

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS
For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

Walden For Congress

ADDRESS (number and street) PO Box 1091

Check if different than previously reported. (ACC)

Hood River OR 97031 0037

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIP CODE

C00333427

3. IS THIS REPORT NEW (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 in the State of

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

General (30G) Runoff (30R) Special (30S)

Election on in the State of

5. Covering Period 01 01 2009 through 03 31 2009

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

Type or Print Name of Treasurer Marta Simons

Signature of Treasurer Electronically Filed by Marta Simons Date 04 15 2009

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

Office Use Only								FEC FORM 3 (Revised 02/2003)
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Walden For Congress

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	73554.70	74734.70
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	73554.70	74734.70
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	85225.37	131254.01
(b) Total Offsets to Operating Expenditures (from Line 14).....	12153.30	56851.35
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	73072.07	74402.66
8. Cash on Hand at Close of Reporting Period (from Line 27).....	319981.28	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name
Walden For Congress

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

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

3300.00

3300.00

(ii) Unitemized.....

435.00

1615.00

(iii) TOTAL of contributions

3735.00

4915.00

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

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

69819.70

69819.70

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

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

73554.70

74734.70

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.).....

12153.30

56851.35

15. OTHER RECEIPTS

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

282.51

709.90

16. TOTAL RECEIPTS (add Lines

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

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

85990.51

132295.95

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	85225.37	131254.01
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.....	0.00	0.00
(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)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	15350.00	15350.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	100575.37	146604.01

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	334566.14
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	85990.51
25. SUBTOTAL (add Line 23 and Line 24).....	420556.65
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	100575.37
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	319981.28

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 59
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Walden For Congress

A. Full Name (Last, First, Middle Initial)
Greer Kelly

Mailing Address PO Box 638

City State Zip Code
Gilchrist OR 97737

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Interfor Pacific Log Supply Coordinator

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	7	/	2	0	0	9

Transaction ID: A-C25030

Amount of Each Receipt this Period
300.00

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

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

Mailing Address 1401 Q Street NW
Apt. 205

City State Zip Code
Washington DC 20009-7819

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
McGuire Woods Consulting government relations

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	7	/	2	0	0	9

Transaction ID: A-C25028

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Henry Plaster, III

Mailing Address 5407 Albemarle Street

City State Zip Code
Bethesda MD 20816-1824

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Self Government Relations

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

Date of Receipt

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

Transaction ID: A-C25034

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) 800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 59

(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)
Walden For Congress

A.

Full Name (Last, First, Middle Initial)
Jeffrey MacKinnon

Mailing Address 3753 Oliver Street NW

City State Zip Code
Washington DC 20015-2531

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

Name of Employer
Ryan, Phillips, Utrecht & Mack

Occupation
Partner

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

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

Transaction ID: A-C25043

Amount of Each Receipt this Period

500.00

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

B.

Full Name (Last, First, Middle Initial)
John D. Scofield

Mailing Address 1633 Independence Avenue SE

City State Zip Code
Washington DC 20003-1635

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

Name of Employer
Podesta Group

Occupation
Principal

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

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

Transaction ID: A-C25045

Amount of Each Receipt this Period

500.00

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

C.

Full Name (Last, First, Middle Initial)
Darren Willcox

Mailing Address 10711 Falls Pointe Drive

City State Zip Code
Great Falls VA 22066

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

Name of Employer
Dutko Worldwide

Occupation
Govt Relations

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

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

Transaction ID: A-C25044

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional) ▶

1500.00

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

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

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

FOR LINE NUMBER: PAGE 7 / 59
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Walden For Congress

A.

Full Name (Last, First, Middle Initial) David Bockorny		Date of Receipt MM / DD / YYYY 03 / 30 / 2009
Mailing Address 1101 16th Street NW Suite 500		Transaction ID: A-C25073
City Washington	State DC	Zip Code 20036-4815
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Bockorny Group Inc	Occupation CEO	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) Kathleen M. Ramsey		Date of Receipt MM / DD / YYYY 03 / 30 / 2009
Mailing Address 4011 Lorcom Lane		Transaction ID: A-C25074
City Arlington	State VA	Zip Code 22207-3936
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer The Fritts Group	Occupation government relations	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	3300.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 59

(check only one)

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

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NAME OF COMMITTEE (In Full)
Walden For Congress

A.

Full Name (Last, First, Middle Initial)
Amgen PAC

Mailing Address 555 13th Street NW
Suite 600

City Washington State DC Zip Code 20004-1109

FEC ID number of contributing federal political committee. C C00251876

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt M M / D D / Y Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: A-C24988

Amount of Each Receipt this Period 2000.00

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

B.

