

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Patty Snow for Congress

ADDRESS (number and street)

251 Northridge Terrace

Check if different
than previously
reported. (ACC)

Medford

OR

97501

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00911594

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

OR

02

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

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

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

5. Covering Period

M M /

04

D D /

30

Y Y Y Y /

2026

through

M M /

06

D D /

30

Y Y Y Y /

2026

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

Type or Print Name of Treasurer Snow, Patty, , ,

Signature of Treasurer

Snow, Patty, , ,

Date

M M /

07

D D /

15

Y Y Y Y /

2026

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office
Use
Only**FEC FORM 3**
(Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

Patty Snow for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	2	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	2	6

	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))	345.00	26948.00
(b) Total Contribution Refunds (from Line 20(d))	5691.42	5691.42
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	- 5346.42	21256.58
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	3705.95	20875.69
(b) Total Offsets to Operating Expenditures (from Line 14)	326.20	326.20
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	3379.75	20549.49
8. Cash on Hand at Close of Reporting Period (from Line 27)	707.09	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	405.34	

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov.

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Patty Snow for Congress

Report Covering the Period:

From:

MM / DD / YYYY
04 / 30 / 2026

To:

MM / DD / YYYY
06 / 30 / 2026**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).....

225.00

19343.00

(ii) Unitemized

120.00

7605.00

(iii) TOTAL of contributions
from individuals ▶

345.00

26948.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

0.00

0.00

(d) The Candidate

0.00

0.00

(e) TOTAL CONTRIBUTIONS
(other than loans)
(add Lines 11(a)(iii), (b), (c), and (d))..

345.00

26948.00

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.)

326.20

326.20

15. OTHER RECEIPTS
(Dividends, Interest, etc.)

0.00

0.00

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

671.20

27274.20

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	3705.95	20875.69
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	5691.42	5691.42
(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)).....	5691.42	5691.42
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	9397.37	26567.11

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	9433.26
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	671.20
25. SUBTOTAL (add Line 23 and Line 24).....	10104.46
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	9397.37
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	707.09

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

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

FOR LINE NUMBER:
(check only one)

PAGE 5 OF 13

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

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

NAME OF COMMITTEE (In Full)

Patty Snow for Congress

Full Name (Last, First, Middle Initial)

Adrian-Thiroux, Jennifer, , ,

A.

Mailing Address 470 Beach Street

City

Ashland

State

OR

Zip Code

97520

FEC ID number of contributing
federal political committee.

C

Name of Employer

Not Employed

Occupation

Not Employed

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 17 2026

Transaction ID : A-329

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Adrian-Thiroux, Jennifer, , ,

B.

Mailing Address 470 Beach Street

City

Ashland

State

OR

Zip Code

97520

FEC ID number of contributing
federal political committee.

C

Name of Employer

Not Employed

Occupation

Not Employed

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 17 2026

Transaction ID : A-330

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Bartz, Debra, , ,

C.

Mailing Address 8646 Wagner Creek Rd

City

Talent

State

OR

Zip Code

97540

FEC ID number of contributing
federal political committee.

C

Name of Employer

Not Employed

Occupation

Not Employed

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

3400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 17 2026

Transaction ID : A-331

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

125.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 13

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

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NAME OF COMMITTEE (In Full)

Patty Snow for Congress

Full Name (Last, First, Middle Initial)

Teeters, Kay, , ,

A.

Mailing Address 918 Mountain Meadows Cir

City

Ashland

State

OR

Zip Code

97520

FEC ID number of contributing
federal political committee.

C

Name of Employer

Not Employed

Occupation

Not Employed

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 15 2026

Transaction ID : A-332

Amount of Each Receipt this Period

100.00

☐ Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

100.00

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

225.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 13

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

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NAME OF COMMITTEE (In Full)

Patty Snow for Congress

Full Name (Last, First, Middle Initial)

C&E Systems

A.

