



**SUMMARY PAGE**

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

CORNILLES FOR CONGRESS

Report Covering the Period:

From:

To:

	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)).....	250749.17	857374.15
(b) Total Contribution Refunds (from Line 20(d)).....	6500.00	9425.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	244249.17	847949.15
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	164979.04	512698.17
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	164979.04	512698.17
8. Cash on Hand at Close of Reporting Period (from Line 27).....	335696.43	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name  
CORNILLES FOR CONGRESS

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

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).....	195793.92	720552.31
(ii) Unitemized.....	29331.23	90197.82
(iii) TOTAL of contributions from individuals..... ▶	225125.15	810750.13
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACS).....	25624.02	46624.02
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	250749.17	857374.15
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	445.45
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	250749.17	857819.60

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	164979.04	512698.17
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	6500.00	9425.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	6500.00	9425.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	<b>171479.04</b>	<b>522123.17</b>

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	256426.30
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	250749.17
25. SUBTOTAL (add Line 23 and Line 24).....	507175.47
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	171479.04
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	335696.43

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

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

FOR LINE NUMBER: PAGE 5 / 167  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
A&W EQUIPMENT CO.  
Mailing Address 6712 N CUTTER CIR

City State Zip Code  
PORTLAND OR 97217

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 30 2010

Transaction ID: SA11AI.8341

Amount of Each Receipt this Period  
2400.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
SANDRA ANDERSON  
Mailing Address 6712 N CUTTER CIR

City State Zip Code  
PORTLAND OR 97217

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

Name of Employer SELF Occupation BUSINESS OWNER

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 30 2010

Transaction ID: SA11AI.8341.0

Amount of Each Receipt this Period  
2400.00

CONTRIBUTION

[MEMO ITEM]

**C.** Full Name (Last, First, Middle Initial)  
ALLEN H ALLEY  
Mailing Address 1003 TERRACE DR

City State Zip Code  
LAKE OSWEGO OR 97034

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

Name of Employer SELF Occupation INVESTOR

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 10 2010

Transaction ID: SA11AI.7788

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**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: <span style="float: right;">PAGE 6 / 167</span>
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**CORNILLES FOR CONGRESS**

<b>A.</b>	Full Name (Last, First, Middle Initial) STEPHEN M. ANDERSEN	Date of Receipt MM / DD / YYYY 07 / 08 / 2010
	Mailing Address 6712 NORTH CUTTER CIRCLE	<b>Transaction ID:</b> SA11AI.7434
	City State Zip Code PORTLAND OR 97217	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
	Name of Employer Occupation ANDERSEN CONSTRUTION CONTRACTOR	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 350.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) STEPHEN M. ANDERSEN	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 6712 NORTH CUTTER CIRCLE	<b>Transaction ID:</b> SA11AI.8460
	City State Zip Code PORTLAND OR 97217	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
	Name of Employer Occupation ANDERSEN CONSTRUTION CONTRACTOR	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 600.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) BARBARA ANDREWS	Date of Receipt MM / DD / YYYY 09 / 03 / 2010
	Mailing Address 58250 HEBO RD	<b>Transaction ID:</b> SA11AI.8532
	City State Zip Code GRAND RONDE OR 97347	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
	Name of Employer Occupation N/A RETIRED	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>800.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 7 / 167  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
**CORNILLES FOR CONGRESS**

<p><b>A.</b> Full Name (Last, First, Middle Initial) PENELOPE B. ARCHER</p> <p>Mailing Address 15672 SW PEACHTREE DRIVE</p> <p>City State Zip Code TIGARD OR 97244</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer INFORMATION REQUESTED      Occupation INFORMATION REQUESTED</p> <p>Receipt For: 2010  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">09 / 27 / 2010</span></p> <p><b>Transaction ID:</b> SA11AI.8152</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">100.00</span></p> <p><b>CONTRIBUTION</b></p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) LES ASIS</p> <p>Mailing Address 24501 SW VALLEY VIEW RD</p> <p>City State Zip Code WEST LINN OR 97068</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer INFORMATION REQUESTED      Occupation INFORMATION REQUESTED</p> <p>Receipt For: 2010  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">09 / 03 / 2010</span></p> <p><b>Transaction ID:</b> SA11AI.8518</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p> <p><b>CONTRIBUTION</b></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) VICTOR G ATIYEH</p> <p>Mailing Address 7690 SW FAIRMOOR ST</p> <p>City State Zip Code PORTLAND OR 97225</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer N/A      Occupation RETIRED</p> <p>Receipt For: 2010  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">750.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">09 / 22 / 2010</span></p> <p><b>Transaction ID:</b> SA11AI.8546</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">-250.00</span></p> <p><b>RETURNED FUNDS</b></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">100.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

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

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

FOR LINE NUMBER: PAGE 8 / 167  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
VICTOR G ATIYEH

Mailing Address 7690 SW FAIRMOOR ST

City State Zip Code  
PORTLAND OR 97225

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2010

Transaction ID: SA11AI.8464

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

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

Mailing Address PO BOX 2775

City State Zip Code  
TUALATIN OR 97062

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

Name of Employer Self Occupation Property Manager

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4800.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 08 / 2010

Transaction ID: SA11AI.7775

Amount of Each Receipt this Period  
2400.00

CONTRIBUTION

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

Mailing Address P.O.BOX 209

City State Zip Code  
NEWBERG OR 97132

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

Name of Employer A-DEC Occupation EXECUTIVE

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3800.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 08 / 2010

Transaction ID: SA11AI.7443

Amount of Each Receipt this Period  
1200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3850.00**

**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 / 167  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
JOAN D. AUSTIN  
Mailing Address P.O.BOX 209  
City NEWBERG State OR Zip Code 97132  
FEC ID number of contributing federal political committee. **C**  
Name of Employer A-DEC Occupation EXECUTIVE  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 6000.00  
Date of Receipt 07 / 08 / 2010  
Transaction ID: SA11AI.7444  
Amount of Each Receipt this Period 1200.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
STEPHEN E. BABSON  
Mailing Address 12045 SW BREYMAN AVE  
City PORTLAND State OR Zip Code 97219  
FEC ID number of contributing federal political committee. **C**  
Name of Employer ENDEAVOUR CAPITAL Occupation PRINCIPAL  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 6200.00  
Date of Receipt 08 / 25 / 2010  
Transaction ID: SA11AI.7695  
Amount of Each Receipt this Period 1800.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
GARY T BAKER  
Mailing Address 2015 SE COLUMBIA RIVER RD  
UNIT 320  
City VANCOUVER State WA Zip Code 98661  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BAKER ROCK RESOURCES Occupation CEO  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00  
Date of Receipt 08 / 02 / 2010  
Transaction ID: SA11AI.7548  
Amount of Each Receipt this Period 1000.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4000.00  
**TOTAL** This Period (last page this line number only) ..... ►

B. Form/Schedule : **SA11AI**

REATTRIBUTION/REFUND TO BE DISCLOSED

Transaction ID : **SA11AI.7695**

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

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

FOR LINE NUMBER: PAGE 11 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
TODD A BAKER

Mailing Address 7300 SW 154TH TERR

City State Zip Code  
BEAVERTON OR 97007

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

Name of Employer  
BAKER ROCK RESOURCES

Occupation  
PRESIDENT

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 29 / 2010

Transaction ID: SA11AI.7532

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
RODERICK C BIRKLAND

Mailing Address 1211 SW MYRTLE DR

City State Zip Code  
PORTLAND OR 97201

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

Name of Employer  
SELF

Occupation  
DAIRY OWNER

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 12 / 2010

Transaction ID: SA11AI.7614

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
BROUGHTON H BISHOP

Mailing Address PO BOX 3030

City State Zip Code  
PORTLAND OR 97208

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

Name of Employer  
PENDLETON WOOLEN MILLS

Occupation  
TEXTILES

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4800.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 30 / 2010

Transaction ID: SA11AI.8351

Amount of Each Receipt this Period

4800.00

CONTRIBUTION

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

6800.00

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

C. Form/Schedule : **SA11AI**

REATTRIBUTION/REFUND TO BE DISCLOSED

Transaction ID : **SA11AI.8351**

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 167  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
CAROL M BISHOP

Mailing Address 126 SW PARKSIDE LANE

City State Zip Code  
PORTLAND OR 97205

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 07 / 19 / 2010  
**Transaction ID: SA11AI.7489**  
 Amount of Each Receipt this Period: 250.00  
**CONTRIBUTION**

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

Mailing Address 6825 SW RALEIGHWOOD LN

City State Zip Code  
PORTLAND OR 97225

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 09 / 23 / 2010  
**Transaction ID: SA11AI.8026**  
 Amount of Each Receipt this Period: 225.00  
**CONTRIBUTION**

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

Mailing Address 7173 SW BARBARA LN

City State Zip Code  
TIGARD OR 97223

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 08 / 02 / 2010  
**Transaction ID: SA11AI.7543**  
 Amount of Each Receipt this Period: 100.00  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **575.00**

**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 / 167  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
RONALD D BJUR

Mailing Address 11210 NE RED HILLS RD

City State Zip Code  
NEWBERG OR 97115

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 09 / 30 / 2010  
Transaction ID: SA11AI.8403  
Amount of Each Receipt this Period: 100.00  
CONTRIBUTION

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

Mailing Address 165 N LOTUS BEACH DR

City State Zip Code  
PORTLAND OR 97217

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

Name of Employer UBS Occupation INVESTOR

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 09 / 30 / 2010  
Transaction ID: SA11AI.8438  
Amount of Each Receipt this Period: 2000.00  
CONTRIBUTION

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

Mailing Address 1001 HILTON AVE

City State Zip Code  
BELLINGHAM WA 98225

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

Name of Employer SELF EMPLOYED Occupation SEAFOOD PROCESSING

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 09 / 27 / 2010  
Transaction ID: SA11AI.8230  
Amount of Each Receipt this Period: 1000.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3100.00**

**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 15 / 167  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

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

Mailing Address 14375 NW SCIENCE PARK DR

City State Zip Code  
PORTLAND OR 97229

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

Name of Employer Occupation  
COLUMBIA SPORTSWEAR CHAIRMAN OF THE BOARD

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 16 / 2010

Transaction ID: SA11AI.7470

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

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

Mailing Address 2645 NW BEUHLA VISTA TERRACE

City State Zip Code  
PORTLAND OR 97210

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

Name of Employer Occupation  
R&H CONSTRUCTION CONSTRUCTION EXECUTIVE

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 17 / 2010

Transaction ID: SA11AI.7628

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

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

Mailing Address 729 NW CULPEPPER TER

City State Zip Code  
PORTLAND OR 97210

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

Name of Employer Occupation  
SELF BUSINESS OWNER

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 12 / 2010

Transaction ID: SA11AI.7599

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**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 / 167  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

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

Mailing Address 10101 SE MAIN  
STE 1006

City State Zip Code  
PORTLAND OR 97216

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 27 / 2010

Transaction ID: SA11AI.8154

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

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

Mailing Address 8603 SE LIESER POINT DR

City State Zip Code  
VANCOUVER WA 98664

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

Name of Employer SELF Occupation INVESTOR

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2010

Transaction ID: SA11AI.8397

Amount of Each Receipt this Period  
2400.00

CONTRIBUTION

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

Mailing Address 1212 SW FAIRFAX PL

City State Zip Code  
PORTLAND OR 97225

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

Name of Employer SELF Occupation INVESTOR

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2010

Transaction ID: SA11AI.8346

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**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 17 / 167  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
RUSS BROWN JR  
Mailing Address 1255 SW CHANDLER ROAD  
City State Zip Code  
LAKE OSWEGO OR 97034  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation RETIRED  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 2400.00  
Date of Receipt: 09 / 29 / 2010  
Transaction ID: SA11AI.8324  
Amount of Each Receipt this Period: 2400.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
BUSINESS CONSULTING GROUP LLC  
Mailing Address PO BOX 2686  
City State Zip Code  
TUALATIN OR 97062  
FEC ID number of contributing federal political committee. **C**  
Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 500.00  
Date of Receipt: 08 / 19 / 2010  
Transaction ID: SA11AI.7648  
Amount of Each Receipt this Period: 500.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
RONALD W STEBBINS  
Mailing Address PO BOX 2686  
City State Zip Code  
TUALATIN OR 97062  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF Occupation INSURANCE  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 500.00  
Date of Receipt: 08 / 19 / 2010  
Transaction ID: SA11AI.7648.0  
Amount of Each Receipt this Period: 500.00  
CONTRIBUTION  
[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2900.00  
**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 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
ROBERT C BUXMAN

Mailing Address 12690 NW LORRAINE DR

City State Zip Code  
PORTLAND OR 97229

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

Name of Employer Occupation  
SELF ASSOCIATION MANAGER

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
09 30 2010

Transaction ID: SA11AI.8355

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
RICK CAMPBELL

Mailing Address 3610 NE PEERLESS PL

City State Zip Code  
PORTLAND OR 97232

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

Name of Employer Occupation  
SELF MUSICIAN

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
09 28 2010

Transaction ID: SA11AI.8239

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
ALEXANDRE CAREW

Mailing Address 100 HILTON AVE

City State Zip Code  
GARDEN CITY NY 11530

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

Name of Employer Occupation  
N/A RETIRED

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2400.00

Date of Receipt

M M / D D / Y Y Y Y  
09 28 2010

Transaction ID: SA11AI.8264

Amount of Each Receipt this Period

2400.00

CONTRIBUTION

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

3100.00

**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 / 167
	(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

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) DAVID C. CARKNER		Date of Receipt
	Mailing Address 9250 SW SAGERT ST		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2010
	City	State	Zip Code
	TUALATIN	OR	97062
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.8470
Name of Employer SELF		Occupation OPTOMETRIST	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 100.00
			CONTRIBUTION

<b>B.</b>	Full Name (Last, First, Middle Initial) KENNETH CARR		Date of Receipt
	Mailing Address PO BOX 8638		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 26 / 2010
	City	State	Zip Code
	PORTLAND	OR	97207
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.8502
Name of Employer CARR CONSTRUCTION INC		Occupation PRESIDENT/ OWNER	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 4800.00
			CONTRIBUTION

<b>C.</b>	Full Name (Last, First, Middle Initial) CAROLYN S CHAMBERS		Date of Receipt
	Mailing Address PO BOX 640		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 16 / 2010
	City	State	Zip Code
	PLEASANT HILL	OR	97455
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.7478
Name of Employer CHAMBERS COMMUNICATIONS		Occupation CHAIRMAN/CEO	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 500.00
			CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 5400.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 167  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
CAROLYN S CHAMBERS

Mailing Address PO BOX 640

City PLEASANT HILL State OR Zip Code 97455

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

Name of Employer CHAMBERS COMMUNICATIONS Occupation CHAIRMAN/GEO

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt: 09 / 28 / 2010  
**Transaction ID:** SA11AI.8235  
 Amount of Each Receipt this Period: 250.00  
 CONTRIBUTION

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

Mailing Address 800 FOOTHILLS DRIVE

City NEWBERG State OR Zip Code 97132

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

Name of Employer N/A Occupation Retired

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt: 08 / 19 / 2010  
**Transaction ID:** SA11AI.7651  
 Amount of Each Receipt this Period: 100.00  
 CONTRIBUTION

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

Mailing Address PO BOX 91547

City PORTLAND State OR Zip Code 97291

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt: 09 / 20 / 2010  
**Transaction ID:** SA11AI.7928  
 Amount of Each Receipt this Period: 400.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **750.00**

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

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

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

FOR LINE NUMBER: PAGE 21 / 167  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

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

Mailing Address 233 SE SECOND AVE

City Hillsboro State OR Zip Code 97123

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 09 / 27 / 2010  
**Transaction ID:** SA11AI.8202  
 Amount of Each Receipt this Period 1000.00  
 CONTRIBUTION

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

Mailing Address 17237 SW STELLAR DR

City Sherwood State OR Zip Code 97140

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

Name of Employer N/A Occupation HOMEMAKER

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 09 / 27 / 2010  
**Transaction ID:** SA11AI.8173  
 Amount of Each Receipt this Period 500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
COLUMBIA REAL ESTATE SERVICES, LLC

Mailing Address 4214 SW 51ST PL

City Portland State OR Zip Code 97221

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 09 / 07 / 2010  
**Transaction ID:** SA11AI.7755  
 Amount of Each Receipt this Period 500.00  
 CONTRIBUTION

**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 22 / 167  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

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

Mailing Address 4214 SW 51ST PL

City PORTLAND State OR Zip Code 97221

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

Name of Employer SELF Occupation REAL ESTATE INVESTOR

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt: 09 / 07 / 2010  
**Transaction ID:** SA11AI.7755.0  
 Amount of Each Receipt this Period: 250.00  
 CONTRIBUTION  
**[MEMO ITEM]**

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

Mailing Address 4214 SW 51ST PL

City PORTLAND State OR Zip Code 97221

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

Name of Employer SELF Occupation REAL ESTATE INVESTOR

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt: 09 / 07 / 2010  
**Transaction ID:** SA11AI.7755.1  
 Amount of Each Receipt this Period: 250.00  
 CONTRIBUTION  
**[MEMO ITEM]**

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

Mailing Address 820 NE 19TH STREET

City MCMINNVILLE State OR Zip Code 97128

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

Name of Employer North River Ranch LLC Occupation Sole Proprietor

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 650.00

Date of Receipt: 09 / 23 / 2010  
**Transaction ID:** SA11AI.8110  
 Amount of Each Receipt this Period: 250.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► 250.00

**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 / 167  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

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

Mailing Address 5612 NW LANDING DRIVE

City State Zip Code  
PORTLAND OR 97229

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

Name of Employer N/A Occupation HOMEMAKER

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 540.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 03 / 2010

**Transaction ID:** SA11AI.8539

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

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

Mailing Address 11680 SW ASHWOOD CT

City State Zip Code  
TIGARD OR 97223

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

Name of Employer Mike cook Properties Occupation Realtor

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 04 / 2010

**Transaction ID:** SA11AI.7555

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

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

Mailing Address 4715 NW KIWANDA DRIVE

City State Zip Code  
PORTLAND OR 97229

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

Name of Employer INTEL CORP. Occupation HR STAFFING MANAGER

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1200.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 10 / 2010

**Transaction ID:** SA11AI.7785

Amount of Each Receipt this Period  
200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **550.00**

**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 / 167  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

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

Mailing Address 1904 NORTH 300 EAST

City State Zip Code  
CENTERVILLE UT 84014

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

Name of Employer: GATEWAY AESTHETIC INSTITUTE AND LASER   Occupation: ADMINISTRATION

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 650.00

Date of Receipt: 09 / 13 / 2010  
**Transaction ID:** SA11AI.7827  
 Amount of Each Receipt this Period: 150.00  
 CONTRIBUTION

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

Mailing Address 651 NW 92ND PLACE

City State Zip Code  
PORTLAND OR 97229

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

Name of Employer: DOVE LEWIS EMERGENCY ANIMAL HO   Occupation: DONOR RELATIONS

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 950.00

Date of Receipt: 09 / 20 / 2010  
**Transaction ID:** SA11AI.7947  
 Amount of Each Receipt this Period: 100.00  
 CONTRIBUTION