Full Name (Last, First, Middle Initial)
Nat'l Community Pharmacists PAC

Mailing Address 100 Daingerfield Road

City Alexandria State VA Zip Code 22314-6302

FEC ID number of contributing federal political committee. C C00030809

Name of Employer Occupation

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
0 2 / 1 0 / 2 0 0 9

Transaction ID: A-C25027

Amount of Each Receipt this Period 1000.00

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

C.

Full Name (Last, First, Middle Initial)
T-Mobile PAC

Mailing Address 401 9th Street NW
Suite 550

City Washington State DC Zip Code 20004-2141

FEC ID number of contributing federal political committee. C C00361758

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

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

Transaction ID: A-C25026

Amount of Each Receipt this Period 1500.00

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

SUBTOTAL of Receipts This Page (optional) 4500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 59

(check only one)

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

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NAME OF COMMITTEE (In Full)
Walden For Congress

A. Full Name (Last, First, Middle Initial)
Weyerhaeuser PAC

Mailing Address 1100 Connecticut Avenue NW
Suite 530

City State Zip Code
Washington DC 20036-4148

FEC ID number of contributing federal political committee. C C00007948

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt MM / DD / YYYY
02 / 10 / 2009

Transaction ID: A-C25025

Amount of Each Receipt this Period 2500.00

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

B. Full Name (Last, First, Middle Initial)
American Hospital Association PAC

Mailing Address 325 Seventh Street, NW

City State Zip Code
Washington DC 20004

FEC ID number of contributing federal political committee. C C00106146

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt MM / DD / YYYY
02 / 17 / 2009

Transaction ID: A-C25031

Amount of Each Receipt this Period 1500.00

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

C. Full Name (Last, First, Middle Initial)
New York Life Insurance Company Political Action Committee

Mailing Address 1501 K Street NW
Suite 575

City State Zip Code
Washington DC 20005-1413

FEC ID number of contributing federal political committee. C C00158881

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
02 / 17 / 2009

Transaction ID: A-C25032

Amount of Each Receipt this Period 1000.00

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

SUBTOTAL of Receipts This Page (optional) 5000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 59
(check only one)

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

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NAME OF COMMITTEE (In Full)
Walden For Congress

A.

Full Name (Last, First, Middle Initial)
McGuire Woods

Mailing Address Washington Square
1050 Connecticut Avenue, NW

City Washington State DC Zip Code 20036-5317

FEC ID number of contributing federal political committee. **C** C00225342

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY
02 / 24 / 2009

Transaction ID: A-C25033

Amount of Each Receipt this Period
500.00

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

B.

Full Name (Last, First, Middle Initial)
Air Line Pilots Association PAC

Mailing Address 1625 Massachusetts Avenue NW

City Washington State DC Zip Code 20036-2212

FEC ID number of contributing federal political committee. **C** C00035451

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

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

Transaction ID: A-C25037

Amount of Each Receipt this Period
1500.00

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

C.

Full Name (Last, First, Middle Initial)
Calpine Corporation PAC

Mailing Address 1401 H Street NW
Suite 510

City Washington State DC Zip Code 20005-2024

FEC ID number of contributing federal political committee. **C** C00362640

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

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

Transaction ID: A-C25035

Amount of Each Receipt this Period
1500.00

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

SUBTOTAL of Receipts This Page (optional) ► **3500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 59
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Walden For Congress

A. Full Name (Last, First, Middle Initial)
Honeywell Int'l (HIPAC)

Mailing Address 101 Constitution Avenue NW
Suite 500W

City Washington State DC Zip Code 20001-2177

FEC ID number of contributing federal political committee. **C** C00096156

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: A-C25036

Amount of Each Receipt this Period 1000.00

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

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

Mailing Address 1550 Crystal Drive
Crystal Square Two, Ste 300

City Arlington State VA Zip Code 22202-4135

FEC ID number of contributing federal political committee. **C** C00303024

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: A-C25038

Amount of Each Receipt this Period 1000.00

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

C. Full Name (Last, First, Middle Initial)
Biogen Idec Political Action Committee

Mailing Address 801 Pennsylvania Avenue NW
Suite 710

City Washington State DC Zip Code 20004-3620

FEC ID number of contributing federal political committee. **C** C00390351

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt MM / DD / YYYY
03 / 10 / 2009

Transaction ID: A-C25039

Amount of Each Receipt this Period 2000.00

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

SUBTOTAL of Receipts This Page (optional) ► 4000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 59
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Walden For Congress

