

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

State: District:

Transaction ID: SB17.24372  
Date of Disbursement

02 / 06 / 2009

Amount of Each Disbursement this Period

413.00

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

SUBTOTAL of Disbursements This Page (optional)

833.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 115 / 131

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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

## **A. DEMOCRATIC PARTY OF OREGON**

Full Name (Last, First, Middle Initial)

DEMOCRATIC PARTY OF OREGON

Mailing Address 232 NE 9th Ave.  
Suite 105

City Portland State OR Zip Code 97232

Purpose of Disbursement

Rent

Candidate Name

001  
Category/  
Type

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

State: District:

Transaction ID: SB17.24446

Date of Disbursement

02 / 27 / 2009

Amount of Each Disbursement this Period

413.00

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

## **B. DSCC**

Full Name (Last, First, Middle Initial)

DSCC

Mailing Address 122 Maryland NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

Rent and Telephone Service

Candidate Name

001  
Category/  
Type

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

State: District:

Transaction ID: SB17.24806

Date of Disbursement

03 / 20 / 2009

Amount of Each Disbursement this Period

956.40

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

## **C. Grove Insight**

Full Name (Last, First, Middle Initial)

Grove Insight

Mailing Address 3835 NE Hancock  
Suite #102

City Portland State OR Zip Code 97212

Purpose of Disbursement

Polling Expenses

Candidate Name

005  
Category/  
Type

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

State: District:

Transaction ID: SB17.24803

Date of Disbursement

03 / 17 / 2009

Amount of Each Disbursement this Period

1500.00

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

SUBTOTAL of Disbursements This Page (optional)

2869.40

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 116 / 131

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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

<p><b>A.</b> Full Name (Last, First, Middle Initial) Joshua Kardon</p> <p>Mailing Address 2911 NE Hancock Street</p> <p>City Portland State OR Zip Code 97212</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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: _____ District: _____</p>	<p>Transaction ID: SB17.24377</p> <p>Date of Disbursement MM / DD / YYYY 01 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 803.79</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Joshua Kardon</p> <p>Mailing Address 2911 NE Hancock Street</p> <p>City Portland State OR Zip Code 97212</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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: _____ District: _____</p>	<p>Transaction ID: SB17.24382</p> <p>Date of Disbursement MM / DD / YYYY 01 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 803.79</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Joshua Kardon</p> <p>Mailing Address 2911 NE Hancock Street</p> <p>City Portland State OR Zip Code 97212</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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: _____ District: _____</p>	<p>Transaction ID: SB17.24395</p> <p>Date of Disbursement MM / DD / YYYY 02 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 803.79</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) \_\_\_\_\_ ▶

2411.37

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 117 / 131

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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Joshua Kardon

Transaction ID: SB17.24440

Date of Disbursement

02 / 27 / 2009

Mailing Address 2911 NE Hancock Street

City State Zip Code  
Portland OR 97212

Amount of Each Disbursement this Period

803.79

Purpose of Disbursement

Salary

Candidate Name

001  
Category/  
Type

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

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)

Joshua Kardon

Transaction ID: SB17.24917

Date of Disbursement

03 / 13 / 2009

Mailing Address 2911 NE Hancock Street

City State Zip Code  
Portland OR 97212

Amount of Each Disbursement this Period

833.27

Purpose of Disbursement

Salary

Candidate Name

001  
Category/  
Type

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

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)

Joshua Kardon

Transaction ID: SB17.24922

Date of Disbursement

03 / 31 / 2009

Mailing Address 2911 NE Hancock Street

City State Zip Code  
Portland OR 97212

Amount of Each Disbursement this Period

833.27

Purpose of Disbursement

Salary

Candidate Name

001  
Category/  
Type

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

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

2470.33

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 118 / 131

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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Melissa Kardon

Transaction ID: SB17.24378

Date of Disbursement

01 / 19 / 2009

Mailing Address 2911 NE Hancock

City Portland State OR Zip Code 97212

Amount of Each Disbursement this Period

998.79

Purpose of Disbursement  
Accounting Services

001  
Category/  
Type

Candidate Name

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

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

State: District:

B.