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

Mailing Address 609 NW 11TH AVE

City State Zip Code  
PORTLAND OR 97209

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

Name of Employer: UMPQUA HOLDINGS GROUP   Occupation: BANKER

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt: 08 / 18 / 2010  
**Transaction ID:** SA11AI.7635  
 Amount of Each Receipt this Period: 500.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 167  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

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

Mailing Address 14055 SW HIGH TOR DRIVE

City State Zip Code  
TIGARD OR 97224

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 09 / 30 / 2010  
**Transaction ID:** SA11AI.8443  
 Amount of Each Receipt this Period: 300.00  
 CONTRIBUTION

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

Mailing Address 12900 SW SCOUT DR

City State Zip Code  
BEAVERTON OR 97008

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 09 / 28 / 2010  
**Transaction ID:** SA11AI.8254  
 Amount of Each Receipt this Period: 1000.00  
 CONTRIBUTION

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

Mailing Address 2820 SW LABBE AVE

City State Zip Code  
PORTLAND OR 97221

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 09 / 15 / 2010  
**Transaction ID:** SA11AI.7837  
 Amount of Each Receipt this Period: 1000.00  
 CONTRIBUTION

**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 26 / 167  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

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

Mailing Address 22512 SW CHILKAT TER

City TUALATIN State OR Zip Code 97062

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

Name of Employer N/A Occupation HOMEMAKER

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

Date of Receipt: 07 / 08 / 2010  
**Transaction ID:** SA11AI.7437  
 Amount of Each Receipt this Period: 500.00  
 CONTRIBUTION

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

Mailing Address 4300 NE FREMONT STE 260

City PORTLAND State OR Zip Code 97213

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

Name of Employer NW EMPLOYEE BENEFITS Occupation PRESIDENT

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt: 09 / 03 / 2010  
**Transaction ID:** SA11AI.8531  
 Amount of Each Receipt this Period: 500.00  
 CONTRIBUTION

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

Mailing Address 5570 SW MENEFEE DR

City PORTLAND State OR Zip Code 97239

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

Name of Employer N/A Occupation HOMEMAKER

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt: 09 / 28 / 2010  
**Transaction ID:** SA11AI.8241  
 Amount of Each Receipt this Period: 2400.00  
 CONTRIBUTION

**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 27 / 167  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
JOHN G DUYN

Mailing Address 7274 SW ASCOT CT

City State Zip Code  
PORTLAND OR 97225

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

Name of Employer Occupation  
NFAMRS.COM PACKING

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 25 / 2010

Transaction ID: SA11AI.7688

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

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

Mailing Address 1336 IRVING AVENUE

City State Zip Code  
ASTORIA OR 97103

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

Name of Employer Occupation  
ENGLUND MARINE MARINE SUPPLIER

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2010

Transaction ID: SA11AI.8485

Amount of Each Receipt this Period  
831.00

CONTRIBUTION

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

Mailing Address 8148 NW THOMPSON ROAD

City State Zip Code  
PORTLAND OR 97229

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

Name of Employer Occupation  
SELF CONSULTANT

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 10 / 2010

Transaction ID: SA11AI.7591

Amount of Each Receipt this Period  
2400.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3731.00**

**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 / 167  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
LES R FAHEY

Mailing Address 8148 NW THOMPSON ROAD

City State Zip Code  
PORTLAND OR 97229

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

Name of Employer Occupation  
SELF CONSULTANT

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 13 / 2010

Transaction ID: SA11AI.7822

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

3400.00

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

Mailing Address 1300 SW FOREST MEADOW WAY

City State Zip Code  
LAKE OSWEGO OR 97034

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

Name of Employer Occupation  
COLUMBIA HELICOPTERS PRESIDENT

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 26 / 2010

Transaction ID: SA11AI.7699

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

500.00

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

Mailing Address 3715 OLD PFAFFTOWN ROAD

City State Zip Code  
WINSTON-SALEM NC 27106

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

Name of Employer Occupation  
INTERNATIONAL REPUBLICAN INSTITUTE RESIDENT PROGRAM OFFICER

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 20 / 2010

Transaction ID: SA11AI.7978

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**

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

A. Form/Schedule : **SA11AI**

REATTRIBUTION/REFUND TO BE DISCLOSED

Transaction ID : **SA11AI.7822**

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

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

FOR LINE NUMBER: PAGE 30 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
BRAD G FIGEL

Mailing Address 3114 51ST PL NW

City State Zip Code  
WASHINGTON DC 20016

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

Name of Employer Occupation  
Nike Director

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 699.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 15 / 2010

Transaction ID: SA11AI.7831

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
JAMES A. FITZHENRY

Mailing Address 7015 SW FOXFIELD CT

City State Zip Code  
PORTLAND OR 97225

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

Name of Employer Occupation  
SCHMIDT INDUSTRIES PRESIDENT

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 03 / 2010

Transaction ID: SA11AI.7744

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
CORNELIA P FLYNN

Mailing Address 1361 COUNTRY COMMONS

City State Zip Code  
LAKE OSWEGO OR 97034

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

Name of Employer Occupation  
N/A RETIRED

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 28 / 2010

Transaction ID: SA11AI.8256

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

1750.00

**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 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
JAMES A FLYNN

Mailing Address 1016 SW MYRTLE DR.

City State Zip Code  
PORTLAND OR 97201

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

Name of Employer Occupation  
NEW & NEVILLE REAL ESTATE REAL ESTATE BROKER

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
09 20 2010

Transaction ID: SA11AI.7990

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
PHILIP G. FOGG

Mailing Address 4560 SE INTERNATIONAL WAY  
SUITE100

City State Zip Code  
MILWAUKIE OR 97222

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

Name of Employer Occupation  
SELF BUSINESS OWNER

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 7200.00

Date of Receipt

M M / D D / Y Y Y Y  
09 30 2010

Transaction ID: SA11AI.8389

Amount of Each Receipt this Period

2400.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
LARRY N FRAGER

Mailing Address 720 SW WASHINGTON ST  
STE 310

City State Zip Code  
PORTLAND OR 97205

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

Name of Employer Occupation  
LATEET INVESTMENT MANAGEM- PORTFOLIO MANAGER  
ENT

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 30 2010

Transaction ID: SA11AI.8411

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

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

3900.00

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

B. Form/Schedule : **SA11AI**

REATTRIBUTION/REFUND TO BE DISCLOSED

Transaction ID : **SA11AI.8389**

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 167  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

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

Mailing Address 11760 SW RIVERWOOD RD

City State Zip Code  
PORTLAND OR 97219

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 09 / 08 / 2010  
**Transaction ID:** SA11AI.7769  
 Amount of Each Receipt this Period: 250.00  
**CONTRIBUTION**

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

Mailing Address 1148 NORTH SHORE ROAD

City State Zip Code  
LAKE OSWEGO OR 97034

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 09 / 20 / 2010  
**Transaction ID:** SA11AI.7973  
 Amount of Each Receipt this Period: 500.00  
**CONTRIBUTION**

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

Mailing Address 22911 S BLAND CIRCLE

City State Zip Code  
WEST LINN OR 97068

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

Name of Employer N/A Occupation HOUSEWIFE

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 09 / 28 / 2010  
**Transaction ID:** SA11AI.8311  
 Amount of Each Receipt this Period: 500.00  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

**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 / 167  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

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

Mailing Address 141 14TH ST.

City LYONS State OR Zip Code 97358

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

Name of Employer FRERES LUMBER CO., INC. Occupation OWNER

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt: 09 / 23 / 2010  
**Transaction ID:** SA11AI.8122  
 Amount of Each Receipt this Period: 250.00  
 CONTRIBUTION

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

Mailing Address P.O. BOX 276

City LYONS State OR Zip Code 97358

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

Name of Employer SELF Occupation BUSINESS OWNER

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt: 08 / 25 / 2010  
**Transaction ID:** SA11AI.7678  
 Amount of Each Receipt this Period: 500.00  
 CONTRIBUTION

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

Mailing Address P.O. BOX 276

City LYONS State OR Zip Code 97358

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

Name of Employer SELF Occupation BUSINESS OWNER

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 09 / 30 / 2010  
**Transaction ID:** SA11AI.8377  
 Amount of Each Receipt this Period: 250.00  
 CONTRIBUTION

**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 35 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
PATRICIA GATES

Mailing Address 2531 NW JONATHON PLACE

City State Zip Code  
PORTLAND OR 97229

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

Name of Employer Occupation  
N/A HOMEMAKER

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 05 / 2010

Transaction ID: SA11AI.7429

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
LINDA S GELSINGER

Mailing Address 20050 SW NANCY LN

City State Zip Code  
BEAVERTON OR 97007

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

Name of Employer Occupation  
EMC CORP COO

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 4800.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 18 / 2010

Transaction ID: SA11AI.7632

Amount of Each Receipt this Period

4800.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
FRANK C. GILL

Mailing Address 01740 SW MILITARY ROAD

City State Zip Code  
PORTLAND OR 97219

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

Name of Employer Occupation  
N/A RETIRED

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 5200.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 13 / 2010

Transaction ID: SA11AI.7821

Amount of Each Receipt this Period

1800.00

CONTRIBUTION

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

6850.00

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

B. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.7632**

REATTRIBUTION/REFUND TO BE DISCLOSED

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.7821**

REATTRIBUTION/REFUND TO BE DISCLOSED

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

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

FOR LINE NUMBER: PAGE 37 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
PATRICIA G GIRARD

Mailing Address 9951 SW STONECREEK DR

City State Zip Code  
BEAVERTON OR 97007

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

Name of Employer Occupation  
N/A HOMEMAKER

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1200.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 18 / 2010

Transaction ID: SA11AI.7644

Amount of Each Receipt this Period

1200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
WILLIAM C GIRARD, JR

Mailing Address 9951 SW STONECREEK DR

City State Zip Code  
BEAVERTON OR 97007

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

Name of Employer Occupation  
PLAID PANTRIES, INC. RETAIL MANAGEMENT

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 4400.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 24 / 2010

Transaction ID: SA11AI.7523

Amount of Each Receipt this Period

1400.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
CHRISTOPHER GOETZ

Mailing Address 11385 SW PINTAIL LOOP

City State Zip Code  
BEAVERTON OR 97007

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

Name of Employer Occupation  
CANYON FINANCIAL GROUP PARTNER

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 03 / 2010

Transaction ID: SA11AI.8516

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

2850.00

**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 / 167  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

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

Mailing Address 20215 SE FERNRIDGE DR.

City State Zip Code  
CAMAS WA 98607

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

Name of Employer Occupation  
PACIFIC COMM LLC CONSULTANT

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 12 / 2010

Transaction ID: SA11AI.7619

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

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

Mailing Address 20215 SE FERNRIDGE DR.

City State Zip Code  
CAMAS WA 98607

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

Name of Employer Occupation  
PACIFIC COMM LLC CONSULTANT

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 18 / 2010

Transaction ID: SA11AI.7633

Amount of Each Receipt this Period  
1400.00

CONTRIBUTION

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

Mailing Address 611 SW BROADWAY

City State Zip Code  
PORTLAND OR 97205

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

Name of Employer Occupation  
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2010

Transaction ID: SA11AI.8353

Amount of Each Receipt this Period  
300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2700.00**

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

B. Form/Schedule : **SA11AI**

REATTRIBUTION/REFUND TO BE DISCLOSED

Transaction ID : **SA11AI.7633**

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

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

FOR LINE NUMBER: PAGE 40 / 167  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

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

Mailing Address 611 SW BROADWAY

City State Zip Code  
PORTLAND OR 97205

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

Name of Employer Occupation  
SELF OPTOMETRIST

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2010

Transaction ID: SA11AI.8353.0

Amount of Each Receipt this Period  
300.00

CONTRIBUTION

[MEMO ITEM]

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

Mailing Address 920 SW 6TH AVE  
STE 223

City State Zip Code  
PORTLAND OR 97204

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

Name of Employer Occupation  
CITY CENTER PARKING OWNER

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 06 / 2010

Transaction ID: SA11AI.7574

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

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

Mailing Address 11641 SW MILITARY ROAD

City State Zip Code  
PORTLAND OR 97219

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

Name of Employer Occupation  
CITY CENTER PARKING OWNER

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 04 / 2010

Transaction ID: SA11AI.7559

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**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 41 / 167  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

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

Mailing Address PO BOX 2170

City Hillsboro State OR Zip Code 97123

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

Name of Employer GRAMARK COMPANY Occupation OWNER

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4800.00

Date of Receipt 09 / 23 / 2010  
Transaction ID: SA11AI.8116  
Amount of Each Receipt this Period 4800.00  
CONTRIBUTION

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

Mailing Address 8285 SW 184TH AVE

City Aloha State OR Zip Code 97007

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

Name of Employer INTEL Occupation COMPUTERS

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt 09 / 28 / 2010  
Transaction ID: SA11AI.8304  
Amount of Each Receipt this Period 250.00  
CONTRIBUTION

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

Mailing Address 7823 KINGFISHER WAY

City Portland State OR Zip Code 97224

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

Name of Employer SELF Occupation CONTRACTOR

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 07 / 08 / 2010  
Transaction ID: SA11AI.7432  
Amount of Each Receipt this Period 500.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5550.00

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

A. Form/Schedule : **SA11AI**

REATTRIBUTION/REFUND TO BE DISCLOSED

Transaction ID : **SA11AI.8116**

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

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

FOR LINE NUMBER: PAGE 43 / 167  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

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

Mailing Address 7823 KINGFISHER WAY

City State Zip Code  
PORTLAND OR 97224

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

Name of Employer Occupation  
SELF CONTRACTOR

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 23 / 2010

Transaction ID: SA11AI.8065

Amount of Each Receipt this Period  
400.00

CONTRIBUTION

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

Mailing Address 6260 SW SHERIDAN STREET

City State Zip Code  
PORTLAND OR 97225

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

Name of Employer Occupation  
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 28 / 2010

Transaction ID: SA11AI.8279

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
JAMES D HARPER, JR

Mailing Address 11120 MCCANN RD

City State Zip Code  
AMITY OR 97101

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

Name of Employer Occupation  
JDH REALTY REAL ESTATE DEVELOPER

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 23 / 2010

Transaction ID: SA11AI.8069

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1400.00**

**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 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
MABEL M HARRIS

Mailing Address 5042 SW HILLTOP LN

City State Zip Code  
PORTLAND OR 97221

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

Name of Employer Occupation  
N/A RETIRED

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
09 23 2010

Transaction ID: SA11AI.8017

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
PAUL L. HATHAWAY

Mailing Address 13670 SW WHITEMORE ROAD

City State Zip Code  
HILLSBORO OR 97123

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

Name of Employer Occupation  
N/A RETIRED

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
09 20 2010

Transaction ID: SA11AI.7948

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
DELEE HAUBBINE

Mailing Address 9215 SW STONO DR

City State Zip Code  
TUALATIN OR 97062

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

Name of Employer Occupation  
N/A HOMEMAKER

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
09 30 2010

Transaction ID: SA11AI.8447

Amount of Each Receipt this Period

50.00

CONTRIBUTION

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

650.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 167

(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

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
GEORGIANA F. HAY

Mailing Address 15455 HALLMARK DRIVE  
P.O. BOX 1747

City State Zip Code  
LAKE OSWEGO OR 97035

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

Name of Employer Occupation  
HALLMARK INN & RESORTS CHAIRMAN OF THE BOARD

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 4400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 02 2010

Transaction ID: SA11AI.7424

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
JAN R HEPLER

Mailing Address 18448 COOP RD

City State Zip Code  
CLATSKANIE OR 97016

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

Name of Employer Occupation  
ERIC HELPER INC LOGGING/ RD. CONSTRUCTION

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 30 2010

Transaction ID: SA11AI.8440

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
J CLAYTON HERING

Mailing Address 1708 SW HIGHLAND RD

City State Zip Code  
PORTLAND OR 97221

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

Name of Employer Occupation  
NORRIS, BEGGS & SIMPSON CEO

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 02 2010

Transaction ID: SA11AI.7737

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**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 46 / 167  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
**CORNILLES FOR CONGRESS**

<p><b>A.</b> Full Name (Last, First, Middle Initial) GINA M HILL</p> <p>Mailing Address 3104 NE US GRANT PL</p> <p>City State Zip Code <b>PORTLAND OR 97212</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer OR INFORMATION REQUESTED      Occupation INFORMATION REQUESTED</p> <p>Receipt For: 2010  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">09 / 15 / 2010</span></p> <p><b>Transaction ID: SA11AI.7833</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p> <p><b>CONTRIBUTION</b></p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) MIKE W. HOLM</p> <p>Mailing Address PO BOX 279</p> <p>City State Zip Code <b>NORTH PLAINS OR 97231</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer OR Canadian Forest Products      Occupation Owner</p> <p>Receipt For: 2010  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">09 / 30 / 2010</span></p> <p><b>Transaction ID: SA11AI.8478</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">500.00</span></p> <p><b>CONTRIBUTION</b></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Wayne E. Holm</p> <p>Mailing Address 15209 NW Mason Hill Road</p> <p>City State Zip Code <b>North Plains OR 97133</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Oregon Canadian Forest Product      Occupation Owner</p> <p>Receipt For: 2010  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">1500.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">09 / 03 / 2010</span></p> <p><b>Transaction ID: SA11AI.8527</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">500.00</span></p> <p><b>CONTRIBUTION</b></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">2000.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

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

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

FOR LINE NUMBER: PAGE 47 / 167  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

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

Mailing Address 316 NORTH POINT ROAD

City State Zip Code  
LAKE OSWEGO OR 97034

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

Name of Employer INFORMATION REQUESTED      Occupation INFORMATION REQUESTED

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	5	/	2	0	1	0

**Transaction ID:** SA11AI.7864

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

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

Mailing Address 9645 SW EAGLE CT

City State Zip Code  
BEAVERTON OR 97008

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

Name of Employer ST VINCENT HOSPITAL      Occupation PHYSICIAN

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3250.00

Date of Receipt  

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

**Transaction ID:** SA11AI.8540

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

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

Mailing Address 9645 SW EAGLE CT

City State Zip Code  
BEAVERTON OR 97008

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

Name of Employer ST VINCENT HOSPITAL      Occupation PHYSICIAN

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5250.00

Date of Receipt  

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

**Transaction ID:** SA11AI.8100

Amount of Each Receipt this Period  
2000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2750.00**

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

B. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.8540**

REATTRIBUTION/REFUND TO BE DISCLOSED

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.8100**

REATTRIBUTION/REFUND TO BE DISCLOSED

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

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

FOR LINE NUMBER: PAGE 49 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
MIKE HOLZMAN

Mailing Address 12840 NW CREEKSIDE DR

City State Zip Code  
PORTLAND OR 97229

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

Name of Employer Occupation  
COLLIERS INT COMMERCIAL REAL ESTATE

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 612.92

Date of Receipt

M M / D D / Y Y Y Y  
08 / 17 / 2010

Transaction ID: SA11AI.8725

Amount of Each Receipt this Period

612.92

In-kind - FOOD/BEVERAGE

**B.**

Full Name (Last, First, Middle Initial)  
JONATHAN HOPPERT

Mailing Address 22805 SW ERIO PLACE

City State Zip Code  
TUALATIN OR 97062

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

Name of Employer Occupation  
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 03 / 2010