A. Full Name (Last, First, Middle Initial)
Federation of American Hospitals FED PAC

Mailing Address 801 Pennsylvania Avenue NW
Suite 245

City Washington State DC Zip Code 20004-2697

FEC ID number of contributing federal political committee. **C** C00002261

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt: 03 / 10 / 2009
Transaction ID: A-C25040
 Amount of Each Receipt this Period: 1500.00

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

B. Full Name (Last, First, Middle Initial)
Integracap Of Integra Telecom Holdings Inc.

Mailing Address 3213 Duke Street
Suite 246

City Alexandria State VA Zip Code 22314-4533

FEC ID number of contributing federal political committee. **C** C00428094

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt: 03 / 10 / 2009
Transaction ID: A-C25041
 Amount of Each Receipt this Period: 2500.00

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

C. Full Name (Last, First, Middle Initial)
Novo Nordisk PAC

Mailing Address 500 New Jersey Avenue NW
Suite 350

City Washington State DC Zip Code 20001-2063

FEC ID number of contributing federal political committee. **C** C00424838

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2319.70

Date of Receipt: 03 / 11 / 2009
Transaction ID: A-I25072
 Amount of Each Receipt this Period: 319.70

Inkind: event organization

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

SUBTOTAL of Receipts This Page (optional) ► **4319.70**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 59
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Walden For Congress

A. Full Name (Last, First, Middle Initial)
Nat'l Telecommunications Cooperative Assn

Mailing Address 4121 Wilson Boulevard
Floor 10

City Arlington State VA Zip Code 22203-1839

FEC ID number of contributing federal political committee. **C** C00004473

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt: 03 / 16 / 2009
Transaction ID: A-C25053
 Amount of Each Receipt this Period: 1500.00

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

B. Full Name (Last, First, Middle Initial)
Republican Main Street PAC

Mailing Address 1220 L Street NW
Suite 100-263

City Washington State DC Zip Code 20005-4018

FEC ID number of contributing federal political committee. **C** C00165159

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 03 / 16 / 2009
Transaction ID: A-C25052
 Amount of Each Receipt this Period: 1000.00

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

C. Full Name (Last, First, Middle Initial)
Biotechnology Industry Organization PAC (BIO PAC)

Mailing Address 1201 Maryland Avenue SW
Suite 900

City Washington State DC Zip Code 20024-2149

FEC ID number of contributing federal political committee. **C** C00355677

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: 03 / 17 / 2009
Transaction ID: A-C25046
 Amount of Each Receipt this Period: 2000.00

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

SUBTOTAL of Receipts This Page (optional) ► 4500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 59
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Walden For Congress

A. Full Name (Last, First, Middle Initial)
CoalPAC of the Nat'l Mining Assn

Mailing Address 101 Constitution Avenue NW
Suite 500

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C** C00109819

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 03 / 17 / 2009
Transaction ID: A-C25050
 Amount of Each Receipt this Period 500.00

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

B. Full Name (Last, First, Middle Initial)
Genentech Inc. PAC

Mailing Address 1399 New York Ave, NW
Suite 300

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00199257

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 03 / 17 / 2009
Transaction ID: A-C25047
 Amount of Each Receipt this Period 1000.00

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

C. Full Name (Last, First, Middle Initial)
Health Net Inc PAC

Mailing Address 2107 Wilson Boulevard
Suite 900

City Arlington State VA Zip Code 22201-3096

FEC ID number of contributing federal political committee. **C** C00230789

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt 03 / 17 / 2009
Transaction ID: A-C25048
 Amount of Each Receipt this Period 2500.00

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

SUBTOTAL of Receipts This Page (optional) ► 4000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 59
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Walden For Congress

A. Full Name (Last, First, Middle Initial)
Ironworkers PAC
Mailing Address 1750 New York Avenue NW
City Washington State DC Zip Code 20006-5301
FEC ID number of contributing federal political committee. **C** C00027359
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2500.00
Date of Receipt 03 / 17 / 2009
Transaction ID: A-C25049
Amount of Each Receipt this Period 2500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Nat'l Mining Assn (MINEPAC)
Mailing Address 101 Constitution Avenue NW Suite 500E
City Washington State DC Zip Code 20001-2133
FEC ID number of contributing federal political committee. **C** C00304634
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 500.00
Date of Receipt 03 / 17 / 2009
Transaction ID: A-C25051
Amount of Each Receipt this Period 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Alaska Air Group PAC
Mailing Address PO Box 68900
City Seattle State WA Zip Code 98168-0900
FEC ID number of contributing federal political committee. **C** C00024349
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt 03 / 24 / 2009
Transaction ID: A-C25054
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 59
(check only one)