Full Name (Last, First, Middle Initial)

Melissa Kardon

Transaction ID: SB17.24383

Date of Disbursement

01 / 30 / 2009

Mailing Address 2911 NE Hancock

City Portland State OR Zip Code 97212

Amount of Each Disbursement this Period

998.79

Purpose of Disbursement  
Accounting Services

001  
Category/  
Type

Candidate Name

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

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

State: District:

C.

Full Name (Last, First, Middle Initial)

Melissa Kardon

Transaction ID: SB17.24396

Date of Disbursement

02 / 13 / 2009

Mailing Address 2911 NE Hancock

City Portland State OR Zip Code 97212

Amount of Each Disbursement this Period

998.79

Purpose of Disbursement  
Accounting Services

001  
Category/  
Type

Candidate Name

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

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

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

2996.37

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 119 / 131

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

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Melissa Kardon</p> <p>Mailing Address 2911 NE Hancock</p> <p>City Portland State OR Zip Code 97212</p> <p>Purpose of Disbursement Accounting Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.24441</p> <p>Date of Disbursement 02 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 998.79</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Melissa Kardon</p> <p>Mailing Address 2911 NE Hancock</p> <p>City Portland State OR Zip Code 97212</p> <p>Purpose of Disbursement Accounting Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.24918</p> <p>Date of Disbursement 03 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 998.79</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Melissa Kardon</p> <p>Mailing Address 2911 NE Hancock</p> <p>City Portland State OR Zip Code 97212</p> <p>Purpose of Disbursement Accounting Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.24923</p> <p>Date of Disbursement 03 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 998.79</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) .....

2996.37

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 120 / 131

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Wyden for Senate

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Mandate Media</p>	<p>Transaction ID: SB17.24359 Date of Disbursement</p>
<p>Mailing Address 937 NE Webster</p>	<p><input type="checkbox"/> 01 <input type="checkbox"/> 16 <input type="checkbox"/> 2009</p>
<p>City Portland State OR Zip Code 97211</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Website Maintenance</p>	<p>4000.00</p>
<p>Candidate Name</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼</p>	<p>001 Category/ Type</p>
<p>State: District:</p>	
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Mandate Media</p>	<p>Transaction ID: SB17.24408 Date of Disbursement</p>
<p>Mailing Address 937 NE Webster</p>	<p><input type="checkbox"/> 02 <input type="checkbox"/> 24 <input type="checkbox"/> 2009</p>
<p>City Portland State OR Zip Code 97211</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Website Maintenance</p>	<p>4000.00</p>
<p>Candidate Name</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼</p>	<p>001 Category/ Type</p>
<p>State: District:</p>	
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Mandate Media</p>	<p>Transaction ID: SB17.24801 Date of Disbursement</p>
<p>Mailing Address 937 NE Webster</p>	<p><input type="checkbox"/> 03 <input type="checkbox"/> 17 <input type="checkbox"/> 2009</p>
<p>City Portland State OR Zip Code 97211</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Website Maintenance</p>	<p>4500.00</p>
<p>Candidate Name</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼</p>	<p>001 Category/ Type</p>
<p>State: District:</p>	

SUBTOTAL of Disbursements This Page (optional)

12500.00

TOTAL This Period (last page this line number only)

FE5AN018

FEC Schedule B ( Form 3 ) (Revised 02/2003)