Transaction ID: SA11AI.8537

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
JAMES W HUSTON

Mailing Address 21125 SW RAMBLIN' RECK RD

City State Zip Code  
SHERWOOD OR 97140

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

Name of Employer Occupation  
BLUEPRINT VENTURES VENTURE CAPITALIST

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 13 / 2010

Transaction ID: SA11AI.7824

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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

1362.92

**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 / 167  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
GARY J IMBRIE

Mailing Address 16715 SW SPELLMAN DR

City State Zip Code  
BEAVERTON OR 97007

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

Name of Employer Occupation  
SPERRY & IMBRIE REAL ESTATE

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 02 / 2010

Transaction ID: SA11AI.7739

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

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

Mailing Address 15179 NW CASEY DR

City State Zip Code  
PORTLAND OR 97229

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

Name of Employer Occupation  
DICK'S AUTO GROUP VICE PRESIDENT

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2010

Transaction ID: SA11AI.8380

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

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

Mailing Address 8565 SW SALISH LN

City State Zip Code  
WILSONVILLE OR 97070

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

Name of Employer Occupation  
STEELPORT LLC CONSTRUCTION

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 22 / 2010

Transaction ID: SA11AI.7670

Amount of Each Receipt this Period  
225.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **975.00**

**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 / 167  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
ROBERT S JOHNSON

Mailing Address 8565 SW SALISH LN

City State Zip Code  
WILSONVILLE OR 97070

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

Name of Employer Occupation  
STEELPORT LLC CONSTRUCTION

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 28 / 2010

Transaction ID: SA11AI.8312

Amount of Each Receipt this Period  
75.00

CONTRIBUTION

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

Mailing Address 9840 SW CHOCTAW STREET

City State Zip Code  
TUALATIN OR 97062

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

Name of Employer Occupation  
DELAP CPA

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 19 / 2010

Transaction ID: SA11AI.7659

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

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

Mailing Address 18685 NW LAPINE ST

City State Zip Code  
PORTLAND OR 97229

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

Name of Employer Occupation  
FIRST REAL ESTATE CONSULT-  
ING INC REAL ESTATE APPRAISER

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 28 / 2010

Transaction ID: SA11AI.8307

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1175.00**

**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 / 167  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
REBECCA L JULIAN

Mailing Address 8601 LIESER POINT DR

City State Zip Code  
VANCOUVER WA 98664

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

Name of Employer SELF Occupation INVESTOR

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 30 / 2010

**Transaction ID:** SA11AI.8395

Amount of Each Receipt this Period  
2400.00

CONTRIBUTION

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

Mailing Address 515 NW SALTZMAN RD  
UNIT 757

City State Zip Code  
PORTLAND OR 97229

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

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 13 / 2010

**Transaction ID:** SA11AI.7808

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
ROBERT E KELTON, JR

Mailing Address 2513 NW PARNELL TERR

City State Zip Code  
PORTLAND OR 97229

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

Name of Employer INTEL CORP Occupation COMMUNICATIONS

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 02 / 2010

**Transaction ID:** SA11AI.7726

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**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 53 / 167  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
RICHARD E KOONCE

Mailing Address 9325 SW 190 AVE.

City State Zip Code  
BEAVERTON OR 97007

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 04 / 2010

Transaction ID: SA11AI.7561

Amount of Each Receipt this Period  
200.00

CONTRIBUTION

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

Mailing Address 1323 NE ORENCO STATION PKY  
STE 300

City State Zip Code  
HILLSBORO OR 97124

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 18 / 2010

Transaction ID: SA11AI.10098

Amount of Each Receipt this Period  
600.00

Reattribute: TO SPOUSE

[MEMO ITEM]

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

Mailing Address 1323 NE ORENCO STATION PKY  
STE 300

City State Zip Code  
HILLSBORO OR 97124

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

Name of Employer MASSINI GROUP Occupation OWNER

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 22 / 2010

Transaction ID: SA11AI.10095

Amount of Each Receipt this Period  
3000.00

CONTRIBUTION

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) ..... ► **200.00**

**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 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
JOSEPH KRISKY

Mailing Address 1323 NE ORENCO STATION PKY  
STE 300

City State Zip Code  
HILLSBORO OR 97124

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

Name of Employer Occupation  
MASSINI GROUP OWNER

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2400.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 18 / 2010

Transaction ID: SA11AI.10097

Amount of Each Receipt this Period

-600.00

Reattribute: CONTRIBUTION

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)  
E RANDOLPH LABBE

Mailing Address 4935 SW BARNES RD

City State Zip Code  
PORTLAND OR 97221

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

Name of Employer Occupation  
KERR PACIFIC CORP PRESIDENT

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 25 / 2010

Transaction ID: SA11AI.7681

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MILTON J LAMPROS

Mailing Address 5540 SW HEWETT BLVD

City State Zip Code  
PORTLAND OR 97221

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

Name of Employer Occupation  
SELF BUSINESS OWNER

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 19 / 2010

Transaction ID: SA11AI.7663

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**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 55 / 167  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
V W LANG

Mailing Address 5789 SW HUDDLESON ST

City State Zip Code  
PORTLAND OR 97219

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 03 / 2010

**Transaction ID:** SA11AI.8528

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
ROBERT D LANPHERE

Mailing Address 12505 SW BROADWAY

City State Zip Code  
BEAVERTON OR 97005

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

Name of Employer LANDPHERE ENTERPRISES Occupation OWNER/CHEIF EXECUTIV E OFFICER

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 27 / 2010

**Transaction ID:** SA11AI.8198

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
ROBERT LANPHERE, JR

Mailing Address 12505 SW BROADWAY STREET

City State Zip Code  
BEAVERTON OR 97005

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 30 / 2010

**Transaction ID:** SA11AI.8494

Amount of Each Receipt this Period  
2400.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3900.00**

**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 / 167  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
STEPHEN W LARIMER

Mailing Address 10615 NW LOST PARK DR

City State Zip Code  
PORTLAND OR 97229

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

Name of Employer Occupation  
GRAPHIC PRODUCTS OWNER

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2010

Transaction ID: SA11AI.8373

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

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

Mailing Address 2020 CEMETERY RD

City State Zip Code  
MCMINNVILLE OR 97128

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

Name of Employer Occupation  
Larsen Motor Company, LLC Auto Dealer

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 02 / 2010

Transaction ID: SA11AI.7730

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

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

Mailing Address PO BOX 637

City State Zip Code  
MCMINNVILLE OR 97128

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

Name of Employer Occupation  
LARSON MOTOR INC AUTO DEALER

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 23 / 2010

Transaction ID: SA11AI.8073

Amount of Each Receipt this Period  
800.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1550.00**

**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 / 167  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

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

Mailing Address 2088 WATERTON RIVER DRIVE

City Henderson State NV Zip Code 89044

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

Name of Employer PASSPORT EID Occupation CEO

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt 09 / 10 / 2010  
**Transaction ID: SA11AI.7780**  
 Amount of Each Receipt this Period 2400.00  
 CONTRIBUTION

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

Mailing Address 2088 WATERTON RIVER DRIVE

City Henderson State NV Zip Code 89044

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

Name of Employer N/A Occupation INFORMATION REQUESTED

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt 09 / 10 / 2010  
**Transaction ID: SA11AI.7782**  
 Amount of Each Receipt this Period 2400.00  
 CONTRIBUTION

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

Mailing Address 2075 NW DORAL ST

City MCMINNVILLE State OR Zip Code 97128

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 225.00

Date of Receipt 09 / 27 / 2010  
**Transaction ID: SA11AI.8211**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**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 58 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
LUIS MACHUCA

Mailing Address 5553 SW HEWETT

City State Zip Code  
PORTLAND OR 97221

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

Name of Employer Occupation  
KRYPTIQ CEO

Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 13 / 2010

Transaction ID: SA11AI.7826

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
GEORGE E. MACK, SR

Mailing Address 111 SW COLUMBIA STREET  
SUITE 700

City State Zip Code  
PORTLAND OR 97201

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

Name of Employer Occupation  
MACK ROBERTS AND COMPANY CPA

Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 2500.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 26 / 2010

Transaction ID: SA11AI.8508

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
DAVID MACKAY

Mailing Address 15110 SW RUBY CT

City State Zip Code  
BEAVERTON OR 97007

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

Name of Employer Occupation  
INTEL COMPUTER SCIENCE

Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 260.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 23 / 2010

Transaction ID: SA11AI.8048

Amount of Each Receipt this Period

50.00

CONTRIBUTION

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

2550.00

**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 / 167  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
SCOTT R. MADSEN

Mailing Address 5326 DENTON DR.

City State Zip Code  
LAKE OSWEGO OR 97035

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

Name of Employer Occupation  
CAPACITY COMMERCIAL GROUP COMMERCIAL REAL ESTATE

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 17 / 2010

Transaction ID: SA11AI.7626

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

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

Mailing Address 1717 SW CLIFTON STREET

City State Zip Code  
PORTLAND OR 97201

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

Name of Employer Occupation  
SELF PHYSICIAN

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 20 / 2010

Transaction ID: SA11AI.7940

Amount of Each Receipt this Period  
300.00

CONTRIBUTION

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

Mailing Address 111 SW COLUMBIA ST  
STE 1380

City State Zip Code  
PORTLAND OR 97201

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

Name of Employer Occupation  
Melvin Mark Properties Commercial Real Estate

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 20 / 2010

Transaction ID: SA11AI.7509

Amount of Each Receipt this Period  
750.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2050.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 / 167

(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

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
MICHAEL C. MARKHAM

Mailing Address 41774 NW OAKWAY

City State Zip Code  
BANKS OR 97106

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

Name of Employer Occupation  
Intel Program Manager

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 30 / 2010

Transaction ID: SA11AI.8483

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
DIANA L. MARSDEN

Mailing Address 17280 SW OAKENSHIELD CT

City State Zip Code  
PORTLAND OR 97224

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

Name of Employer Occupation  
SELF BUSINESS OWNER

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 4800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 03 / 2010

Transaction ID: SA11AI.8524

Amount of Each Receipt this Period

1300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
Donald W. Marsden

Mailing Address 17900 SW Shawnee Trail

City State Zip Code  
Tualatin OR 97062

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

Name of Employer Occupation  
N/A Retired

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 03 / 2010

Transaction ID: SA11AI.8530

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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

1900.00

**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 61 / 167  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

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

Mailing Address PO BOX 278

City TUALATIN State OR Zip Code 97062

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

Name of Employer MARSHALL ASSOCIATED LLC Occupation OWNER

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3950.00

Date of Receipt: 07 / 26 / 2010  
**Transaction ID:** SA11AI.8515  
 Amount of Each Receipt this Period: 50.00  
**CONTRIBUTION**

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

Mailing Address 8585 SW CANYON LANE #49

City PORTLAND State OR Zip Code 97225

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt: 09 / 01 / 2010  
**Transaction ID:** SA11AI.7722  
 Amount of Each Receipt this Period: 250.00  
**CONTRIBUTION**

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

Mailing Address 22047 SW FISK TERRACE

City SHERWOOD State OR Zip Code 97140

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

Name of Employer SOFT SOURCE CONSULTING Occupation SOFTWARE CONSULTANT

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 09 / 28 / 2010  
**Transaction ID:** SA11AI.8265  
 Amount of Each Receipt this Period: 800.00  
**CONTRIBUTION**

**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 62 / 167

(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

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
DOUG MCCLASIN

Mailing Address 01600 SW GLENWOOD ROAD

City State Zip Code  
PORTLAND OR 97219

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

Name of Employer  
PAULSEN INVESTMENTS

Occupation  
STOCK BROKER

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 16 / 2010

Transaction ID: SA11AI.7483

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
SANDRA MCDONOUGH

Mailing Address 3909 SW ALTADENA AVE

City State Zip Code  
PORTLAND OR 97239

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

Name of Employer  
INFORMATION REQUESTED

Occupation  
INFORMATION REQUESTED

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 03 / 2010

Transaction ID: SA11AI.8535

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MALCOLM K MCIVER

Mailing Address 7860 SW NORTHVALE WAY

City State Zip Code  
PORTLAND OR 97225

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

Name of Employer  
COMMERCE PROPERTIES

Occupation  
REAL ESTATE

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2400.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 20 / 2010

Transaction ID: SA11AI.7669

Amount of Each Receipt this Period

2400.00

CONTRIBUTION

**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 63 / 167
	(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

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NAME OF COMMITTEE (In Full)  
**CORNILLES FOR CONGRESS**

<b>A.</b>	Full Name (Last, First, Middle Initial) MARILYN J MCIVER		Date of Receipt
	Mailing Address 1265 SW DAVENPORT ST		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 13 / 2010
	City	State	Zip Code
	PORTLAND	OR	97201
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.7798
Name of Employer N/A		Occupation HOMEMAKER	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 2400.00
			CONTRIBUTION

<b>B.</b>	Full Name (Last, First, Middle Initial) MASAKO S MCJVER		Date of Receipt
	Mailing Address 7860 SW NORTHVALE WAY		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 23 / 2010
	City	State	Zip Code
	PORTLAND	OR	97225
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.8106
Name of Employer N/A		Occupation HOMEMAKER	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 2400.00
			CONTRIBUTION

<b>C.</b>	Full Name (Last, First, Middle Initial) MARK MELVIN, JR		Date of Receipt
	Mailing Address 11 SW COLUMBIA STREET		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 23 / 2010
	City	State	Zip Code
	PORTLAND	OR	97201
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.8118
Name of Employer INFORMATION REQUESTED		Occupation INFORMATION REQUESTED	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 1000.00
			CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 5800.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 167
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**CORNILLES FOR CONGRESS**

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>ANDREW MILLER</b>	Date of Receipt MM / DD / YYYY <b>07 / 26 / 2010</b>
	Mailing Address <b>2130 SW 21ST AVE</b>	<b>Transaction ID: SA11AI.8495</b>
	City State Zip Code <b>PORTLAND OR 97201</b>	Amount of Each Receipt this Period <b>2400.00</b>
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
	Name of Employer Occupation INFORMATION REQUESTED INFORMATION REQUESTED Receipt For: 2010 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>2400.00</b>	

<b>B.</b>	Full Name (Last, First, Middle Initial) <b>GREGG MILLER</b>	Date of Receipt MM / DD / YYYY <b>09 / 13 / 2010</b>
	Mailing Address <b>2425 NE ALAMEDA ST</b>	<b>Transaction ID: SA11AI.7815</b>
	City State Zip Code <b>PORTLAND OR 97212</b>	Amount of Each Receipt this Period <b>500.00</b>
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
	Name of Employer Occupation NW PUMP & EQUIPMENT CO PRESIDENT Receipt For: 2010 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>500.00</b>	

<b>C.</b>	Full Name (Last, First, Middle Initial) <b>KATHY E MILTON</b>	Date of Receipt MM / DD / YYYY <b>09 / 20 / 2010</b>
	Mailing Address <b>1351 SWINTON LN</b>	<b>Transaction ID: SA11AI.7952</b>
	City State Zip Code <b>FARMINGLON UT 84025</b>	Amount of Each Receipt this Period <b>100.00</b>
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
	Name of Employer Occupation N/A RETIRED Receipt For: 2010 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>300.00</b>	

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 65 / 167  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
KATHY E MILTON

Mailing Address 1351 SWINTON LN

City State Zip Code  
FARMINGLON UT 84025

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 550.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

**Transaction ID:** SA11AI.8378

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

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

Mailing Address 4230 GALEWOOD ST  
STE 100

City State Zip Code  
LAKE OSWEGO OR 97035

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

Name of Employer MORISSETTE HOMES Occupation CEO

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 1 3 / 2 0 1 0

**Transaction ID:** SA11AI.7802

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

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

Mailing Address 10585 SW 161ST CT

City State Zip Code  
BEAVERTON OR 97007

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 0 2 / 2 0 1 0

**Transaction ID:** SA11AI.7723

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2250.00**

**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 66 / 167

(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

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
SAMUEL B NARO

Mailing Address 2655 SW 175TH AVE

City State Zip Code  
ALOHA OR 97006

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

Name of Employer Occupation  
SW BIBLE CHURCH PASTOR

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 20 / 2010

Transaction ID: SA11AI.7496

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
ROBERT B NEIGHBOR

Mailing Address 2130 SW JEFFERSON  
# 315

City State Zip Code  
PORTLAND OR 97201

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

Name of Employer Occupation  
RW NEIGHBOR & CO INSURANCE AGENT

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 02 / 2010

Transaction ID: SA11AI.7546

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
DAVID W NELSON, JR

Mailing Address 2467 SW SHERWOOD DR

City State Zip Code  
PORTLAND OR 97201

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

Name of Employer Occupation  
TUALATIN IMAGING PC RADIOLOGIST

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 20 / 2010

Transaction ID: SA11AI.7935

Amount of Each Receipt this Period

100.00

CONTRIBUTION

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

1150.00

**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 67 / 167  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

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

Mailing Address 2243 NW 139TH PLACE

City State Zip Code  
PORTLAND OR 97229

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

Name of Employer N/A Occupation HOMEMAKER

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 30 / 2010

**Transaction ID:** SA11AI.8442

Amount of Each Receipt this Period  
2500.00

CONTRIBUTION

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

Mailing Address 734 MAPLEWOOD DR

City State Zip Code  
ST HELENS OR 97051

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 23 / 2010

**Transaction ID:** SA11AI.8044

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

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

Mailing Address 11175 SW RIVERWOOD RD

City State Zip Code  
PORTLAND OR 97219

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

Name of Employer SELF Occupation BUSINESS, PHILANTHROPY

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 20 / 2010

**Transaction ID:** SA11AI.7667

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3250.00**

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

A. Form/Schedule : **SA11AI**

REATTRIBUTION/REFUND TO BE DISCLOSED

Transaction ID : **SA11AI.8442**

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 69 / 167  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

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

Mailing Address 11760 SW RIVERWOOD RD

City State Zip Code  
PORTLAND OR 97219

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

Name of Employer Occupation  
SELF CONSULTANT

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 08 / 2010

Transaction ID: SA11AI.7770

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

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

Mailing Address 13555 NW LAIDLAW RD

City State Zip Code  
PORTLAND OR 97229

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

Name of Employer Occupation  
THE RESERVE VINEYARDS & GOLF EXECUTIVE

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 13 / 2010

Transaction ID: SA11AI.7818

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

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

Mailing Address 2145 NW 135TH AVENUE

City State Zip Code  
PORTLAND OR 97229

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

Name of Employer Occupation  
N/A HOMEMAKER

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 25 / 2010

Transaction ID: SA11AI.7685

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**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 70 / 167  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
CYNTHIA R. PARKER

Mailing Address 2145 NW 135TH AVENUE

City State Zip Code  
PORTLAND OR 97229

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

Name of Employer N/A Occupation HOMEMAKER

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 20 / 2010

**Transaction ID:** SA11AI.7944

Amount of Each Receipt this Period  
1500.00

CONTRIBUTION

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

Mailing Address 2145 NW 135TH AVE.

City State Zip Code  
PORTLAND OR 97229

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

Name of Employer SELF Occupation BUSINESS OWNER

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1688.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2010

**Transaction ID:** SA11AI.8474

Amount of Each Receipt this Period  
688.00

CONTRIBUTION

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

Mailing Address 2145 NW 135TH AVE.