Mailing Address PO Box 42307

City

Portland

State

OR

Zip Code

97242

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary
☐ Other (specify) ▼

☐ General

Election Cycle-to-Date ▼

4314.14

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 30 2026

Transaction ID : A-347

Amount of Each Receipt this Period

326.20

☐ Memo Item
refund - overpayment

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

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

326.20

326.20

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 13

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

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NAME OF COMMITTEE (In Full)

Patty Snow for Congress

Full Name (Last, First, Middle Initial)

A. ActBlue

Mailing Address PO Box 441146

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		10		2026

City
SomervilleState
MAZip Code
02144

FEC Identification Number

C

Purpose of Disbursement
Conduit Processing Fees

001

Amount of Each Disbursement this Period

0.40

Transaction ID : B-320

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State: District: 00

Full Name (Last, First, Middle Initial)

B. ActBlue

Mailing Address PO Box 441146

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		17		2026

City
SomervilleState
MAZip Code
02144

FEC Identification Number

C

Purpose of Disbursement
Conduit Processing Fees

001

Amount of Each Disbursement this Period

0.40

Transaction ID : B-323

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State: District: 00

Full Name (Last, First, Middle Initial)

C. C&E Systems

Mailing Address PO Box 42307

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		07		2026

City
PortlandState
ORZip Code
97242

FEC Identification Number

C

Purpose of Disbursement
FEC compliance

001

Amount of Each Disbursement this Period

920.00

Transaction ID : B-338

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State: District:

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

920.80

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 13

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

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NAME OF COMMITTEE (In Full)

Patty Snow for Congress

Full Name (Last, First, Middle Initial)

A. C&E Systems

Mailing Address PO Box 42307

City
PortlandState
ORZip Code
97242Purpose of Disbursement
FEC compliance, postage

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

666.78

Transaction ID : B-339

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Integrated Solutions ISP

Mailing Address 4142 Adams Avenue

City
San DiegoState
CAZip Code
92116Purpose of Disbursement
database services

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

300.00

Transaction ID : B-340

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Integrated Solutions ISP

Mailing Address 4142 Adams Avenue

City
San DiegoState
CAZip Code
92116Purpose of Disbursement
database services

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

300.00

Transaction ID : B-341

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1266.78

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 13

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

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NAME OF COMMITTEE (In Full)

Patty Snow for Congress

Full Name (Last, First, Middle Initial)

A. SunShower LearningMailing Address 1467 Siskiyou Boulevard
#223City
AshlandState
ORZip Code
97520Purpose of Disbursement
video production

004

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

1500.00

Transaction ID : B-342

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Worldpay- C&E Merchant Services

Mailing Address PO Box 42307

City
PortlandState
ORZip Code
97242Purpose of Disbursement
credit card merchant fees

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

8.75

Transaction ID : B-343

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Worldpay- C&E Merchant Services

Mailing Address PO Box 42307

City
PortlandState
ORZip Code
97242Purpose of Disbursement
credit card merchant fees

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	6		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

3.50

Transaction ID : B-344

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1512.25

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 PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 13

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

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NAME OF COMMITTEE (In Full)

Patty Snow for Congress

Full Name (Last, First, Middle Initial)

A. Worldpay- C&E Merchant Services

Mailing Address PO Box 42307

City
PortlandState
ORZip Code
97242Purpose of Disbursement
credit card merchant fees

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	1		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

6.12

Transaction ID : B-345

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

6.12

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

3705.95

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 13

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

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NAME OF COMMITTEE (In Full)

Patty Snow for Congress

Full Name (Last, First, Middle Initial)

A. Lane, David, , ,

Mailing Address 964 Golden Aspen Pl

City
AshlandState
ORZip Code
97520Purpose of Disbursement
Refunded Contribution

010

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	1		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

2500.00

Transaction ID : B-328

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Snow, Stephen, , ,

Mailing Address 1679 Lime Wood St

City
MesquiteState
NVZip Code
89027Purpose of Disbursement
Refunded Contribution

010

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	2		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

3191.42

Transaction ID : B-346

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

5691.42

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

5691.42

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate
schedule(s)
for each
numbered line)

PAGE 13 OF 13

FOR LINE NUMBER:
(check only one)

☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Patty Snow for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Snow, Patty, , ,

Nature of Debt (Purpose):

Accrued expense: fuel

Mailing Address 251 Northridge Terrace

City

Medford

State

OR

Zip Code

97501

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-288

Amount Incurred This Period

405.34

Payment This Period

0.00

Outstanding Balance at Close of This Period

405.34

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)

405.34

2) **TOTALS** This Period (last page this line number only)

405.34

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

405.34