29020190120



**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 121 / 131

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Wyden for Senate

<b>A.</b> Full Name (Last, First, Middle Initial) NGP Software	Transaction ID: SB17.24796 Date of Disbursement
Mailing Address 1225 Eye Street NW Suite 1225	<div> <div>M M / D D / Y Y Y Y</div> <div>03 / 13 / 2009</div> </div>
City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
Purpose of Disbursement Database Maintenance	<div>2250.00</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	001 Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Perkins Coie	Transaction ID: SB17.24404 Date of Disbursement
Mailing Address 1201 Third Avenue 40th Floor	<div> <div>M M / D D / Y Y Y Y</div> <div>02 / 20 / 2009</div> </div>
City Seattle State WA Zip Code 98101	Amount of Each Disbursement this Period
Purpose of Disbursement Legal Fees	<div>697.57</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	001 Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) Sprint	Transaction ID: SB17.24353 Date of Disbursement
Mailing Address PO Box 152406	<div> <div>M M / D D / Y Y Y Y</div> <div>01 / 02 / 2009</div> </div>
City Irvine State TX Zip Code 75015	Amount of Each Disbursement this Period
Purpose of Disbursement Telephone Service	<div>25.40</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	001 Category/ Type

SUBTOTAL of Disbursements This Page (optional) .....

2972.97

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 122 / 131

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Wyden for Senate

<p><b>A.</b> Full Name (Last, First, Middle Initial) Sprint</p>	<p>Transaction ID: SB17.24365 Date of Disbursement</p>
<p>Mailing Address PO Box 152406</p>	<p><input type="checkbox"/> 01 / <input type="checkbox"/> 29 / <input type="checkbox"/> 2009</p>
<p>City Irvine State TX Zip Code 75015</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Telephone Service</p>	<p>24.98</p>
<p>Candidate Name</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>001 Category/Type</p>
<p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	
<p>State: District:</p>	
<p><b>B.</b> Full Name (Last, First, Middle Initial) Sprint</p>	<p>Transaction ID: SB17.24405 Date of Disbursement</p>
<p>Mailing Address PO Box 152406</p>	<p><input type="checkbox"/> 02 / <input type="checkbox"/> 20 / <input type="checkbox"/> 2009</p>
<p>City Irvine State TX Zip Code 75015</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Telephone Service</p>	<p>25.13</p>
<p>Candidate Name</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>001 Category/Type</p>
<p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	
<p>State: District:</p>	
<p><b>C.</b> Full Name (Last, First, Middle Initial) Sprint</p>	<p>Transaction ID: SB17.24807 Date of Disbursement</p>
<p>Mailing Address PO Box 152406</p>	<p><input type="checkbox"/> 03 / <input type="checkbox"/> 20 / <input type="checkbox"/> 2009</p>
<p>City Irvine State TX Zip Code 75015</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Telephone Service</p>	<p>25.13</p>
<p>Candidate Name</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>001 Category/Type</p>
<p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	
<p>State: District:</p>	

SUBTOTAL of Disbursements This Page (optional)

75.24

TOTAL This Period (last page this line number only)

FE5AN018

FEC Schedule B ( Form 3 ) (Revised 02/2003)

29020190122

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 123 / 131

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Wyden for Senate

<b>A.</b> Full Name (Last, First, Middle Initial) The Portland Observer	Transaction ID: SB17.24364 Date of Disbursement
Mailing Address 4747 NE MLK Jr. Blvd	<div> <div>M M / D D / Y Y Y Y</div> <div>01 / 29 / 2009</div> </div>
City Portland State OR Zip Code 97211	Amount of Each Disbursement this Period
Purpose of Disbursement Advertising Candidate Name	<div> <div>500.00</div> <div><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	004 Category/ Type
State: District:	
<b>B.</b> Full Name (Last, First, Middle Initial) The Skanner	Transaction ID: SB17.24371 Date of Disbursement
Mailing Address PO Box 5455	<div> <div>M M / D D / Y Y Y Y</div> <div>02 / 04 / 2009</div> </div>
City Portland State OR Zip Code 97228	Amount of Each Disbursement this Period
Purpose of Disbursement Advertisement Candidate Name	<div> <div>550.00</div> <div><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	002 Category/ Type
State: District:	
<b>C.</b> Full Name (Last, First, Middle Initial) Jocelyn Tyree	Transaction ID: SB17.24379 Date of Disbursement
Mailing Address 8935 SW Bellflower Street	<div> <div>M M / D D / Y Y Y Y</div> <div>01 / 19 / 2009</div> </div>
City Tigard State OR Zip Code 97224	Amount of Each Disbursement this Period
Purpose of Disbursement Salary Candidate Name	<div> <div>614.45</div> <div><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	001 Category/ Type
State: District:	

SUBTOTAL of Disbursements This Page (optional) .....