City State Zip Code  
PORTLAND OR 97229

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

Name of Employer SELF Occupation BUSINESS OWNER

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2010

**Transaction ID:** SA11AI.8475

Amount of Each Receipt this Period  
312.00

CONTRIBUTION

**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 71 / 167  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

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

Mailing Address 8325 SW MOHAWK #248

City TUALATIN State OR Zip Code 97062

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

Name of Employer NOVELLUS SYSTEM, INC Occupation FINAL TEST TECHNICIAN IV

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt: 09 / 18 / 2010  
**Transaction ID:** SA11AI.7924  
 Amount of Each Receipt this Period: 250.00  
**CONTRIBUTION**

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

Mailing Address 17731 SW MANDEL LN

City SHERWOOD State OR Zip Code 97140

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

Name of Employer BEZWECKEN Occupation CUSTOMER SERVICE AGENT

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt: 09 / 28 / 2010  
**Transaction ID:** SA11AI.8243  
 Amount of Each Receipt this Period: 50.00  
**CONTRIBUTION**

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

Mailing Address 3486 CHAPARREL LP

City WEST LINN State OR Zip Code 97068

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

Name of Employer QWEST Occupation OREGON PRESIDENT

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt: 08 / 27 / 2010  
**Transaction ID:** SA11AI.7701  
 Amount of Each Receipt this Period: 250.00  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **550.00**

**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 72 / 167  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
**CORNILLES FOR CONGRESS**

<p><b>A.</b> Full Name (Last, First, Middle Initial) CAROL B PETERSEN</p> <p>Mailing Address 4485 SW TRAIL RD</p> <p>City State Zip Code <b>TUALATIN OR 97062</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation N/A RETIRED</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ <span style="border: 1px solid black; padding: 2px;">1350.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">09 / 15 / 2010</span></p> <p><b>Transaction ID: SA11AI.7854</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p> <p><b>CONTRIBUTION</b></p>
--	--

<p><b>B.</b> Full Name (Last, First, Middle Initial) BRYCE PETERSON</p> <p>Mailing Address 12165 SW AMES LANE</p> <p>City State Zip Code <b>TIGARD OR 97224</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation WASHINGTON STREET INVESTM-ENTS INVESTMENT MANAGEMENT</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">09 / 03 / 2010</span></p> <p><b>Transaction ID: SA11AI.8520</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p> <p><b>CONTRIBUTION</b></p>
--	--

<p><b>C.</b> Full Name (Last, First, Middle Initial) DENNIS H PETERSON</p> <p>Mailing Address 7750 W. STARK</p> <p>City State Zip Code <b>PORTLAND OR 97229</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation N/A RETIRED</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ <span style="border: 1px solid black; padding: 2px;">750.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">09 / 03 / 2010</span></p> <p><b>Transaction ID: SA11AI.8534</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p> <p><b>CONTRIBUTION</b></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">750.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 73 / 167

(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

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
DENNIS H PETERSON  
Mailing Address 7750 W. STARK

City State Zip Code  
PORTLAND OR 97229

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

Name of Employer Occupation  
N/A RETIRED

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2010

Transaction ID: SA11AI.8482

Amount of Each Receipt this Period  
1500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
NANCY M PHILLIPS  
Mailing Address 15025 SW 137TH PL

City State Zip Code  
TIGARD OR 97224

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

Name of Employer Occupation  
PAC/WEST COMMUNICATIONS PUBLIC RELATIONS

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 29 / 2010

Transaction ID: SA11AI.7528

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
Paul V. Phillips  
Mailing Address 15025 SW 137th Place

City State Zip Code  
Tigard OR 97224

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

Name of Employer Occupation  
PacWest Owner

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 03 / 2010

Transaction ID: SA11AI.8525

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**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 74 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
RICHARD PIERCE

Mailing Address 14795 SW MURRAY-SCHOOLS DRIVE

City State Zip Code  
BEAVERTON OR 97007

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

Name of Employer Occupation  
CORSOURCE CEO

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
09 29 2010

Transaction ID: SA11AI.8322

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
HARVEY J PLATT

Mailing Address 4343 SW GREENLEAF DR

City State Zip Code  
PORTLAND OR 97221

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

Name of Employer Occupation  
PLATT ELECTRIC CEO

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2200.00

Date of Receipt

M M / D D / Y Y Y Y  
09 09 2010

Transaction ID: SA11AI.7776

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
JAY L PLATT

Mailing Address 1909 SW MONTGOMERY DR

City State Zip Code  
PORTLAND OR 97201

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

Name of Employer Occupation  
PLATT ELECTRIC CEO

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2600.00

Date of Receipt

M M / D D / Y Y Y Y  
09 13 2010

Transaction ID: SA11AI.7799

Amount of Each Receipt this Period

200.00

CONTRIBUTION

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

900.00

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

C. Form/Schedule : **SA11AI**

REATTRIBUTION/REFUND TO BE DISCLOSED

Transaction ID : **SA11AI.7799**

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

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

FOR LINE NUMBER: PAGE 76 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
CRAIG H PUBOLS

Mailing Address 2075 NW HIGH HEAVEN RD

City State Zip Code  
MCMINNVILLE OR 97128

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

Name of Employer Occupation  
N/A RETIRED

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 13 / 2010

Transaction ID: SA11AI.7812

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
CRAIG H PUBOLS

Mailing Address 2075 NW HIGH HEAVEN RD

City State Zip Code  
MCMINNVILLE OR 97128

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

Name of Employer Occupation  
N/A RETIRED

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 28 / 2010

Transaction ID: SA11AI.8247

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
JERRY C RAMEY

Mailing Address 23495 SW ROSENDALE RD

City State Zip Code  
BEAVERTON OR 97007

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

Name of Employer Occupation  
LIGHTSPEED TECHNOLOGIES INC MANAGER

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 20 / 2010

Transaction ID: SA11AI.7957

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**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 77 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
STEPHEN REIFF

Mailing Address 9225 NW ASH ST

City State Zip Code  
PORTLAND OR 97229

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

Name of Employer Occupation  
SELF CONSULTANT

Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 28 2010

Transaction ID: SA11AI.8314

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
JAMES F RIPPEY

Mailing Address 1211 SW 5TH AVE  
STE 2840

City State Zip Code  
PORTLAND OR 97204

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

Name of Employer Occupation  
Columbia Management Company Former President

Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 2100.00

Date of Receipt

M M / D D / Y Y Y Y  
09 02 2010

Transaction ID: SA11AI.7724

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
PAUL W ROBERTS

Mailing Address 17035 SW RIVENDALE DR

City State Zip Code  
DURHAM OR 97224

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

Name of Employer Occupation  
SELF ACCOUNTANT

Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y  
08 19 2010

Transaction ID: SA11AI.7656

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

3750.00

**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 78 / 167  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
**CORNILLES FOR CONGRESS**

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>WILLIAM D RUTHERFORD</b></p> <p>Mailing Address <b>6978 SW FOXFIELD CT</b></p> <p>City <b>PORTLAND</b> State <b>OR</b> Zip Code <b>97225</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Self: <b>Investor</b></p> <p>Receipt For: 2010  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">07</span> / <span style="border: 1px solid black; padding: 2px;">2010</span></p> <p><b>Transaction ID: SA11AI.7753</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p> <p><b>CONTRIBUTION</b></p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>JAIME J SAAVEDRA</b></p> <p>Mailing Address <b>4888 NW BETHANY BLVD SUITE K5, #234</b></p> <p>City <b>PORTLAND</b> State <b>OR</b> Zip Code <b>97229</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: <b>PORTICO SYSTEMS</b> Occupation: <b>VICE PRESIDENT</b></p> <p>Receipt For: 2010  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2010</span></p> <p><b>Transaction ID: SA11AI.7883</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p> <p><b>CONTRIBUTION</b></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>JEFFREY M SACKETT</b></p> <p>Mailing Address <b>5500 SW MENEFEE DR</b></p> <p>City <b>PORTLAND</b> State <b>OR</b> Zip Code <b>97239</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: <b>FERGUSON, WELLMAN CAIPTAL MGMT</b> Occupation: <b>PORTFOLIO MANAGER</b></p> <p>Receipt For: 2010  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">30</span> / <span style="border: 1px solid black; padding: 2px;">2010</span></p> <p><b>Transaction ID: SA11AI.8364</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p> <p><b>CONTRIBUTION</b></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1500.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 79 / 167  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

<p><b>A.</b> Full Name (Last, First, Middle Initial) STEVEN M SANDOR</p> <p>Mailing Address 9885 SW CHOCTAW ST</p> <p>City State Zip Code TUALATIN OR 97062</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer N/A Occupation RETIRED</p> <p>Receipt For: 2010  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 475.00</p>	<p>Date of Receipt  M M / D D / Y Y Y Y  0 8 / 2 5 / 2 0 1 0</p> <p><b>Transaction ID:</b> SA11AI.7677</p> <p>Amount of Each Receipt this Period  25.00</p> <p>CONTRIBUTION</p>
---	---

<p><b>B.</b> Full Name (Last, First, Middle Initial) DALE SAUSE</p> <p>Mailing Address 155 E MARKET AVE</p> <p>City State Zip Code COOS BAY OR 97420</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer SAUSE BROTHERS Occupation PRESIDENT</p> <p>Receipt For: 2010  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 4800.00</p>	<p>Date of Receipt  M M / D D / Y Y Y Y  0 9 / 3 0 / 2 0 1 0</p> <p><b>Transaction ID:</b> SA11AI.8385</p> <p>Amount of Each Receipt this Period  4800.00</p> <p>CONTRIBUTION</p>
--	---

<p><b>C.</b> Full Name (Last, First, Middle Initial) MICHAEL E SCHRADER</p> <p>Mailing Address 16115 SW BLACK BIRD DR</p> <p>City State Zip Code BEAVERTON OR 97007</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer ORRICK HERRINGTON &amp; SUTCLIFFE LLP Occupation ATTORNEY</p> <p>Receipt For: 2010  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 500.00</p>	<p>Date of Receipt  M M / D D / Y Y Y Y  0 8 / 1 2 / 2 0 1 0</p> <p><b>Transaction ID:</b> SA11AI.7618</p> <p>Amount of Each Receipt this Period  500.00</p> <p>CONTRIBUTION</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>5325.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 / 167
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**CORNILLES FOR CONGRESS**

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>MICHAEL E SCHRADER</b>	Date of Receipt MM / DD / YYYY <b>09 / 22 / 2010</b>
	Mailing Address <b>16115 SW BLACK BIRD DR</b>	<b>Transaction ID: SA11AI.8008</b>
	City <b>BEAVERTON</b> State <b>OR</b> Zip Code <b>97007</b>	Amount of Each Receipt this Period <b>500.00</b>
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
	Name of Employer <b>ORRICK HERRINGTON &amp; SUTCLIFFE LLP</b> Occupation <b>ATTORNEY</b> Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>1000.00</b>

<b>B.</b>	Full Name (Last, First, Middle Initial) <b>SAMUEL Y SCHUSTER</b>	Date of Receipt MM / DD / YYYY <b>08 / 19 / 2010</b>
	Mailing Address <b>17080 SW BINDDALE CT</b>	<b>Transaction ID: SA11AI.7661</b>
	City <b>DURHAM</b> State <b>OR</b> Zip Code <b>97224</b>	Amount of Each Receipt this Period <b>250.00</b>
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
	Name of Employer <b>N/A</b> Occupation <b>RETIRED</b> Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>250.00</b>

<b>C.</b>	Full Name (Last, First, Middle Initial) <b>WILLIAM H SCOTT</b>	Date of Receipt MM / DD / YYYY <b>09 / 15 / 2010</b>
	Mailing Address <b>394 NW 170TH DR</b>	<b>Transaction ID: SA11AI.7850</b>
	City <b>BEAVERTON</b> State <b>OR</b> Zip Code <b>97006</b>	Amount of Each Receipt this Period <b>250.00</b>
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
	Name of Employer <b>MORGAN STANLEY SMITH BARN- EY</b> Occupation <b>VICE PRESIDENT</b> Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>250.00</b>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 81 / 167  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
J MICHELE SEAL

Mailing Address PO BOX 25121

City State Zip Code  
PORTLAND OR 97298

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

Name of Employer SELF Occupation INVESTOR

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2010

**Transaction ID:** SA11AI.8409

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

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

Mailing Address 720 SW WASHINGTON ST  
STE 250

City State Zip Code  
PORTLAND OR 97205

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

Name of Employer DURHAM & BATTIS Occupation INSURANCE SALES

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2010

**Transaction ID:** SA11AI.8371

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

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

Mailing Address 9795 SW IOWA DRIVE

City State Zip Code  
TUALATIN OR 97068

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

Name of Employer OAK BROOK FINANCIAL CORP Occupation FINANCIAL VP

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 23 / 2010

**Transaction ID:** SA11AI.8108

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00

**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 82 / 167  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
STEPHEN L SHEPARD

Mailing Address PO BOX 82157

City State Zip Code  
PORTLAND OR 97007

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

Name of Employer Occupation  
M Benefit Solutions Managing Director

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2010

Transaction ID: SA11AI.8362

Amount of Each Receipt this Period  
2000.00

CONTRIBUTION

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

Mailing Address 10220 SW GREENBURG ROAD, #225

City State Zip Code  
PORTLAND OR 97223

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

Name of Employer Occupation  
SELF INSURANCE AGENT

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 16 / 2010

Transaction ID: SA11AI.7481

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

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

Mailing Address 11700 SW MILITARY LN

City State Zip Code  
PORTLAND OR 97219

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

Name of Employer Occupation  
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 23 / 2010

Transaction ID: SA11AI.8114

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**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 83 / 167

(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

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
DENNIS A SMITH

Mailing Address PO BOX 12008

City State Zip Code  
SALEM OR 97309

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

Name of Employer Occupation  
EAGLE NEWSPAPERS INC PUBLISHER

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 23 2010

Transaction ID: SA11AI.8067

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
GORDON E. SMITH

Mailing Address P.O. BOX 279

City State Zip Code  
BANKS OR 97106

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

Name of Employer Occupation  
SELF EMPLOYED VERNONIA SENTRY MARKET

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1100.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 26 2010

Transaction ID: SA11AI.8501

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
Donna J. Spackman

Mailing Address 22915 SW Erio Place

City State Zip Code  
Tualatin OR 97062

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

Name of Employer Occupation  
Intl. Health Terminology Officer  
Stds.

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 3400.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 18 2010

Transaction ID: SA11AI.10094

Amount of Each Receipt this Period  
1000.00

Reattribute: TO SPOUSE

[MEMO ITEM]

**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 84 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
KENT A SPACKMAN

Mailing Address 22915 SW ERIO PLACE

City State Zip Code  
TUALATIN OR 97062

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

Name of Employer Occupation  
IHTSDO EXECUTIVE

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 3400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.10092

Amount of Each Receipt this Period

3000.00

CONTRIBUTION

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)  
KENT A SPACKMAN

Mailing Address 22915 SW ERIO PLACE

City State Zip Code  
TUALATIN OR 97062

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

Name of Employer Occupation  
IHTSDO EXECUTIVE

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.10093

Amount of Each Receipt this Period

-1000.00

Reattribute: CONTRIBUTION

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)  
KENT A SPACKMAN

Mailing Address 22915 SW ERIO PLACE

City State Zip Code  
TUALATIN OR 97062

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

Name of Employer Occupation  
IHTSDO EXECUTIVE

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 3600.00

Date of Receipt

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

Transaction ID: SA11AI.8441

Amount of Each Receipt this Period

1200.00

CONTRIBUTION

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

1200.00

**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 85 / 167  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
DONALD S SPEAR

Mailing Address 3450 CASCADE TER

City State Zip Code  
WEST LINN OR 97068

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

Name of Employer Occupation  
BLUE TECH LLC EXECUTIVE

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2010

**Transaction ID:** SA11AI.8361

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

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

Mailing Address 15400 SW MILLIKAN WAY

City State Zip Code  
BEAVERTON OR 97006

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

Name of Employer Occupation  
SPECHT DEVELOPMENT CEO

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2010

**Transaction ID:** SA11AI.8414

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

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

Mailing Address 2642 SW BUCHAREST CT

City State Zip Code  
PORTLAND OR 97225

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

Name of Employer Occupation  
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 27 / 2010

**Transaction ID:** SA11AI.8193

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**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 86 / 167  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
DAN O. STALEY

Mailing Address 22225 SW MARTINAZZI AVE

City State Zip Code  
TULATIN OR 97062

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

Name of Employer Occupation  
SELF BUSINESS OWNER

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2010

Transaction ID: SA11AI.8492

Amount of Each Receipt this Period  
200.00

CONTRIBUTION

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

Mailing Address PO BOX 809

City State Zip Code  
CORVALLIS OR 97339

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

Name of Employer Occupation  
STOCKER FOREST INC EXECUTIVE

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 25 / 2010

Transaction ID: SA11AI.7680

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

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

Mailing Address 788 SE 58TH CT

City State Zip Code  
HILLSBORO OR 97123

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

Name of Employer Occupation  
STEX LLC ELECTRICAL ENGINEER

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 13 / 2010

Transaction ID: SA11AI.7816

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1700.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 87 / 167  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
E F STEINBORN

Mailing Address PO BOX 938

City State Zip Code  
SHERWOOD OR 97140

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

Name of Employer INFORMATION REQUESTED      Occupation INFORMATION REQUESTED

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	9	/	2	0	1	0

Transaction ID: SA11AI.7530

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

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

Mailing Address 1717 SW MONTGOMERY DR

City State Zip Code  
PORTLAND OR 97201

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

Name of Employer N/A      Occupation RETIRED

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	5	/	2	0	1	0

Transaction ID: SA11AI.7830

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

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

Mailing Address 4540 NW MALHUER AVE

City State Zip Code  
PORTLAND OR 97229

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

Name of Employer N/A      Occupation RETIRED

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  

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

Transaction ID: SA11AI.8376

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**

**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 88 / 167  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

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

Mailing Address 2896 SW PATTON ROAD

City State Zip Code  
PORTLAND OR 97201

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

Name of Employer INFORMATION REQUESTED      Occupation INFORMATION REQUESTED

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	1	0

**Transaction ID:** SA11AI.10102

Amount of Each Receipt this Period  
2400.00

Reattribute: TO SPOUSE

**[MEMO ITEM]**

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

Mailing Address 2896 SW PATTON ROAD

City State Zip Code  
PORTLAND OR 97201

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

Name of Employer COLUMBIA INVESTMENTS, LTD      Occupation PRESIDENT

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4800.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	1	0

**Transaction ID:** SA11AI.10099

Amount of Each Receipt this Period  
4800.00

CONTRIBUTION

**[MEMO ITEM]**

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

Mailing Address 2896 SW PATTON ROAD

City State Zip Code  
PORTLAND OR 97201

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

Name of Employer COLUMBIA INVESTMENTS, LTD      Occupation PRESIDENT

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	1	0

**Transaction ID:** SA11AI.10100

Amount of Each Receipt this Period  
-2400.00

Reattribute: CONTRIBUTION

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **0.00**

**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 89 / 167

(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

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
MARILYN M STRATFORD

Mailing Address 10180 SW MELNOR ST

City State Zip Code  
PORTLAND OR 97225

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

Name of Employer Occupation  
DR. J A DUTRO DENTAL HYGENIST

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 20 / 2010

Transaction ID: SA11AI.7965

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
LYNWOOD SWANSON

Mailing Address 3580 N. HILL RD

City State Zip Code  
MCMINNVILLE OR 97128

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

Name of Employer Occupation  
N/A RETIRED

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 700.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 27 / 2010