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

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NAME OF COMMITTEE (In Full)
Walden For Congress

A. Full Name (Last, First, Middle Initial)
GoDaddy.com Inc PAC

Mailing Address 400 N Capitol Street NW
Suite 585

City Washington State DC Zip Code 20001-1502

FEC ID number of contributing federal political committee. **C** C00432328

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY
03 / 24 / 2009

Transaction ID: A-C25056

Amount of Each Receipt this Period: 1000.00

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

B. Full Name (Last, First, Middle Initial)
ICSC PAC

Mailing Address 1399 New York Avenue NW
Suite 720

City Washington State DC Zip Code 20005-4778

FEC ID number of contributing federal political committee. **C** C00217638

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY
03 / 24 / 2009

Transaction ID: A-C25057

Amount of Each Receipt this Period: 1000.00

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

C. Full Name (Last, First, Middle Initial)
PathPAC

Mailing Address 1350 I Street NW
Suite 590

City Washington State DC Zip Code 20005-3305

FEC ID number of contributing federal political committee. **C** C00274944

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY
03 / 24 / 2009

Transaction ID: A-C25055

Amount of Each Receipt this Period: 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 3000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 59
(check only one)

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

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NAME OF COMMITTEE (In Full)
Walden For Congress

A. Full Name (Last, First, Middle Initial)
Physician Hospitals of America

Mailing Address 2600 S Minnesota Avenue
Suite 202

City State Zip Code
Sioux Falls SD 57105-4731

FEC ID number of contributing federal political committee. **C** C00394163

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
0 3 / 2 4 / 2 0 0 9

Transaction ID: A-C25058

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
DirecTV Group PAC

Mailing Address 444 N Capitol Street NW
Suite 728

City State Zip Code
Washington DC 20001-1512

FEC ID number of contributing federal political committee. **C** C00331991

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

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

Transaction ID: A-C25065

Amount of Each Receipt this Period
3000.00

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

C. Full Name (Last, First, Middle Initial)
Genzyme Corporation PAC

Mailing Address 1850 K Street NW
Suite 650

City State Zip Code
Washington DC 20006-2205

FEC ID number of contributing federal political committee. **C** C00393736

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: A-C25062

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 5000.00

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
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FOR LINE NUMBER: PAGE 18 / 59
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Walden For Congress

A. Full Name (Last, First, Middle Initial)
Hardwood Federation PAC

Mailing Address 1111 19th Street NW
800

City Washington State DC Zip Code 20036-3603

FEC ID number of contributing federal political committee. **C** C00396671

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt: 03 / 30 / 2009
Transaction ID: A-C25066
 Amount of Each Receipt this Period: 2500.00

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

B. Full Name (Last, First, Middle Initial)
Int'l Union of Operating Engineers

Mailing Address 1125 17th Street NW

City Washington State DC Zip Code 20036-4707

FEC ID number of contributing federal political committee. **C** C00029504

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt: 03 / 30 / 2009
Transaction ID: A-C25066
 Amount of Each Receipt this Period: 5000.00

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

C. Full Name (Last, First, Middle Initial)
NAB PAC

Mailing Address 1771 N Street NW

City Washington State DC Zip Code 20036-2800

FEC ID number of contributing federal political committee. **C** C00009985

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 03 / 30 / 2009
Transaction ID: A-C25067
 Amount of Each Receipt this Period: 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **8500.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 59
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Walden For Congress

A. Full Name (Last, First, Middle Initial)
NAIOP-PAC

Mailing Address 2201 Cooperative Way
3rd Floor

City State Zip Code
Herndon VA 20171

FEC ID number of contributing federal political committee. **C** C00233304

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
 0 3 / 3 0 / 2 0 0 9

Transaction ID: A-C25068

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Nat'l Community Pharmacists PAC

Mailing Address 100 Daingerfield Road

City State Zip Code
Alexandria VA 22314-6302

FEC ID number of contributing federal political committee. **C** C00030809

Name of Employer Occupation

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
 0 3 / 3 0 / 2 0 0 9

Transaction ID: A-C25064

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Nat'l Rifle Association

Mailing Address 410 1st Street SE

City State Zip Code
Washington DC 20003-1819

FEC ID number of contributing federal political committee. **C** C00053553

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

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

Transaction ID: A-C25061

Amount of Each Receipt this Period
1500.00

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

SUBTOTAL of Receipts This Page (optional) ► **3500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 59
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Walden For Congress