1664.45

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 124 / 131

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
Wyden for Senate

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Jocelyn Tyree</p> <p>Mailing Address 8935 SW Bellflower Street</p> <p>City Tigard State OR Zip Code 97224</p> <p>Purpose of Disbursement Reimbursement for 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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.24368</p> <p>Date of Disbursement 01 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 43.15</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Jocelyn Tyree</p> <p>Mailing Address 8935 SW Bellflower Street</p> <p>City Tigard State OR Zip Code 97224</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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.24384</p> <p>Date of Disbursement 01 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 614.45</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Jocelyn Tyree</p> <p>Mailing Address 8935 SW Bellflower Street</p> <p>City Tigard State OR Zip Code 97224</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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.24397</p> <p>Date of Disbursement 02 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 614.45</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶</p> <p><b>TOTAL</b> This Period (last page this line number only) ..... ▶</p>	

1272.05

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 125 / 131

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Wyden for Senate

<p><b>A.</b> Full Name (Last, First, Middle Initial) Jocelyn Tyree</p>	<p>Transaction ID: SB17.24442 Date of Disbursement</p>
<p>Mailing Address 8935 SW Bellflower Street</p>	<p><input type="text" value="02"/> <input type="text" value="27"/> <input type="text" value="2009"/></p>
<p>City Tigard State OR Zip Code 97224</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Salary</p>	<p><input type="text" value="614.44"/></p>
<p>Candidate Name</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>001 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Jocelyn Tyree</p>	<p>Transaction ID: SB17.24919 Date of Disbursement</p>
<p>Mailing Address 8935 SW Bellflower Street</p>	<p><input type="text" value="03"/> <input type="text" value="13"/> <input type="text" value="2009"/></p>
<p>City Tigard State OR Zip Code 97224</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Salary</p>	<p><input type="text" value="644.43"/></p>
<p>Candidate Name</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>001 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Jocelyn Tyree</p>	<p>Transaction ID: SB17.24924 Date of Disbursement</p>
<p>Mailing Address 8935 SW Bellflower Street</p>	<p><input type="text" value="03"/> <input type="text" value="31"/> <input type="text" value="2009"/></p>
<p>City Tigard State OR Zip Code 97224</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Salary</p>	<p><input type="text" value="644.43"/></p>
<p>Candidate Name</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>001 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional)

1903.30

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 126 / 131

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Wyden for Senate

A.	Full Name (Last, First, Middle Initial) UPS	Transaction ID: SB17.24375 Date of Disbursement
	Mailing Address PO Box 650580	<div> <div>M M / D D / Y Y Y Y</div> <div>02 / 10 / 2009</div> </div>
	City Dallas State TX Zip Code 75265	Amount of Each Disbursement this Period
	<div> <div>Purpose of Disbursement Shipping</div> <div>Candidate Name</div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<div> <div>29.78</div> <div><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</div> </div>
B.	Full Name (Last, First, Middle Initial) UPS	Transaction ID: SB17.24795 Date of Disbursement
	Mailing Address PO Box 650580	<div> <div>M M / D D / Y Y Y Y</div> <div>03 / 13 / 2009</div> </div>
	City Dallas State TX Zip Code 75265	Amount of Each Disbursement this Period
	<div> <div>Purpose of Disbursement Shipping</div> <div>Candidate Name</div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<div> <div>30.91</div> <div><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</div> </div>
C.	Full Name (Last, First, Middle Initial) USPS	Transaction ID: SB17.24369 Date of Disbursement
	Mailing Address 815 NW Hoyt	<div> <div>M M / D D / Y Y Y Y</div> <div>02 / 04 / 2009</div> </div>
	City Portland State OR Zip Code 97208	Amount of Each Disbursement this Period
	<div> <div>Purpose of Disbursement Post Office Box Fee</div> <div>Candidate Name</div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<div> <div>106.00</div> <div><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</div> </div>