Transaction ID: SA11AI.8228

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
STEPHEN C. TAGMYER

Mailing Address 5599 SW NATCHEZ ST

City State Zip Code  
TUALATIN OR 97062

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

Name of Employer Occupation  
Client First Group, Inc. CEBS

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 27 / 2010

Transaction ID: SA11AI.8196

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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

950.00

**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 90 / 167  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

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

Mailing Address 425 SE BASELINE

City Hillsboro State OR Zip Code 97123

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

Name of Employer SELF Occupation ORTHOPEDIC SURGEON

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 09 / 01 / 2010  
**Transaction ID:** SA11AI.7720  
 Amount of Each Receipt this Period 250.00  
**CONTRIBUTION**

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

Mailing Address PO BOX 1658

City Portland State OR Zip Code 97207

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

Name of Employer INFORMATION REQUESTED Occupation SHIPPING EXECUTIVE

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 09 / 23 / 2010  
**Transaction ID:** SA11AI.8071  
 Amount of Each Receipt this Period 500.00  
**CONTRIBUTION**

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

Mailing Address 5565 NW ROANOKE LANE

City Portland State OR Zip Code 97229

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

Name of Employer A CUT ABOVE Occupation PRESIDENT

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 09 / 20 / 2010  
**Transaction ID:** SA11AI.7971  
 Amount of Each Receipt this Period 1000.00  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00

**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 91 / 167  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
JOHN RALPH TODD  
Mailing Address 1070 BELLA VIS  
City PALM SPRINGS State CA Zip Code 92264  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation RETIRED  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 1500.00  
Date of Receipt: 07 / 08 / 2010  
Transaction ID: SA11AI.7440  
Amount of Each Receipt this Period: 1000.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
JOHN RALPH TODD  
Mailing Address 1070 BELLA VIS  
City PALM SPRINGS State CA Zip Code 92264  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation RETIRED  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 2500.00  
Date of Receipt: 09 / 28 / 2010  
Transaction ID: SA11AI.8238  
Amount of Each Receipt this Period: 1000.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
ELIZABETH K VANSTAAVEREN  
Mailing Address 1008 NW CASCADE WAY  
City MCMINNVILLE State OR Zip Code 97128  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation RETIRED  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 2400.00  
Date of Receipt: 07 / 26 / 2010  
Transaction ID: SA11AI.8499  
Amount of Each Receipt this Period: 2150.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4150.00  
**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 92 / 167  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
MARK E. VETETO

Mailing Address 9220 SW STONE DRIVE

City State Zip Code  
Tualatin OR 97062

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

Name of Employer Occupation  
Zidell Marine Corporation Tax Manager

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 17 / 2010

Transaction ID: SA11AI.7902

Amount of Each Receipt this Period  
150.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
JOHN E VON SCHLEGELL

Mailing Address INFORMATION REQUESTED

City State Zip Code  
PORTLAND OR 97221

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

Name of Employer Occupation  
ENDEAVOR CAPITAL VENTURE CAPITAL

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 25 / 2010

Transaction ID: SA11AI.7682

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

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

Mailing Address PO BOX 3195

City State Zip Code  
PORTLAND OR 97208

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

Name of Employer Occupation  
WAVE FORM SYSTEMS, INC. PRESIDENT & CEO

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 30 / 2010

Transaction ID: SA11AI.7542

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1150.00**

**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 93 / 167  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
CHARLES R WATKINS

Mailing Address PO BOX 3195

City State Zip Code  
PORTLAND OR 97208

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

Name of Employer Occupation  
WAVE FORM SYSTEMS, INC. PRESIDENT & CEO

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 17 / 2010

Transaction ID: SA11AI.7890

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

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

Mailing Address 107 SE GRAND AVE

City State Zip Code  
PORTLAND OR 97214

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

Name of Employer Occupation  
SELF AUTO DEALER

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 23 / 2010

Transaction ID: SA11AI.8098

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

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

Mailing Address 4431 BERNARD STREET

City State Zip Code  
LAKE OSWEGO OR 97035

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

Name of Employer Occupation  
N/A RETIRED

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 27 / 2010

Transaction ID: SA11AI.7524

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**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 94 / 167  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
CLAY W. WERTS  
 Mailing Address 4431 BERNARD STREET  
 City State Zip Code  
LAKE OSWEGO OR 97035  
 Date of Receipt  
MM / DD / YYYY  
09 / 28 / 2010  
**Transaction ID:** SA11AI.8293  
 Amount of Each Receipt this Period  
100.00  
 CONTRIBUTION  
 FEC ID number of contributing federal political committee. C  
 Name of Employer N/A Occupation RETIRED  
 Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) 400.00

**B.** Full Name (Last, First, Middle Initial)  
JAMES WHITE  
 Mailing Address 3969 SW HALCYON ROAD  
 City State Zip Code  
TUALATIN OR 97062  
 Date of Receipt  
MM / DD / YYYY  
09 / 17 / 2010  
**Transaction ID:** SA11AI.7908  
 Amount of Each Receipt this Period  
500.00  
 CONTRIBUTION  
 FEC ID number of contributing federal political committee. C  
 Name of Employer DELAP Occupation CPA  
 Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) 500.00

**C.** Full Name (Last, First, Middle Initial)  
PAUL K WILDE  
 Mailing Address 4025 SW TRAIL RD  
 City State Zip Code  
TUALATIN OR 97062  
 Date of Receipt  
MM / DD / YYYY  
09 / 28 / 2010  
**Transaction ID:** SA11AI.8292  
 Amount of Each Receipt this Period  
1000.00  
 CONTRIBUTION  
 FEC ID number of contributing federal political committee. C  
 Name of Employer WEBTREDS INC Occupation CEO  
 Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) 3500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1600.00  
**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 95 / 167  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
KEMI JO WINN

Mailing Address 14862 SW SCARLETT DR

City State Zip Code  
TIGARD OR 97224

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 27 / 2010

**Transaction ID:** SA11AI.8195

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

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

Mailing Address 9200 NW LEAHY ROAD

City State Zip Code  
PORTLAND OR 97229

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 28 / 2010

**Transaction ID:** SA11AI.8277

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

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

Mailing Address 1075 W HIST COLUMBIA RIVER HWY

City State Zip Code  
TROUTDALE OR 97060

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

Name of Employer SELF Occupation BUSINESS OWNER

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 9600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 30 / 2010

**Transaction ID:** SA11AI.8465

Amount of Each Receipt this Period  
4800.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6300.00**

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

C. Form/Schedule : **SA11AI**

REATTRIBUTION/REFUND TO BE DISCLOSED

Transaction ID : **SA11AI.8465**

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

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

FOR LINE NUMBER: PAGE 97 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
ROBERT W WOODRUFF

Mailing Address 13536 STREAMSIDE DR

City State Zip Code  
LAKE OSWEGO OR 97035

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

Name of Employer INFORMATION REQUESTED

Occupation INFORMATION REQUESTED

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 15 / 2010

Transaction ID: SA11AI.7839

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MAUREEN YORK

Mailing Address 16929 143RD AVE SE

City State Zip Code  
RENTON WA 98058

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

Name of Employer N/A

Occupation HOMEMAKER

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 26 / 2010

Transaction ID: SA11AI.8142

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
JUNKI YOSHIDA

Mailing Address 17230 NE SACRAMENTO STREET

City State Zip Code  
PORTLAND OR 97230

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

Name of Employer YOSHIDA CORP

Occupation CHAIRMAN/CEO

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2400.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 07 / 2010

Transaction ID: SA11AI.7757

Amount of Each Receipt this Period

2400.00

CONTRIBUTION

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

3650.00

**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 98 / 167	
	(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

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) DAVID P ZIMEL		Date of Receipt																					
	Mailing Address 16390 SW LANGER DR		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	8		1	8		2	0	1	0														
	City State Zip Code SHERWOOD OR 97140		<b>Transaction ID:</b> SA11AI.7637																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00																						
Name of Employer PORTLAND FIXTURE LP		Occupation REAL ESTATE																						
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00																						

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	195793.92

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 99 / 167  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
BISHOP FOR CONGRESS  
Mailing Address PO BOX 2006  
City BRIGHAM CITY State UT Zip Code 84302  
FEC ID number of contributing federal political committee. **C**

Date of Receipt: 08 / 12 / 2010  
Transaction ID: SA11C.7593  
Amount of Each Receipt this Period: 500.00  
CONTRIBUTION

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED  
Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

**B.** Full Name (Last, First, Middle Initial)  
CONTINUING A MAJORITY  
Mailing Address 5915 EASTMAN AVE STE 100  
City MIDLAND State MI Zip Code 48640  
FEC ID number of contributing federal political committee. **C** C00350462

Date of Receipt: 09 / 23 / 2010  
Transaction ID: SA11C.8010  
Amount of Each Receipt this Period: 1000.00  
CONTRIBUTION

Name of Employer Occupation  
Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

**C.** Full Name (Last, First, Middle Initial)  
DAVE CAMP FOR CONGRESS 2010  
Mailing Address 5915 Eastman Avenue Suite 100  
City Midland State MI Zip Code 48640  
FEC ID number of contributing federal political committee. **C** C00347476

Date of Receipt: 09 / 22 / 2010  
Transaction ID: SA11C.8731  
Amount of Each Receipt this Period: 19.80  
In-kind - CATERING

Name of Employer Occupation  
Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 19.80

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1519.80  
**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 100 / 167  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
FREE AND STRONG AMERICA PAC INC.  
Mailing Address 80 Hayden Avenue

City Lexington State MA Zip Code 02421

FEC ID number of contributing federal political committee. **C** C00449280

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt: 09 / 03 / 2010  
**Transaction ID:** SA11C.8522  
 Amount of Each Receipt this Period: 2500.00  
**CONTRIBUTION**

**B.** Full Name (Last, First, Middle Initial)  
HELPING ENSURE RESPONSIBLE GOVERNMENT  
Mailing Address PO BOX 984

City WILLOWS State CA Zip Code 95988

FEC ID number of contributing federal political committee. **C** C00442467

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 07 / 08 / 2010  
**Transaction ID:** SA11C.7456  
 Amount of Each Receipt this Period: 1000.00  
**CONTRIBUTION**

**C.** Full Name (Last, First, Middle Initial)  
HELPING ENSURE RESPONSIBLE GOVERNMENT  
Mailing Address PO BOX 984

City WILLOWS State CA Zip Code 95988

FEC ID number of contributing federal political committee. **C** C00442467

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1304.22

Date of Receipt: 09 / 01 / 2010  
**Transaction ID:** SA11C.8736  
 Amount of Each Receipt this Period: 304.22  
**In-kind - TRAVEL**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3804.22**

**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 101 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
KOCHPAC - KOCH INDUSTRIES, INC PAC

Mailing Address 600 14TH ST NW  
STE 800

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00236489

Name of Employer Occupation

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 20 / 2010

Transaction ID: SA11C.7932

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC

Mailing Address PO BOX 20865

City State Zip Code  
INDIANAPOLIS IN 46220

FEC ID number of contributing federal political committee. **C** C00283135

Name of Employer Occupation

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 20 / 2010

Transaction ID: SA11C.7493

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC

Mailing Address PO BOX 20865

City State Zip Code  
INDIANAPOLIS IN 46220

FEC ID number of contributing federal political committee. **C** C00283135

Name of Employer Occupation

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 30 / 2010

Transaction ID: SA11C.8342

Amount of Each Receipt this Period

3000.00

CONTRIBUTION

**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 102 / 167  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address 320 FIRST STREET SE

City State Zip Code  
WASHINGTON DC 20003

FEC ID number of contributing federal political committee. **C** C00075820

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 30 / 2010

**Transaction ID:** SA11C.8344

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
NW SUSTAINABLE RESOURCE POLITICAL ACTION COMMITTEE

Mailing Address 920 SW 6TH AVE  
STE 1250

City State Zip Code  
PORTLAND OR 97204

FEC ID number of contributing federal political committee. **C** C00455287

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 30 / 2010

**Transaction ID:** SA11C.8446

Amount of Each Receipt this Period  
2400.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
PACIFIC MARKETING GROUP INC PAC

Mailing Address 920 SW 6TH AVE SUITE 1250

City State Zip Code  
PORTLAND OR 97204

FEC ID number of contributing federal political committee. **C** C00422535

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 30 / 2010

**Transaction ID:** SA11C.8444

Amount of Each Receipt this Period  
1600.00

CONTRIBUTION

**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 103 / 167  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
PACIFICORP/MIDAMERICAN POLITICAL ACTION COMMITTEE

Mailing Address 825 N E MULTNOMAH, STE 2000 LCT

City State Zip Code  
PORTLAND OR 97232

FEC ID number of contributing federal political committee. **C** C00082800

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 03 / 2010

**Transaction ID:** SA11C.8526

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
STANDARD INSURANCE COMPANY PAC

Mailing Address PO BOX 711 (P11A)

City State Zip Code  
PORTLAND OR 97207

FEC ID number of contributing federal political committee. **C** C00193169

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2800.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2010

**Transaction ID:** SA11C.8339

Amount of Each Receipt this Period  
2800.00

CONTRIBUTION

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

Mailing Address 120 MONUMENT CIR

City State Zip Code  
INDIANAPOLIS IN 46204

FEC ID number of contributing federal political committee. **C** C00197228

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 08 / 2010

**Transaction ID:** SA11C.7765

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4800.00**

**TOTAL** This Period (last page this line number only) ..... ► **25624.02**

# 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 / 167

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) ADP INC  Mailing Address 1 ADP BLVD  City ROSELAND State NJ Zip Code 07068  Purpose of Disbursement PAYROLL SERVICE Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8695 Date of Disbursement 07 / 09 / 2010  Amount of Each Disbursement this Period 48.00
<b>B.</b>	Full Name (Last, First, Middle Initial) ADP INC  Mailing Address 1 ADP BLVD  City ROSELAND State NJ Zip Code 07068  Purpose of Disbursement PAYROLL SERVICE Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8696 Date of Disbursement 07 / 19 / 2010  Amount of Each Disbursement this Period 162.05
<b>C.</b>	Full Name (Last, First, Middle Initial) ADP INC  Mailing Address 1 ADP BLVD  City ROSELAND State NJ Zip Code 07068  Purpose of Disbursement PAYROLL SERVICE Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8697 Date of Disbursement 08 / 02 / 2010  Amount of Each Disbursement this Period 40.42

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

250.47

**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)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

<b>A.</b> Full Name (Last, First, Middle Initial) ADP INC <hr/> Mailing Address 1 ADP BLVD <hr/> City ROSELAND State NJ Zip Code 07068 <hr/> Purpose of Disbursement PAYROLL SERVICE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8698 Date of Disbursement 08 / 27 / 2010
	Amount of Each Disbursement this Period 49.44
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) ADP INC <hr/> Mailing Address 1 ADP BLVD <hr/> City ROSELAND State NJ Zip Code 07068 <hr/> Purpose of Disbursement PAYROLL SERVICE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8693 Date of Disbursement 09 / 16 / 2010
	Amount of Each Disbursement this Period 48.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) ADP INC <hr/> Mailing Address 1 ADP BLVD <hr/> City ROSELAND State NJ Zip Code 07068 <hr/> Purpose of Disbursement PAYROLL SERVICE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8694 Date of Disbursement 09 / 24 / 2010
	Amount of Each Disbursement this Period 48.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

145.44

**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 106 / 167

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) AMERICAN EXPRESS <hr/> Mailing Address PO BOX 650448 <hr/> City DALLAS State TX Zip Code 75265 <hr/> Purpose of Disbursement CREDIT CARD MERCHANT FEE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8567 Date of Disbursement 07 / 02 / 2010 <hr/> Amount of Each Disbursement this Period 69.51
<b>B.</b>	Full Name (Last, First, Middle Initial) AMERICAN EXPRESS <hr/> Mailing Address PO BOX 650448 <hr/> City DALLAS State TX Zip Code 75265 <hr/> Purpose of Disbursement CREDIT CARD MERCHANT FEE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8591 Date of Disbursement 07 / 06 / 2010 <hr/> Amount of Each Disbursement this Period 69.51
<b>C.</b>	Full Name (Last, First, Middle Initial) AMERICAN EXPRESS <hr/> Mailing Address PO BOX 650448 <hr/> City DALLAS State TX Zip Code 75265 <hr/> Purpose of Disbursement CREDIT CARD MERCHANT FEE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8607 Date of Disbursement 07 / 13 / 2010 <hr/> Amount of Each Disbursement this Period 4.95

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	143.97
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) AMERICAN EXPRESS <hr/> Mailing Address PO BOX 650448 <hr/> City DALLAS State TX Zip Code 75265 <hr/> Purpose of Disbursement CREDIT CARD MERCHANT FEE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8612 Date of Disbursement 07 / 20 / 2010 <hr/> Amount of Each Disbursement this Period 14.60
<b>B.</b>	Full Name (Last, First, Middle Initial) AMERICAN EXPRESS <hr/> Mailing Address PO BOX 650448 <hr/> City DALLAS State TX Zip Code 75265 <hr/> Purpose of Disbursement CREDIT CARD MERCHANT FEE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8619 Date of Disbursement 08 / 06 / 2010 <hr/> Amount of Each Disbursement this Period 5.93
<b>C.</b>	Full Name (Last, First, Middle Initial) AMERICAN EXPRESS <hr/> Mailing Address PO BOX 650448 <hr/> City DALLAS State TX Zip Code 75265 <hr/> Purpose of Disbursement CREDIT CARD MERCHANT FEE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8622 Date of Disbursement 08 / 13 / 2010 <hr/> Amount of Each Disbursement this Period 4.95

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	25.48
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) AMERICAN EXPRESS <hr/> Mailing Address PO BOX 650448 <hr/> City DALLAS State TX Zip Code 75265 <hr/> Purpose of Disbursement CREDIT CARD MERCHANT FEE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8626 Date of Disbursement 08 / 20 / 2010 <hr/> Amount of Each Disbursement this Period 3.04
<b>B.</b>	Full Name (Last, First, Middle Initial) AMERICAN EXPRESS <hr/> Mailing Address PO BOX 650448 <hr/> City DALLAS State TX Zip Code 75265 <hr/> Purpose of Disbursement CREDIT CARD MERCHANT FEE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8627 Date of Disbursement 08 / 23 / 2010 <hr/> Amount of Each Disbursement this Period 29.05
<b>C.</b>	Full Name (Last, First, Middle Initial) AMERICAN EXPRESS <hr/> Mailing Address PO BOX 650448 <hr/> City DALLAS State TX Zip Code 75265 <hr/> Purpose of Disbursement CREDIT CARD MERCHANT FEE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8641 Date of Disbursement 09 / 14 / 2010 <hr/> Amount of Each Disbursement this Period 147.01

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

179.10

**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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) AMERICAN EXPRESS <hr/> Mailing Address PO BOX 650448 <hr/> City DALLAS State TX Zip Code 75265 <hr/> Purpose of Disbursement CREDIT CARD MERCHANT FEE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8645 Date of Disbursement 09 / 20 / 2010 <hr/> Amount of Each Disbursement this Period 14.60
B.	Full Name (Last, First, Middle Initial) AMERICAN EXPRESS <hr/> Mailing Address PO BOX 650448 <hr/> City DALLAS State TX Zip Code 75265 <hr/> Purpose of Disbursement CREDIT CARD MERCHANT FEE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8646 Date of Disbursement 09 / 21 / 2010 <hr/> Amount of Each Disbursement this Period 4.49
C.	Full Name (Last, First, Middle Initial) AMERICAN EXPRESS <hr/> Mailing Address PO BOX 650448 <hr/> City DALLAS State TX Zip Code 75265 <hr/> Purpose of Disbursement CREDIT CARD MERCHANT FEE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8652 Date of Disbursement 09 / 27 / 2010 <hr/> Amount of Each Disbursement this Period 32.09

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

51.18

**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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
AMERICAN EXPRESS

Transaction ID: SB17.8653  
Date of Disbursement

Mailing Address PO BOX 650448

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	0

City DALLAS State TX Zip Code 75265

Amount of Each Disbursement this Period

3.04
------

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
ARGYLE DIGITAL MEDIA, INC.

