

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Democratic Party of Oregon**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Harris, William, , ,**

Mailing Address 2803 NW Cumberland

City  
Portland

State  
OR

Zip Code  
97210

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
N/A

Occupation (for Individual)  
Retired - Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 29 / 2017

**Transaction ID : 11ai-000129222**

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. March, Steve, , ,**

Mailing Address 842 NE 44th Ave

City  
Portland

State  
OR

Zip Code  
97213-1658

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Multnomah County

Occupation (for Individual)  
Auditor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 29 / 2017

**Transaction ID : 11ai-000129224**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Shipley, Marion, , ,**

Mailing Address 3014 NE Tillamook St

City  
Portland

State  
OR

Zip Code  
97212

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Innovative Care Management

Occupation (for Individual)  
COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 29 / 2017

**Transaction ID : 11ai-000130247**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

700.00