SUBTOTAL of Disbursements This Page (optional)

166.69

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 127 / 131

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Wyden for Senate

<p><b>A.</b> Full Name (Last, First, Middle Initial) Verizon</p>	<p>Transaction ID: SB17.24350 Date of Disbursement</p>
<p>Mailing Address PO Box 1915</p>	<p><input type="text" value="01"/> <input type="text" value="02"/> <input type="text" value="2009"/></p>
<p>City Beltsville State MD Zip Code 20705</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Telephone Service</p>	<p><input type="text" value="52.99"/></p>
<p>Candidate Name</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ State: District:</p>	<p>001 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Verizon</p>	<p>Transaction ID: SB17.24352 Date of Disbursement</p>
<p>Mailing Address PO Box 1915</p>	<p><input type="text" value="01"/> <input type="text" value="02"/> <input type="text" value="2009"/></p>
<p>City Beltsville State MD Zip Code 20705</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Telephone Service</p>	<p><input type="text" value="115.33"/></p>
<p>Candidate Name</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ State: District:</p>	<p>001 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Verizon</p>	<p>Transaction ID: SB17.24356 Date of Disbursement</p>
<p>Mailing Address PO Box 1915</p>	<p><input type="text" value="01"/> <input type="text" value="16"/> <input type="text" value="2009"/></p>
<p>City Beltsville State MD Zip Code 20705</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Telephone Service</p>	<p><input type="text" value="196.61"/></p>
<p>Candidate Name</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ State: District:</p>	<p>001 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

364.93

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 128 / 131

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
20a 20b 20c 21

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Wyden for Senate

<p><b>A.</b> Full Name (Last, First, Middle Initial) Verizon</p>	<p>Transaction ID: SB17.24362 Date of Disbursement</p>
<p>Mailing Address PO Box 1915</p>	<p><input type="text" value="01"/> <input type="text" value="01"/> / <input type="text" value="02"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="09"/></p>
<p>City Beltsville State MD Zip Code 20705</p> <p>Purpose of Disbursement Telephone Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="115.19"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Verizon</p>	<p>Transaction ID: SB17.24367 Date of Disbursement</p>
<p>Mailing Address PO Box 1915</p>	<p><input type="text" value="01"/> <input type="text" value="01"/> / <input type="text" value="03"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="09"/></p>
<p>City Beltsville State MD Zip Code 20705</p> <p>Purpose of Disbursement Internet Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="52.99"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Verizon</p>	<p>Transaction ID: SB17.24400 Date of Disbursement</p>
<p>Mailing Address PO Box 1915</p>	<p><input type="text" value="02"/> <input type="text" value="01"/> / <input type="text" value="03"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="09"/></p>
<p>City Beltsville State MD Zip Code 20705</p> <p>Purpose of Disbursement Telephone Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="196.61"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) .....

364.79

TOTAL This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 129 / 131

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Wyden for Senate

<b>A.</b> Full Name (Last, First, Middle Initial) Verizon Mailing Address PO Box 1915 City Beltsville State MD Zip Code 20705 Purpose of Disbursement Telephone Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: SB17.24445 Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2009 Amount of Each Disbursement this Period 115.19 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Verizon Mailing Address PO Box 1915 City Beltsville State MD Zip Code 20705 Purpose of Disbursement Telephone Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: SB17.24790 Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2009 Amount of Each Disbursement this Period 196.61 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Verizon Mailing Address PO Box 1915 City Beltsville State MD Zip Code 20705 Purpose of Disbursement Internet Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: SB17.24791 Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2009 Amount of Each Disbursement this Period 52.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

364.79

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 130 / 131

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Witham & Dickey Inc.

Transaction ID: SB17.24358

Date of Disbursement

MM / DD / YYYY  
01 / 16 / 2009

Mailing Address PO Box 4625

City  
Portland

State  
OR

Zip Code  
97208

Amount of Each Disbursement this Period

2689.39

Purpose of Disbursement  
Printing and Mailing

Candidate Name

001  
Category/  
Type

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional) .....