Transaction ID: SB17.8602  
Date of Disbursement

Mailing Address PO BOX 2193

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

City EASLEY State SC Zip Code 29640

Amount of Each Disbursement this Period

1500.00
---------

Purpose of Disbursement  
WEB/MEDIA SERVICES

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
LOGAN ASHBAUGH

Transaction ID: SB17.8676  
Date of Disbursement

Mailing Address 1115 ESTHER ST STE B

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	1	0

City VANCOUVER State WA Zip Code 98660

Amount of Each Disbursement this Period

950.33
--------

Purpose of Disbursement  
PAYROLL

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

2453.37

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 111 / 167

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

<p><b>A.</b> Full Name (Last, First, Middle Initial) LOGAN ASHBAUGH</p> <p>Mailing Address 1115 ESTHER ST STE B</p> <p>City VANCOUVER State WA Zip Code 98660</p> <p>Purpose of Disbursement PAYROLL</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.8682</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="950.34"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) LOGAN ASHBAUGH</p> <p>Mailing Address 1115 ESTHER ST STE B</p> <p>City VANCOUVER State WA Zip Code 98660</p> <p>Purpose of Disbursement PAYROLL</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.8684</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="950.33"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) LOGAN ASHBAUGH</p> <p>Mailing Address 1115 ESTHER ST STE B</p> <p>City VANCOUVER State WA Zip Code 98660</p> <p>Purpose of Disbursement PAYROLL</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.8689</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="950.34"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2851.01"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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 / 167

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

<p><b>A.</b> Full Name (Last, First, Middle Initial) LOGAN ASHBAUGH</p> <p>Mailing Address 1115 ESTHER ST STE B</p> <p>City VANCOUVER State WA Zip Code 98660</p> <p>Purpose of Disbursement PAYROLL</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.8691</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="950.33"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) BANK OF AMERICA</p> <p>Mailing Address 100 NORTH TRYON STREET</p> <p>City CHARLOTTE State NC Zip Code 28255</p> <p>Purpose of Disbursement BANK FEE</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.8555</p> <p>Date of Disbursement</p> <p><input type="text" value="07"/> <input type="text" value="23"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="7.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) BANK OF AMERICA</p> <p>Mailing Address 100 NORTH TRYON STREET</p> <p>City CHARLOTTE State NC Zip Code 28255</p> <p>Purpose of Disbursement BANK FEE</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.8610</p> <p>Date of Disbursement</p> <p><input type="text" value="08"/> <input type="text" value="24"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="7.00"/></p>

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

**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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>BANK OF AMERICA</b></p> <p>Mailing Address 100 NORTH TRYON STREET</p> <p>City CHARLOTTE State NC Zip Code 28255</p> <p>Purpose of Disbursement BANK FEE</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.8621</p> <p>Date of Disbursement 09 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 7.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>BANK OF AMERICA</b></p> <p>Mailing Address 100 NORTH TRYON STREET</p> <p>City CHARLOTTE State NC Zip Code 28255</p> <p>Purpose of Disbursement BANK FEE</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.8632</p> <p>Date of Disbursement 09 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 10.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>BANK OF AMERICA</b></p> <p>Mailing Address 100 NORTH TRYON STREET</p> <p>City CHARLOTTE State NC Zip Code 28255</p> <p>Purpose of Disbursement BANK FEE</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.8643</p> <p>Date of Disbursement 09 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 6.00</p>

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

23.00

**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 114 / 167

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) COMCAST Mailing Address PO BOX 34227 City SEATTLE State WA Zip Code 98124 Purpose of Disbursement TELEPHONE SERVICE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8587 Date of Disbursement 08 / 02 / 2010	Amount of Each Disbursement this Period 1075.18
<b>B.</b>	Full Name (Last, First, Middle Initial) ELAVON Mailing Address ONE CONCOURSE PARKWAY, SUITE 300 City ATLANTA State GA Zip Code 30328 Purpose of Disbursement CREDIT CARD MERCHANT FEE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8556 Date of Disbursement 07 / 02 / 2010	Amount of Each Disbursement this Period 201.97
<b>C.</b>	Full Name (Last, First, Middle Initial) ELAVON Mailing Address ONE CONCOURSE PARKWAY, SUITE 300 City ATLANTA State GA Zip Code 30328 Purpose of Disbursement CREDIT CARD MERCHANT FEE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8616 Date of Disbursement 08 / 02 / 2010	Amount of Each Disbursement this Period 224.64

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

1501.79

**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 115 / 167

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) ELAVON  Mailing Address ONE CONCOURSE PARKWAY, SUITE 300  City ATLANTA State GA Zip Code 30328  Purpose of Disbursement CREDIT CARD MERCHANT FEE Candidate Name <span style="float: right;">Category/Type</span>  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.8634 Date of Disbursement 09 / 02 / 2010  Amount of Each Disbursement this Period 159.14
<b>B.</b>	Full Name (Last, First, Middle Initial) GOOGLE, INC  Mailing Address 1600 AMPHITHEATRE PARKWAY  City MOUNTAIN VIEW State CA Zip Code 94043  Purpose of Disbursement CREDIT CARD MERCHANT FEE Candidate Name <span style="float: right;">Category/Type</span>  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.8687 Date of Disbursement 07 / 02 / 2010  Amount of Each Disbursement this Period 111.02
<b>C.</b>	Full Name (Last, First, Middle Initial) GOOGLE, INC  Mailing Address 1600 AMPHITHEATRE PARKWAY  City MOUNTAIN VIEW State CA Zip Code 94043  Purpose of Disbursement CREDIT CARD MERCHANT FEE Candidate Name <span style="float: right;">Category/Type</span>  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.8579 Date of Disbursement 07 / 06 / 2010  Amount of Each Disbursement this Period 205.88

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

**476.04**

**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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

<b>A.</b> Full Name (Last, First, Middle Initial) GOOGLE, INC <hr/> Mailing Address 1600 AMPHITHEATRE PARKWAY <hr/> City MOUNTAIN VIEW State CA Zip Code 94043 <hr/> Purpose of Disbursement CREDIT CARD MERCHANT FEE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8604 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 7 / 2 0 1 0
	Amount of Each Disbursement this Period 63.54
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) GOOGLE, INC <hr/> Mailing Address 1600 AMPHITHEATRE PARKWAY <hr/> City MOUNTAIN VIEW State CA Zip Code 94043 <hr/> Purpose of Disbursement CREDIT CARD MERCHANT FEE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8605 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 9 / 2 0 1 0
	Amount of Each Disbursement this Period 1.40
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) GOOGLE, INC <hr/> Mailing Address 1600 AMPHITHEATRE PARKWAY <hr/> City MOUNTAIN VIEW State CA Zip Code 94043 <hr/> Purpose of Disbursement CREDIT CARD MERCHANT FEE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8606 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 1 0
	Amount of Each Disbursement this Period 3.02
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

67.96

**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 / 167

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) GOOGLE, INC Mailing Address 1600 AMPHITHEATRE PARKWAY City MOUNTAIN VIEW State CA Zip Code 94043 Purpose of Disbursement CREDIT CARD MERCHANT FEE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.8608 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 1 0	Amount of Each Disbursement this Period 3.90
<b>B.</b>	Full Name (Last, First, Middle Initial) GOOGLE, INC Mailing Address 1600 AMPHITHEATRE PARKWAY City MOUNTAIN VIEW State CA Zip Code 94043 Purpose of Disbursement CREDIT CARD MERCHANT FEE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.8609 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 6 / 2 0 1 0	Amount of Each Disbursement this Period 0.85
<b>C.</b>	Full Name (Last, First, Middle Initial) GOOGLE, INC Mailing Address 1600 AMPHITHEATRE PARKWAY City MOUNTAIN VIEW State CA Zip Code 94043 Purpose of Disbursement CREDIT CARD MERCHANT FEE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.8611 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 1 0	Amount of Each Disbursement this Period 1.40

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....			<b>6.15</b>
<b>TOTAL</b> This Period (last page this line number only) .....			

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) GOOGLE, INC <hr/> Mailing Address 1600 AMPHITHEATRE PARKWAY <hr/> City MOUNTAIN VIEW State CA Zip Code 94043 <hr/> Purpose of Disbursement CREDIT CARD MERCHANT FEE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8613 Date of Disbursement 07 / 21 / 2010 <hr/> Amount of Each Disbursement this Period 2.50
<b>B.</b>	Full Name (Last, First, Middle Initial) GOOGLE, INC <hr/> Mailing Address 1600 AMPHITHEATRE PARKWAY <hr/> City MOUNTAIN VIEW State CA Zip Code 94043 <hr/> Purpose of Disbursement CREDIT CARD MERCHANT FEE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8614 Date of Disbursement 07 / 27 / 2010 <hr/> Amount of Each Disbursement this Period 34.45
<b>C.</b>	Full Name (Last, First, Middle Initial) GOOGLE, INC <hr/> Mailing Address 1600 AMPHITHEATRE PARKWAY <hr/> City MOUNTAIN VIEW State CA Zip Code 94043 <hr/> Purpose of Disbursement CREDIT CARD MERCHANT FEE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8615 Date of Disbursement 07 / 30 / 2010 <hr/> Amount of Each Disbursement this Period 2.50

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	39.45
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

<b>A.</b> Full Name (Last, First, Middle Initial) GOOGLE, INC <hr/> Mailing Address 1600 AMPHITHEATRE PARKWAY <hr/> City MOUNTAIN VIEW State CA Zip Code 94043 <hr/> Purpose of Disbursement CREDIT CARD MERCHANT FEE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8617 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 1 0
	Amount of Each Disbursement this Period 1.95
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) GOOGLE, INC <hr/> Mailing Address 1600 AMPHITHEATRE PARKWAY <hr/> City MOUNTAIN VIEW State CA Zip Code 94043 <hr/> Purpose of Disbursement CREDIT CARD MERCHANT FEE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8618 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 1 0
	Amount of Each Disbursement this Period 86.30
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) GOOGLE, INC <hr/> Mailing Address 1600 AMPHITHEATRE PARKWAY <hr/> City MOUNTAIN VIEW State CA Zip Code 94043 <hr/> Purpose of Disbursement CREDIT CARD MERCHANT FEE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8620 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 1 0
	Amount of Each Disbursement this Period 6.95
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	95.20
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) GOOGLE, INC	Transaction ID: SB17.8623
	Mailing Address 1600 AMPHITHEATRE PARKWAY	Date of Disbursement MM / DD / YYYY 08 / 17 / 2010
	City MOUNTAIN VIEW State CA Zip Code 94043	Amount of Each Disbursement this Period 0.55
	Purpose of Disbursement CREDIT CARD MERCHANT FEE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) GOOGLE, INC	Transaction ID: SB17.8624
	Mailing Address 1600 AMPHITHEATRE PARKWAY	Date of Disbursement MM / DD / YYYY 08 / 19 / 2010
	City MOUNTAIN VIEW State CA Zip Code 94043	Amount of Each Disbursement this Period 5.30
	Purpose of Disbursement CREDIT CARD MERCHANT FEE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) GOOGLE, INC	Transaction ID: SB17.8625
	Mailing Address 1600 AMPHITHEATRE PARKWAY	Date of Disbursement MM / DD / YYYY 08 / 19 / 2010
	City MOUNTAIN VIEW State CA Zip Code 94043	Amount of Each Disbursement this Period 5.30
	Purpose of Disbursement CREDIT CARD MERCHANT FEE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	11.15
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) GOOGLE, INC <hr/> Mailing Address 1600 AMPHITHEATRE PARKWAY <hr/> City MOUNTAIN VIEW State CA Zip Code 94043 <hr/> Purpose of Disbursement CREDIT CARD MERCHANT FEE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8628 Date of Disbursement 08 / 25 / 2010 <hr/> Amount of Each Disbursement this Period 5.92
<b>B.</b>	Full Name (Last, First, Middle Initial) GOOGLE, INC <hr/> Mailing Address 1600 AMPHITHEATRE PARKWAY <hr/> City MOUNTAIN VIEW State CA Zip Code 94043 <hr/> Purpose of Disbursement CREDIT CARD MERCHANT FEE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8629 Date of Disbursement 08 / 26 / 2010 <hr/> Amount of Each Disbursement this Period 2.80
<b>C.</b>	Full Name (Last, First, Middle Initial) GOOGLE, INC <hr/> Mailing Address 1600 AMPHITHEATRE PARKWAY <hr/> City MOUNTAIN VIEW State CA Zip Code 94043 <hr/> Purpose of Disbursement CREDIT CARD MERCHANT FEE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8630 Date of Disbursement 08 / 27 / 2010 <hr/> Amount of Each Disbursement this Period 1.55

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	10.27
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) GOOGLE, INC <hr/> Mailing Address 1600 AMPHITHEATRE PARKWAY <hr/> City MOUNTAIN VIEW State CA Zip Code 94043 <hr/> Purpose of Disbursement CREDIT CARD MERCHANT FEE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8631 Date of Disbursement 08 / 30 / 2010 <hr/> Amount of Each Disbursement this Period 1.55
<b>B.</b>	Full Name (Last, First, Middle Initial) GOOGLE, INC <hr/> Mailing Address 1600 AMPHITHEATRE PARKWAY <hr/> City MOUNTAIN VIEW State CA Zip Code 94043 <hr/> Purpose of Disbursement CREDIT CARD MERCHANT FEE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8633 Date of Disbursement 09 / 02 / 2010 <hr/> Amount of Each Disbursement this Period 8.40
<b>C.</b>	Full Name (Last, First, Middle Initial) GOOGLE, INC <hr/> Mailing Address 1600 AMPHITHEATRE PARKWAY <hr/> City MOUNTAIN VIEW State CA Zip Code 94043 <hr/> Purpose of Disbursement CREDIT CARD MERCHANT FEE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8635 Date of Disbursement 09 / 03 / 2010 <hr/> Amount of Each Disbursement this Period 3.10

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

13.05

**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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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CORNILLES FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) GOOGLE, INC <hr/> Mailing Address 1600 AMPHITHEATRE PARKWAY <hr/> City MOUNTAIN VIEW State CA Zip Code 94043 <hr/> Purpose of Disbursement CREDIT CARD MERCHANT FEE Candidate Name <span style="float: right;">Category/ Type</span> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8636 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 6.55
<b>B.</b>	Full Name (Last, First, Middle Initial) GOOGLE, INC <hr/> Mailing Address 1600 AMPHITHEATRE PARKWAY <hr/> City MOUNTAIN VIEW State CA Zip Code 94043 <hr/> Purpose of Disbursement CREDIT CARD MERCHANT FEE Candidate Name <span style="float: right;">Category/ Type</span> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8637 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 3.45
<b>C.</b>	Full Name (Last, First, Middle Initial) GOOGLE, INC <hr/> Mailing Address 1600 AMPHITHEATRE PARKWAY <hr/> City MOUNTAIN VIEW State CA Zip Code 94043 <hr/> Purpose of Disbursement CREDIT CARD MERCHANT FEE Candidate Name <span style="float: right;">Category/ Type</span> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8638 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 9 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 6.40

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	16.40
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) GOOGLE, INC <hr/> Mailing Address 1600 AMPHITHEATRE PARKWAY <hr/> City MOUNTAIN VIEW State CA Zip Code 94043 <hr/> Purpose of Disbursement CREDIT CARD MERCHANT FEE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8639 Date of Disbursement 09 / 10 / 2010 <hr/> Amount of Each Disbursement this Period 1.75
<b>B.</b>	Full Name (Last, First, Middle Initial) GOOGLE, INC <hr/> Mailing Address 1600 AMPHITHEATRE PARKWAY <hr/> City MOUNTAIN VIEW State CA Zip Code 94043 <hr/> Purpose of Disbursement CREDIT CARD MERCHANT FEE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8640 Date of Disbursement 09 / 14 / 2010 <hr/> Amount of Each Disbursement this Period 14.24
<b>C.</b>	Full Name (Last, First, Middle Initial) GOOGLE, INC <hr/> Mailing Address 1600 AMPHITHEATRE PARKWAY <hr/> City MOUNTAIN VIEW State CA Zip Code 94043 <hr/> Purpose of Disbursement CREDIT CARD MERCHANT FEE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8642 Date of Disbursement 09 / 16 / 2010 <hr/> Amount of Each Disbursement this Period 4.65

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

20.64

**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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) GOOGLE, INC <hr/> Mailing Address 1600 AMPHITHEATRE PARKWAY <hr/> City MOUNTAIN VIEW State CA Zip Code 94043 <hr/> Purpose of Disbursement CREDIT CARD MERCHANT FEE Candidate Name <span style="float: right;">Category/Type</span> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8644 Date of Disbursement 09 / 20 / 2010 <hr/> Amount of Each Disbursement this Period 15.24
<b>B.</b>	Full Name (Last, First, Middle Initial) GOOGLE, INC <hr/> Mailing Address 1600 AMPHITHEATRE PARKWAY <hr/> City MOUNTAIN VIEW State CA Zip Code 94043 <hr/> Purpose of Disbursement CREDIT CARD MERCHANT FEE Candidate Name <span style="float: right;">Category/Type</span> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8647 Date of Disbursement 09 / 21 / 2010 <hr/> Amount of Each Disbursement this Period 58.55
<b>C.</b>	Full Name (Last, First, Middle Initial) GOOGLE, INC <hr/> Mailing Address 1600 AMPHITHEATRE PARKWAY <hr/> City MOUNTAIN VIEW State CA Zip Code 94043 <hr/> Purpose of Disbursement CREDIT CARD MERCHANT FEE Candidate Name <span style="float: right;">Category/Type</span> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8648 Date of Disbursement 09 / 22 / 2010 <hr/> Amount of Each Disbursement this Period 3.20

**SUBTOTAL** of Disbursements This Page (optional) ..... ► 76.99

**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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) GOOGLE, INC <hr/> Mailing Address 1600 AMPHITHEATRE PARKWAY <hr/> City MOUNTAIN VIEW State CA Zip Code 94043 <hr/> Purpose of Disbursement CREDIT CARD MERCHANT FEE Candidate Name <span style="float: right;">Category/Type</span> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8649 Date of Disbursement 09 / 23 / 2010 <hr/> Amount of Each Disbursement this Period 44.04
<b>B.</b>	Full Name (Last, First, Middle Initial) GOOGLE, INC <hr/> Mailing Address 1600 AMPHITHEATRE PARKWAY <hr/> City MOUNTAIN VIEW State CA Zip Code 94043 <hr/> Purpose of Disbursement CREDIT CARD MERCHANT FEE Candidate Name <span style="float: right;">Category/Type</span> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8650 Date of Disbursement 09 / 24 / 2010 <hr/> Amount of Each Disbursement this Period 3.20
<b>C.</b>	Full Name (Last, First, Middle Initial) GOOGLE, INC <hr/> Mailing Address 1600 AMPHITHEATRE PARKWAY <hr/> City MOUNTAIN VIEW State CA Zip Code 94043 <hr/> Purpose of Disbursement CREDIT CARD MERCHANT FEE Candidate Name <span style="float: right;">Category/Type</span> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8651 Date of Disbursement 09 / 27 / 2010 <hr/> Amount of Each Disbursement this Period 18.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	65.24
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

<b>A.</b> Full Name (Last, First, Middle Initial) GOOGLE, INC <hr/> Mailing Address 1600 AMPHITHEATRE PARKWAY <hr/> City MOUNTAIN VIEW State CA Zip Code 94043 <hr/> Purpose of Disbursement CREDIT CARD MERCHANT FEE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8655 Date of Disbursement 09 / 28 / 2010
	Amount of Each Disbursement this Period 26.32
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) GOOGLE, INC <hr/> Mailing Address 1600 AMPHITHEATRE PARKWAY <hr/> City MOUNTAIN VIEW State CA Zip Code 94043 <hr/> Purpose of Disbursement CREDIT CARD MERCHANT FEE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8656 Date of Disbursement 09 / 29 / 2010
	Amount of Each Disbursement this Period 21.80
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) GOOGLE, INC <hr/> Mailing Address 1600 AMPHITHEATRE PARKWAY <hr/> City MOUNTAIN VIEW State CA Zip Code 94043 <hr/> Purpose of Disbursement CREDIT CARD MERCHANT FEE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8657 Date of Disbursement 09 / 30 / 2010
	Amount of Each Disbursement this Period 43.25
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

91.37

**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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

**A. HELPING ENSURE RESPONSIBLE GOVERNMENT**

Full Name (Last, First, Middle Initial)

Transaction ID: SB17.8737

Mailing Address PO BOX 984

Date of Disbursement

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

City WILLOWS State CA Zip Code 95988

Amount of Each Disbursement this Period

304.22
--------

Purpose of Disbursement  
In-kind - TRAVEL

--

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

**B. MIKE HOLZMAN**

Full Name (Last, First, Middle Initial)

Transaction ID: SB17.8727

Mailing Address 12840 NW CREEKSIDE DR

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	7		2	0	1	0

City PORTLAND State OR Zip Code 97229

Amount of Each Disbursement this Period

612.92
--------

Purpose of Disbursement  
In-kind - FOOD/BEVERAGE

--

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

**C. INTEL 360**

Full Name (Last, First, Middle Initial)

Transaction ID: SB17.8658

Mailing Address 201 N. UNION STREET, STE. 550

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	2		2	0	1	0

City ALEXANDRIA State VA Zip Code 22314

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
DATA SERVICES

--

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

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

1417.14
---------

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

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
INTEL 360

Mailing Address 201 N. UNION STREET, STE. 550

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
DATA SERVICES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.8659  
Date of Disbursement

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

Amount of Each Disbursement this Period

500.00
--------

B.

Full Name (Last, First, Middle Initial)  
INTERNAL REVENUE SERVICE

Mailing Address PO BOX 409101

City OGDEN State UT Zip Code 84409

Purpose of Disbursement  
TAXES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.8574  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	1	0

Amount of Each Disbursement this Period

1551.64
---------

C.

Full Name (Last, First, Middle Initial)  
INTERNAL REVENUE SERVICE

Mailing Address PO BOX 409101

City OGDEN State UT Zip Code 84409

Purpose of Disbursement  
TAXES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.8576  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	9		2	0	1	0

Amount of Each Disbursement this Period

1544.02
---------

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

**3595.66**

**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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

<b>A.</b> Full Name (Last, First, Middle Initial) INTERNAL REVENUE SERVICE <hr/> Mailing Address PO BOX 409101 <hr/> City OGDEN State UT Zip Code 84409 <hr/> Purpose of Disbursement TAXES Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8577 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 1 0
	Amount of Each Disbursement this Period 2278.35
	Category/ Type
	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) INTERNAL REVENUE SERVICE <hr/> Mailing Address PO BOX 409101 <hr/> City OGDEN State UT Zip Code 84409 <hr/> Purpose of Disbursement TAXES Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8580 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 1 0
	Amount of Each Disbursement this Period 1747.47
	Category/ Type
	Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) INTERNAL REVENUE SERVICE <hr/> Mailing Address PO BOX 409101 <hr/> City OGDEN State UT Zip Code 84409 <hr/> Purpose of Disbursement TAXES Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8582 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 1 0
	Amount of Each Disbursement this Period 1741.50
	Category/ Type
	Category/ Type

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

5767.32

**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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
INTERNAL REVENUE SERVICE

Transaction ID: SB17.8585

Date of Disbursement

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

Mailing Address PO BOX 409101

Amount of Each Disbursement this Period

1741.46
---------

City OGDEN State UT Zip Code 84409

Purpose of Disbursement  
TAXES

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
BROCK LOWRENCE

Transaction ID: SB17.8699

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	1	0

Mailing Address 2109 NW IRVING #414

Amount of Each Disbursement this Period

1842.59
---------

City PORTLAND State OR Zip Code 97210

Purpose of Disbursement  
PAYROLL

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
BROCK LOWRENCE

Transaction ID: SB17.8700

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	1	0

Mailing Address 2109 NW IRVING #414

Amount of Each Disbursement this Period

1842.59
---------

City PORTLAND State OR Zip Code 97210

Purpose of Disbursement  
PAYROLL

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

5426.64
---------

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

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 133 / 167

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
BROCK LOWRENCE

Transaction ID: SB17.8704  
Date of Disbursement

Mailing Address 2109 NW IRVING #414

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

City PORTLAND State OR Zip Code 97210

Amount of Each Disbursement this Period

Purpose of Disbursement  
TRAVEL

--

304.50
--------

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
MOORE INFORMATION, INC.

Transaction ID: SB17.8557  
Date of Disbursement

Mailing Address 2130 SW JEFFERSON ST., STE. 200

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	7		2	0	1	0

City PORTLAND State OR Zip Code 97201

Amount of Each Disbursement this Period

Purpose of Disbursement  
POLLING

--

3550.00
---------

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
ALEX OPSAHL

Transaction ID: SB17.8677  
Date of Disbursement

Mailing Address 7196 SW ASCOT COURT

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	1	0

City PORTLAND State OR Zip Code 97213

Amount of Each Disbursement this Period

Purpose of Disbursement  
PAYROLL

--

853.16
--------

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

4707.66
---------

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

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

<p><b>A.</b> Full Name (Last, First, Middle Initial) ALEX OPSAHL</p> <p>Mailing Address 7196 SW ASCOT COURT</p> <p>City PORTLAND State OR Zip Code 97213</p> <p>Purpose of Disbursement TRAVEL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.8594</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="722.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) ALEX OPSAHL</p> <p>Mailing Address 7196 SW ASCOT COURT</p> <p>City PORTLAND State OR Zip Code 97213</p> <p>Purpose of Disbursement PAYROLL</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.8680</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="853.16"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) ALEX OPSAHL</p> <p>Mailing Address 7196 SW ASCOT COURT</p> <p>City PORTLAND State OR Zip Code 97213</p> <p>Purpose of Disbursement PAYROLL</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.8685</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="853.16"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="2428.32"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></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 135 / 167

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) ALEX OPSAHL  Mailing Address 7196 SW ASCOT COURT  City PORTLAND State OR Zip Code 97213  Purpose of Disbursement PAYROLL Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.8686 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 1 0	Amount of Each Disbursement this Period 888.02
<b>B.</b>	Full Name (Last, First, Middle Initial) ALEX OPSAHL  Mailing Address 7196 SW ASCOT COURT  City PORTLAND State OR Zip Code 97213  Purpose of Disbursement PAYROLL Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.8690 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 1 0	Amount of Each Disbursement this Period 888.01
<b>C.</b>	Full Name (Last, First, Middle Initial) ALEX OPSAHL  Mailing Address 7196 SW ASCOT COURT  City PORTLAND State OR Zip Code 97213  Purpose of Disbursement TRAVEL Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.8596 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 1 0	Amount of Each Disbursement this Period 1443.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3219.03</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
OREGON DEPARTMENT OF REVENUE

Mailing Address 955 CENTER ST NE

City SALEM State OR Zip Code 97301

Purpose of Disbursement  
TAXES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.8573

Date of Disbursement

07 / 15 / 2010

Amount of Each Disbursement this Period

568.19

**B.** Full Name (Last, First, Middle Initial)  
OREGON DEPARTMENT OF REVENUE

Mailing Address 955 CENTER ST NE

City SALEM State OR Zip Code 97301

Purpose of Disbursement  
TAXES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.8575

Date of Disbursement

07 / 29 / 2010

Amount of Each Disbursement this Period

568.19

**C.** Full Name (Last, First, Middle Initial)  
OREGON DEPARTMENT OF REVENUE

Mailing Address 955 CENTER ST NE

City SALEM State OR Zip Code 97301

Purpose of Disbursement  
TAXES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.8578

Date of Disbursement

08 / 16 / 2010

Amount of Each Disbursement this Period

689.70

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

1826.08

**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 137 / 167

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) OREGON DEPARTMENT OF REVENUE <hr/> Mailing Address 955 CENTER ST NE <hr/> City SALEM State OR Zip Code 97301 <hr/> Purpose of Disbursement TAXES Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8581 Date of Disbursement M M / D D / Y Y Y Y 08 / 30 / 2010 <hr/> Amount of Each Disbursement this Period 539.71
B.	Full Name (Last, First, Middle Initial) OREGON DEPARTMENT OF REVENUE <hr/> Mailing Address 955 CENTER ST NE <hr/> City SALEM State OR Zip Code 97301 <hr/> Purpose of Disbursement TAXES Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8583 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2010 <hr/> Amount of Each Disbursement this Period 539.71
C.	Full Name (Last, First, Middle Initial) OREGON DEPARTMENT OF REVENUE <hr/> Mailing Address 955 CENTER ST NE <hr/> City SALEM State OR Zip Code 97301 <hr/> Purpose of Disbursement TAXES Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8584 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010 <hr/> Amount of Each Disbursement this Period 539.72

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

1619.14

**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 138 / 167

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) OREGON SECRETARY OF STATE <hr/> Mailing Address 136 STATE CAPITOL <hr/> City SALEM State OR Zip Code 97301 <hr/> Purpose of Disbursement FILING FEE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8705 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 2500.00
<b>B.</b>	Full Name (Last, First, Middle Initial) PACIFIC CAPITAL PARTNERS <hr/> Mailing Address 7327 NW BARNES ROAD, PMB 120 <hr/> City PORTLAND State OR Zip Code 97225 <hr/> Purpose of Disbursement RENT Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8570 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 2583.00
<b>C.</b>	Full Name (Last, First, Middle Initial) PACIFIC CAPITAL PARTNERS <hr/> Mailing Address 7327 NW BARNES ROAD, PMB 120 <hr/> City PORTLAND State OR Zip Code 97225 <hr/> Purpose of Disbursement RENT Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8571 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 2583.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7666.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>PACIFIC CAPITAL PARTNERS</b>	<b>Transaction ID:</b> SB17.8572 Date of Disbursement 09 / 03 / 2010	
	Mailing Address 7327 NW BARNES ROAD, PMB 120		
	City PORTLAND State OR Zip Code 97225	Amount of Each Disbursement this Period	2583.00
	Purpose of Disbursement RENT		
	Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>DAN PECK</b>	<b>Transaction ID:</b> SB17.8593 Date of Disbursement 07 / 28 / 2010	
	Mailing Address 17731 MANDEL LANE		
	City SHERWOOD State OR Zip Code 97140	Amount of Each Disbursement this Period	422.15
	Purpose of Disbursement TRAVEL		
	Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>DAN PECK</b>	<b>Transaction ID:</b> SB17.8595 Date of Disbursement 08 / 31 / 2010	
	Mailing Address 17731 MANDEL LANE		
	City SHERWOOD State OR Zip Code 97140	Amount of Each Disbursement this Period	508.80
	Purpose of Disbursement TRAVEL		
	Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3513.95</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 141 / 167

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) DANIEL PECK <hr/> Mailing Address 1115 ESTHER ST STE B <hr/> City VANCOUVER State WA Zip Code 98660 <hr/> Purpose of Disbursement PAYROLL Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8683 Date of Disbursement 08 / 15 / 2010 <hr/> Amount of Each Disbursement this Period 654.12
<b>B.</b>	Full Name (Last, First, Middle Initial) DANIEL PECK <hr/> Mailing Address 1115 ESTHER ST STE B <hr/> City VANCOUVER State WA Zip Code 98660 <hr/> Purpose of Disbursement PAYROLL Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8688 Date of Disbursement 08 / 31 / 2010 <hr/> Amount of Each Disbursement this Period 723.82
<b>C.</b>	Full Name (Last, First, Middle Initial) DANIEL PECK <hr/> Mailing Address 1115 ESTHER ST STE B <hr/> City VANCOUVER State WA Zip Code 98660 <hr/> Purpose of Disbursement PAYROLL Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8692 Date of Disbursement 09 / 16 / 2010 <hr/> Amount of Each Disbursement this Period 723.81

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

2101.75

**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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

<b>A.</b> Full Name (Last, First, Middle Initial) REAL GOOD TECHNOLOGIES Mailing Address 535 16TH STREET, SUITE 320 City DENVER State CO Zip Code 80202 Purpose of Disbursement TEXT MESSAGING PRODUCTS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8588 Date of Disbursement 07 / 01 / 2010
	Amount of Each Disbursement this Period 415.24
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) REAL GOOD TECHNOLOGIES Mailing Address 535 16TH STREET, SUITE 320 City DENVER State CO Zip Code 80202 Purpose of Disbursement TEXT MESSAGING PRODUCTS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8589 Date of Disbursement 08 / 02 / 2010
	Amount of Each Disbursement this Period 415.50
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) REAL GOOD TECHNOLOGIES Mailing Address 535 16TH STREET, SUITE 320 City DENVER State CO Zip Code 80202 Purpose of Disbursement TEXT MESSAGING PRODUCTS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8590 Date of Disbursement 09 / 30 / 2010
	Amount of Each Disbursement this Period 415.10
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

1245.84

**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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
STAFFORD STUDIOS

Transaction ID: SB17.8600  
Date of Disbursement

Mailing Address 6270 SE 29TH WAY

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	2		2	0	1	0

City GRESHAM State OR Zip Code 97080

Amount of Each Disbursement this Period

Purpose of Disbursement  
WEB SERVICE

--

320.00
--------

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
STAFFORD STUDIOS

Transaction ID: SB17.8603  
Date of Disbursement

Mailing Address 6270 SE 29TH WAY

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

City GRESHAM State OR Zip Code 97080

Amount of Each Disbursement this Period

Purpose of Disbursement  
WEB SERVICES

--

540.00
--------

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
STARK TIFFANY

Transaction ID: SB17.8669  
Date of Disbursement

Mailing Address PO BOX 13470

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	0		2	0	1	0

City PORTLAND State OR Zip Code 97213

Amount of Each Disbursement this Period

Purpose of Disbursement  
FINANCE CONSULTING

--

5000.00
---------

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

5860.00
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TOTAL This Period (last page this line number only) ..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 144 / 167

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>STARK TIFFANY</b>  Mailing Address <b>PO BOX 13470</b>  City <b>PORTLAND</b> State <b>OR</b> Zip Code <b>97213</b> Purpose of Disbursement <b>FINANCE CONSULTING</b> Candidate Name _____ Category/Type _____  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: _____ District: _____	Transaction ID: <b>SB17.8670</b> Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">5000.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	2		2	0	1	0	5000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		0	2		2	0	1	0														
5000.00																							
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>STARK TIFFANY</b>  Mailing Address <b>PO BOX 13470</b>  City <b>PORTLAND</b> State <b>OR</b> Zip Code <b>97213</b> Purpose of Disbursement <b>FINANCE CONSULTING</b> Candidate Name _____ Category/Type _____  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: _____ District: _____	Transaction ID: <b>SB17.8671</b> Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">5000.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	3		2	0	1	0	5000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		0	3		2	0	1	0														
5000.00																							
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>UNIVERSITY CLUB OF PORTLAND</b>  Mailing Address <b>1225 SW SIXTH AVENUE</b>  City <b>PORTLAND</b> State <b>OR</b> Zip Code <b>97204</b> Purpose of Disbursement <b>FACILITY RENTAL FEE</b> Candidate Name _____ Category/Type _____  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: _____ District: _____	Transaction ID: <b>SB17.8674</b> Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">255.20</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		3	0		2	0	1	0	255.20
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		3	0		2	0	1	0														
255.20																							

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

**10255.20**

**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 145 / 167

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) UNIVERSITY PLACE  Mailing Address 310 SW LINCOLN STREET  City PORTLAND State OR Zip Code 97201  Purpose of Disbursement FACILITY RENTAL FEE Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8661 Date of Disbursement 09 / 30 / 2010  Amount of Each Disbursement this Period 345.00  Category/Type
<b>B.</b>	Full Name (Last, First, Middle Initial) UPGRADEFILMS  Mailing Address 3299 K ST., NW, STE. 200  City WASHINGTON State DC Zip Code 20007  Purpose of Disbursement MEDIA Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8599 Date of Disbursement 09 / 17 / 2010  Amount of Each Disbursement this Period 8000.00  Category/Type
<b>C.</b>	Full Name (Last, First, Middle Initial) US BANK  Mailing Address PO BOX 790408  City ST LOUIS State MO Zip Code 63179  Purpose of Disbursement CREDIT CARD PAYMENT Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8710 Date of Disbursement 07 / 06 / 2010  Amount of Each Disbursement this Period 705.86  Category/Type

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

9050.86

**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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
VIRGIN MOBILE USA

Transaction ID: SB17.8710.0  
Date of Disbursement

Mailing Address 10 INDEPENDENCE BLVD  
2ND FLOOR

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	6		2	0	1	0

City WARREN State NJ Zip Code 07059

Amount of Each Disbursement this Period

160.00
--------

Purpose of Disbursement  
TELEPHONE SERVICE

Category/ Type
-------------------

Candidate Name

[MEMO ITEM]

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

B.

Full Name (Last, First, Middle Initial)  
CITY OF PORTLAND

Transaction ID: SB17.8710.1  
Date of Disbursement

Mailing Address 1120 SW 5TH  
STE 800

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	6		2	0	1	0

City PORTLAND State OR Zip Code 97204

Amount of Each Disbursement this Period

6.40
------

Purpose of Disbursement  
PARKING

Category/ Type
-------------------

Candidate Name

[MEMO ITEM]

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

C.