2689.39

TOTAL This Period (last page this line number only) .....

86581.05

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 131 / 131

☐ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☒ 20c ☐ 21

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Wyden for Senate

A. Full Name (Last, First, Middle Initial)  
Massachusetts Mutual Life PAC

Mailing Address 1295 State Street

City Springfield State MA Zip Code 01111

Purpose of Disbursement

Contribution Refund

Candidate Name

010  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB20C.24805

Date of Disbursement

03 / 20 / 2009

Amount of Each Disbursement this Period

4000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

TOTAL This Period (last page this line number only) ▶

4000.00

FE5AN018

FEC Schedule B ( Form 3 ) (Revised 02/2003)

29020190131

**INSPECTION** Urgent

Post Office  
**United States Senate**  
Post Office

**FOR INSPECTION**

Post Office  
**United States Senate**  
Post Office

Call 1-800-PICK-UPS® (1-800-742-5877) or visit UPS.com®

Apply shipping documents on

Do not use this envelope for:

- For UPS Next Day Air services, there is no weight limit for envelopes containing correspondence, urgent documents, and electronic media. When a UPS Next Day Air service is selected, UPS Express Envelopes containing items other than those listed above rates for the applicable
- For UPS Worldwide Exp be used only for docum is no limit on the weight
- Do not use UPS 2nd Day over 13 ounces in this UPS Express Envelopes to the corresponding ra
- Do not send cash or ca

**UPS**  
UPS Next Day Air  
UPS Worldwide  
Shipping

**U.S. SENATE**  
TRACKING NUMBER  
09-055482

SHIPMENT FROM  
UPS ACCOUNT NO. F 7 2 8 5 V  
REFERENCE NUMBER

*Isabel Tyree* TELEPHONE 503-230-7115  
WYDEN FOR SENATE

232 NE 9TH AV

PORTLAND

OR 97232 2967

DELIVERY TO

*Pam Gavin* TELEPHONE 202-224-0322

Senate Office of Public Aff  
332 Hart Senate Office Building  
Washington, DC 20510

0101911202609 1/06 MW

United Parcel Service, Louisville, KY

**ATURDAY DELIVERY**

WEIGHT DIMENSIONAL WEIGHT  
LTR  
EXPRESS (INTL)  
DOCUMENTS ONLY  
LARGE AIR PACKAGE

UPS Ground  
1 day  
1 day Expedited

1Z F72 85V 22 1000 254 7  
1Z F72 85V 22 1000 254 7

**UPS Next Day Air®**

1Z F72 85V 22 1000 254 7

1Z F72 85V 22 1000 254 7  
1Z F72 85V 22 1000 254 7

SHIPMENT ID NUMBER F728 5V79 XQF

TRACKING NUMBER

DATE OF SHIPMENT 4/15/06

WASHINGTON DC 20510  
S:ORANGE  
225-1069  
1Z F7285V2210002547  
1Z F7285V2210002547  
P:2  
I:2

NANCY ERICKSON  
SECRETARY

PAMELA B. GAVIN  
SUPERINTENDENT

# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

HART SENATE OFFICE BUILDING  
SUITE 232  
WASHINGTON, DC 20510-7116  
PHONE: (202) 224-0322

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 \_\_\_\_\_

UPS \_\_\_\_\_

DHL \_\_\_\_\_

AIRBORNE EXPRESS \_\_\_\_\_

04.15.09

☐  
☒  
☐  
☐

RECEIVED FROM FEDERAL ELECTION COMMISSION \_\_\_\_\_

Date of Receipt

POSTMARK ILLEGIBLE ☐

NO POSTMARK ☐

FAX \_\_\_\_\_

Date of Receipt

OTHER \_\_\_\_\_

Date of Receipt or Postmark

PREPARER

RD

DATE PREPARED

04.20.09

29020190133

29020190134