Full Name (Last, First, Middle Initial)  
CONGRESSIONAL QUARTERLY

Transaction ID: SB17.8710.2  
Date of Disbursement

Mailing Address 1255 22ND ST NW

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	6		2	0	1	0

City WASHINGTON State DC Zip Code 20037

Amount of Each Disbursement this Period

243.17
--------

Purpose of Disbursement  
SUBSCRIPTION

Category/ Type
-------------------

Candidate Name

[MEMO ITEM]

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

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

0.00
------

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

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
USPS

Mailing Address 19190 SW 90TH

City TUALATIN State OR Zip Code 97062

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.8710.3  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	6		2	0	1	0

Amount of Each Disbursement this Period

39.60

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
FEDEX KINKOS

Mailing Address 8707 SW TUALATIN-SHERWOOD RD

City TUALATIN State OR Zip Code 97062

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.8710.4  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	6		2	0	1	0

Amount of Each Disbursement this Period

29.84

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
WESTSIDE ECONOMIC ALLIANCE

Mailing Address 10220 SW NIMBUS AVE  
STE K012

City PORTLAND State OR Zip Code 97223

Purpose of Disbursement  
REGISTRATION FEE

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.8710.5  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	6		2	0	1	0

Amount of Each Disbursement this Period

25.00

[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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

<p><b>A.</b> Full Name (Last, First, Middle Initial) VONAGE</p> <p>Mailing Address 23 MAIN STREET</p> <p>City HOLMDEL State NJ Zip Code 07733</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>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.8710.6</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="32.76"/></p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) CONSTANT CONTACT</p> <p>Mailing Address 1601 TRAPELO RD</p> <p>City WALTHAM State MA Zip Code 02451</p> <p>Purpose of Disbursement WEB SERVICE</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.8710.7</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="75.00"/></p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) TARGET</p> <p>Mailing Address 1000 NICOLLET MALL</p> <p>City MINNEAPOLIS State MN Zip Code 55403</p> <p>Purpose of Disbursement OFFICE SUPPLIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.8710.8</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="20.43"/></p> <p><b>[MEMO ITEM]</b></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="0.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text" value=""/></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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) VILLAGE INN <hr/> Mailing Address 400 W. 48TH AVE <hr/> City DENVER State CO Zip Code 80216 <hr/> Purpose of Disbursement TRAVEL Candidate Name <span style="float: right;">Category/Type</span> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8710.9 Date of Disbursement 07 / 06 / 2010 <hr/> Amount of Each Disbursement this Period 68.90 <hr/> [MEMO ITEM]
<b>B.</b>	Full Name (Last, First, Middle Initial) K MART <hr/> Mailing Address 3333 BEVERLY RD <hr/> City HOFFMAN ESTATES State IL Zip Code 60179 <hr/> Purpose of Disbursement FOOD/BEVERAGE Candidate Name <span style="float: right;">Category/Type</span> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8710.10 Date of Disbursement 07 / 06 / 2010 <hr/> Amount of Each Disbursement this Period 4.76 <hr/> [MEMO ITEM]
<b>C.</b>	Full Name (Last, First, Middle Initial) MCDONALDS <hr/> Mailing Address 1 MCDONALDS PLAZA <hr/> City OAK BROOK State IL Zip Code 60523 <hr/> Purpose of Disbursement FOOD/BEVERAGE Candidate Name <span style="float: right;">Category/Type</span> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8710.11 Date of Disbursement 07 / 06 / 2010 <hr/> Amount of Each Disbursement this Period 10.58 <hr/> [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 150 / 167

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) US BANK <hr/> Mailing Address PO BOX 790408 <hr/> City ST LOUIS State MO Zip Code 63179 <hr/> Purpose of Disbursement CREDIT CARD PAYMENT Candidate Name <span style="float: right;">Category/ Type</span> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8711 Date of Disbursement 08 / 06 / 2010 <hr/> Amount of Each Disbursement this Period 2313.39
<b>B.</b>	Full Name (Last, First, Middle Initial) CONGRESSIONAL QUARTERLY <hr/> Mailing Address 1255 22ND ST NW <hr/> City WASHINGTON State DC Zip Code 20037 <hr/> Purpose of Disbursement SUBSCRIPTION Candidate Name <span style="float: right;">Category/ Type</span> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8711.0 Date of Disbursement 08 / 06 / 2010 <hr/> Amount of Each Disbursement this Period 486.34  <b>[MEMO ITEM]</b>
<b>C.</b>	Full Name (Last, First, Middle Initial) CITY OF PORTLAND <hr/> Mailing Address 1120 SW 5TH STE 800 <hr/> City PORTLAND State OR Zip Code 97204 <hr/> Purpose of Disbursement PARKING Candidate Name <span style="float: right;">Category/ Type</span> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8711.1 Date of Disbursement 08 / 06 / 2010 <hr/> Amount of Each Disbursement this Period 13.30  <b>[MEMO ITEM]</b>

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

2313.39

**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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
COMCAST

Mailing Address PO BOX 34227

City SEATTLE State WA Zip Code 98124

Purpose of Disbursement  
UTILITIES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.8711.2  
Date of Disbursement

08 / 06 / 2010

Amount of Each Disbursement this Period

1201.89

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
USPS

Mailing Address 19190 SW 90TH

City TUALATIN State OR Zip Code 97062

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.8711.3  
Date of Disbursement

08 / 06 / 2010

Amount of Each Disbursement this Period

88.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
FRED MEYER

Mailing Address 3800 SE 22ND AVE

City PORTLAND State OR Zip Code 97202

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.8711.4  
Date of Disbursement

08 / 06 / 2010

Amount of Each Disbursement this Period

7.98

[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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
STAPLES

Mailing Address 500 STAPLES DR

City State Zip Code  
FRAMINGHAM MA 01702

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.8711.5  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	6		2	0	1	0

Amount of Each Disbursement this Period

39.98
-------

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
WESTSIDE ECONOMIC ALLIANCE

Mailing Address 10220 SW NIMBUS AVE  
STE K012

City State Zip Code  
PORTLAND OR 97223

Purpose of Disbursement  
REGISTRATION FEE

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.8711.6  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	6		2	0	1	0

Amount of Each Disbursement this Period

25.00
-------

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
GODADDY.COM

Mailing Address 14455 N HAYDEN RD  
STE 219

City State Zip Code  
SCOTTSDALE AZ 85260

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.8711.7  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	6		2	0	1	0

Amount of Each Disbursement this Period

217.92
--------

[MEMO ITEM]

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

0.00
------

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

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
VONAGE

Mailing Address 23 MAIN STREET

City HOLMDEL State NJ Zip Code 07733

Purpose of Disbursement  
TELEPHONE SERVICE

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.8711.8  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	6		2	0	1	0

Amount of Each Disbursement this Period

32.76
-------

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
CONSTANT CONTACT

Mailing Address 1601 TRAPELO RD

City WALTHAM State MA Zip Code 02451

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.8711.9  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	6		2	0	1	0

Amount of Each Disbursement this Period

75.00
-------

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
HAGGEN INC

Mailing Address P.O. Box 9704

City BELLINGHAM State WA Zip Code 98227

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.8711.10  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	6		2	0	1	0

Amount of Each Disbursement this Period

13.98
-------

[MEMO ITEM]

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

0.00
------

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

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
SHELL OIL

Mailing Address P.O. BOX 2463

City HOUSTON State TX Zip Code 77252

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.8711.11  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	6		2	0	1	0

Amount of Each Disbursement this Period

40.00
-------

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
THE HOME DEPOT

Mailing Address 2455 PACES FERRY RD NW

City ATLANTA State GA Zip Code 30339

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.8711.12  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	6		2	0	1	0

Amount of Each Disbursement this Period

41.24
-------

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
TUALITY COMMUNITY HOSPITAL

Mailing Address 335 SE 8TH AVE

City HILLSBORO State OR Zip Code 97123

Purpose of Disbursement  
REGISTRATION FEE

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.8711.13  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	6		2	0	1	0

Amount of Each Disbursement this Period

15.00
-------

[MEMO ITEM]

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

0.00
------

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

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) RACEIT.COM	Transaction ID: SB17.8711.14 Date of Disbursement 08 / 06 / 2010
	Mailing Address 5207 HICKORY PARK DR STE E	Amount of Each Disbursement this Period 15.00
	City GLEN ALLEN State VA Zip Code 23059	
	Purpose of Disbursement REGISTRATION FEE	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) HEATHMAN RESTAURANT	Transaction ID: SB17.8711.15 Date of Disbursement 08 / 06 / 2010
	Mailing Address 1001 SW BROADWAY	Amount of Each Disbursement this Period 250.00
	City PORTLAND State OR Zip Code 97205	
	Purpose of Disbursement CATERING	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) US BANK	Transaction ID: SB17.8712 Date of Disbursement 09 / 03 / 2010
	Mailing Address PO BOX 790408	Amount of Each Disbursement this Period 1030.37
	City ST LOUIS State MO Zip Code 63179	
	Purpose of Disbursement CREDIT CARD PAYMENT	
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1030.37
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 156 / 167

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
WASHINGTON METRO RAIL

Mailing Address 600 5TH ST NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.8712.0

Date of Disbursement

09 / 03 / 2010

Amount of Each Disbursement this Period

10.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
ALBERTSONS

Mailing Address PO BOX 990

City MINNEAPOLIS State MN Zip Code 55440

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.8712.1

Date of Disbursement

09 / 03 / 2010

Amount of Each Disbursement this Period

13.47

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
U-HAUL

Mailing Address 2727 N CENTRAL AVE

City PHOENIX State AZ Zip Code 85004

Purpose of Disbursement  
EQUIPMENT RENTAL

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.8712.2

Date of Disbursement

09 / 03 / 2010

Amount of Each Disbursement this Period

37.95

[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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

<p><b>A.</b> Full Name (Last, First, Middle Initial) KAADY CAR WASH</p> <p>Mailing Address 7400 SW BARBUR BLVD</p> <p>City PORTLAND State OR Zip Code 97219</p> <p>Purpose of Disbursement TRAVEL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.8712.3</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: right;">5.00</td> </tr> </table> <p><b>[MEMO ITEM]</b></p>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	3		2	0	1	0	5.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		0	3		2	0	1	0													
5.00																						
<p><b>B.</b> Full Name (Last, First, Middle Initial) MICHAELS</p> <p>Mailing Address 8000 BENT BRANCH DR</p> <p>City IRVING State TX Zip Code 75063</p> <p>Purpose of Disbursement DECORATIONS</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.8712.4</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: right;">10.98</td> </tr> </table> <p><b>[MEMO ITEM]</b></p>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	3		2	0	1	0	10.98
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		0	3		2	0	1	0													
10.98																						
<p><b>C.</b> Full Name (Last, First, Middle Initial) USPS</p> <p>Mailing Address 19190 SW 90TH</p> <p>City TUALATIN State OR Zip Code 97062</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>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.8712.5</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: right;">72.66</td> </tr> </table> <p><b>[MEMO ITEM]</b></p>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	3		2	0	1	0	72.66
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		0	3		2	0	1	0													
72.66																						

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<table border="1"> <tr> <td style="text-align: right;">0.00</td> </tr> </table>	0.00
0.00		
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<table border="1"> <tr> <td style="text-align: right;"> </td> </tr> </table>	

**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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) FEDEX KINKOS	Transaction ID: SB17.8712.6 Date of Disbursement 09 / 03 / 2010
	Mailing Address 8707 SW TUALATIN-SHERWOOD RD	Amount of Each Disbursement this Period 30.57
	City TUALATIN State OR Zip Code 97062	
	Purpose of Disbursement POSTAGE	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) CITY OF PORTLAND	Transaction ID: SB17.8712.7 Date of Disbursement 09 / 03 / 2010
	Mailing Address 1120 SW 5TH STE 800	Amount of Each Disbursement this Period 7.60
	City PORTLAND State OR Zip Code 97204	
	Purpose of Disbursement PARKING	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) CONSTANT CONTACT	Transaction ID: SB17.8712.8 Date of Disbursement 09 / 03 / 2010
	Mailing Address 1601 TRAPELO RD	Amount of Each Disbursement this Period 75.00
	City WALTHAM State MA Zip Code 02451	
	Purpose of Disbursement WEB SERVICE	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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



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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

<p><b>A.</b> Full Name (Last, First, Middle Initial) SOUTHWEST AIRLINES</p> <p>Mailing Address 2702 LOVE FIELD DR</p> <p>City DALLAS State TX Zip Code 75235</p> <p>Purpose of Disbursement TRAVEL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.8712.12</p> <p>Date of Disbursement 09 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 234.40</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) CHEVRON</p> <p>Mailing Address 6001 BOLLINGER CANYON RD</p> <p>City SAN RAMON State CA Zip Code 94583</p> <p>Purpose of Disbursement TRAVEL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.8712.13</p> <p>Date of Disbursement 09 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 40.00</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) TIGARD AREA CHAMBER OF COMMERCE</p> <p>Mailing Address 12345 SW MAIN ST</p> <p>City TIGARD State OR Zip Code 97223</p> <p>Purpose of Disbursement REGISTRATION FEE</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.8712.14</p> <p>Date of Disbursement 09 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 10.00</p> <p><b>[MEMO ITEM]</b></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>0.00</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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

<p><b>A.</b> Full Name (Last, First, Middle Initial) SESAME DONUTS</p> <p>Mailing Address 6990 SW BEAVERTON-HILLSDALE HWY</p> <p>City PORTLAND State OR Zip Code 97225</p> <p>Purpose of Disbursement FOOD/BEVERAGE</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.8712.15</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="20.33"/></p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> 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 FOOD/BEVERAGE</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.8712.16</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="12.00"/></p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) KRISPY KREME</p> <p>Mailing Address P.O. BOX 83</p> <p>City WINSTON-SALEM State NC Zip Code 27102</p> <p>Purpose of Disbursement FOOD/BEVERAGE</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.8712.17</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="14.99"/></p> <p><b>[MEMO ITEM]</b></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="0.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) USPS Mailing Address 19190 SW 90TH City TUALATIN State OR Zip Code 97062 Purpose of Disbursement POSTAGE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.8559 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 2 / 2 0 1 0	<b>Amount of Each Disbursement this Period</b> 585.00
<b>B.</b>	Full Name (Last, First, Middle Initial) USPS Mailing Address 19190 SW 90TH City TUALATIN State OR Zip Code 97062 Purpose of Disbursement POSTAGE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.8560 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 7 / 2 0 1 0	<b>Amount of Each Disbursement this Period</b> 175.00
<b>C.</b>	Full Name (Last, First, Middle Initial) WASHINGTON COUNTY Mailing Address 169 N. FIRST AVE., MS#42 City HILLSBORO State OR Zip Code 97124 Purpose of Disbursement FACILITY RENTAL FEE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.8663 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 1 0	<b>Amount of Each Disbursement this Period</b> 210.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>970.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 164 / 167

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) WEST MERIDIAN LLC <hr/> Mailing Address 914 164TH STREET SE STE 343 <hr/> City MILL CREEK State WA Zip Code 98012 <hr/> Purpose of Disbursement PRINTING/POSTAGE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.8562 Date of Disbursement 07 / 06 / 2010	Amount of Each Disbursement this Period 14257.75
<b>B.</b>	Full Name (Last, First, Middle Initial) WEST MERIDIAN LLC <hr/> Mailing Address 914 164TH STREET SE STE 343 <hr/> City MILL CREEK State WA Zip Code 98012 <hr/> Purpose of Disbursement POLITICAL STRATEGY CONSULTING Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.8654 Date of Disbursement 08 / 02 / 2010	Amount of Each Disbursement this Period 6500.00
<b>C.</b>	Full Name (Last, First, Middle Initial) WEST MERIDIAN LLC <hr/> Mailing Address 914 164TH STREET SE STE 343 <hr/> City MILL CREEK State WA Zip Code 98012 <hr/> Purpose of Disbursement PRINTING Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.8561 Date of Disbursement 08 / 31 / 2010	Amount of Each Disbursement this Period 18886.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....		<b>39643.75</b>
<b>TOTAL</b> This Period (last page this line number only) .....		

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 165 / 167

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

<p><b>A.</b> Full Name (Last, First, Middle Initial) WEST MERIDIAN LLC</p> <p>Mailing Address 914 164TH STREET SE STE 343</p> <p>City MILL CREEK State WA Zip Code 98012</p> <p>Purpose of Disbursement POLITICAL STRATEGY CONSULTING</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.8667</p> <p>Date of Disbursement 09 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 6500.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) WEST MERIDIAN LLC</p> <p>Mailing Address 914 164TH STREET SE STE 343</p> <p>City MILL CREEK State WA Zip Code 98012</p> <p>Purpose of Disbursement PRINTING/POSTAGE</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.8675</p> <p>Date of Disbursement 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 11492.63</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) WEST MERIDIAN LLC</p> <p>Mailing Address 914 164TH STREET SE STE 343</p> <p>City MILL CREEK State WA Zip Code 98012</p> <p>Purpose of Disbursement POLITICAL STRATEGY CONSULTING/TRAVEL/PRINTING</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.8679</p> <p>Date of Disbursement 09 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 13292.30</p>

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

**31284.93**

**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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

<p><b>A.</b> Full Name (Last, First, Middle Initial) WINCO FOODS INC.</p> <p>Mailing Address PO BOX 5756</p> <p>City BOISE State ID Zip Code 83705</p> <p>Purpose of Disbursement FOOD/BEVERAGE</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.8665</p> <p>Date of Disbursement</p> <p><input type="text" value="07"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="345.23"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) WINCO FOODS INC.</p> <p>Mailing Address PO BOX 5756</p> <p>City BOISE State ID Zip Code 83705</p> <p>Purpose of Disbursement FOOD/BEVERAGE</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.8666</p> <p>Date of Disbursement</p> <p><input type="text" value="07"/> <input type="text" value="22"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="86.90"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) WINCO FOODS INC.</p> <p>Mailing Address PO BOX 5756</p> <p>City BOISE State ID Zip Code 83705</p> <p>Purpose of Disbursement CATERING</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.8672</p> <p>Date of Disbursement</p> <p><input type="text" value="08"/> <input type="text" value="06"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="215.36"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="647.49"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="164874.24"/>

# 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)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
CORNILLES FOR CONGRESS

<p><b>A.</b> Full Name (Last, First, Middle Initial) MICHAEL K. ERICKSON</p> <p>Mailing Address 5080 SW SAUM WAY</p> <p>City TUALATIN State OR Zip Code 97062</p> <p>Purpose of Disbursement CONTRIBUTION</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><b>Transaction ID:</b> SB20A.8547</p> <p>Date of Disbursement 08 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) NORMAN DEAN GREGSON</p> <p>Mailing Address 22675 SW MIAMI DR</p> <p>City TUALATIN State OR Zip Code 97062</p> <p>Purpose of Disbursement CONTRIBUTION REFUND</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><b>Transaction ID:</b> SB20A.8550</p> <p>Date of Disbursement 09 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 2400.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) PAULA TEEVIN</p> <p>Mailing Address 42894 OLD HIGHWAY 30</p> <p>City ASTORIA State OR Zip Code 97103</p> <p>Purpose of Disbursement CONTRIBUTION REFUND</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><b>Transaction ID:</b> SB20A.8548</p> <p>Date of Disbursement 08 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 2400.00</p>

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

6300.00

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

6300.00