A. Full Name (Last, First, Middle Initial)
Novo Nordisk PAC

Mailing Address 500 New Jersey Avenue NW
Suite 350

City Washington State DC Zip Code 20001-2063

FEC ID number of contributing federal political committee. **C** C00424838

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2319.70

Date of Receipt: 03 / 30 / 2009
Transaction ID: A-C25071
 Amount of Each Receipt this Period: 2000.00

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

B. Full Name (Last, First, Middle Initial)
Physical Therapy PAC

Mailing Address 1111 N Fairfax Street

City Alexandria State VA Zip Code 22314-1484

FEC ID number of contributing federal political committee. **C** C00012880

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 03 / 30 / 2009
Transaction ID: A-C25063
 Amount of Each Receipt this Period: 1000.00

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

C. Full Name (Last, First, Middle Initial)
Sprint Nextel PAC

Mailing Address 900 7th Street NW
Suite 700

City Washington State DC Zip Code 20001-3886

FEC ID number of contributing federal political committee. **C** C00089342

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 03 / 30 / 2009
Transaction ID: A-C25069
 Amount of Each Receipt this Period: 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 4000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Walden For Congress

A. Full Name (Last, First, Middle Initial)
Tuesday Group PAC
Mailing Address PO Box 11586
City Washington State DC Zip Code 20008-0786
FEC ID number of contributing federal political committee. **C** C00433060
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00
Date of Receipt 03 / 30 / 2009
Transaction ID: A-C25059
Amount of Each Receipt this Period 2000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Verizon Communications PAC
Mailing Address 1300 I Street NW Suite 400
City Washington State DC Zip Code 20005-3314
FEC ID number of contributing federal political committee. **C** C00186288
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1500.00
Date of Receipt 03 / 30 / 2009
Transaction ID: A-C25070
Amount of Each Receipt this Period 1500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
ACRE PAC
Mailing Address 4301 Wilson Boulevard
City Arlington State VA Zip Code 22203-1867
FEC ID number of contributing federal political committee. **C** C00002972
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 3000.00
Date of Receipt 03 / 31 / 2009
Transaction ID: A-C25077
Amount of Each Receipt this Period 3000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 6500.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 59
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Walden For Congress

A. Full Name (Last, First, Middle Initial)
Amgen PAC

Mailing Address 555 13th Street NW
Suite 600

City Washington State DC Zip Code 20004-1109

FEC ID number of contributing federal political committee. **C** C00251876

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt: 03 / 31 / 2009
Transaction ID: A-C25075
 Amount of Each Receipt this Period: 1000.00

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

B. Full Name (Last, First, Middle Initial)
AT&T PAC

Mailing Address 1133 21st Street NW
Suite 900

City Washington State DC Zip Code 20036-3333

FEC ID number of contributing federal political committee. **C** C00109017

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt: 03 / 31 / 2009
Transaction ID: A-C25076
 Amount of Each Receipt this Period: 2500.00

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

C. Full Name (Last, First, Middle Initial)
Nat'l Automobile Dealers Assn

Mailing Address 8400 Westpark Drive

City Mc Lean State VA Zip Code 22102-5116

FEC ID number of contributing federal political committee. **C** C00040998

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 03 / 31 / 2009
Transaction ID: A-C25078
 Amount of Each Receipt this Period: 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 4500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 59
(check only one)

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

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NAME OF COMMITTEE (In Full)
Walden For Congress

A.

Full Name (Last, First, Middle Initial)
Syngenta Corporation PAC

Mailing Address 1399 New York Avenue NW
Suite 750

City State Zip Code
Washington DC 20005-4777

FEC ID number of contributing federal political committee. **C** C00363945

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
03 / 31 / 2009

Transaction ID: A-C25079

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	69819.70

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 59
(check only one)

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

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NAME OF COMMITTEE (In Full)
Walden For Congress

A.

Full Name (Last, First, Middle Initial)
The Victory Group

Mailing Address 1220 Hillshire Road

City State Zip Code
Baltimore MD 21222-1243

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
56695.35

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

Transaction ID: A-O25118

Amount of Each Receipt this Period
12153.30

refund media buy

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

SUBTOTAL of Receipts This Page (optional)	▶	12153.30
TOTAL This Period (last page this line number only)	▶	12153.30

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 59
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Walden For Congress

A. Full Name (Last, First, Middle Initial)
CRB Financial Services

Mailing Address PO Box 1030

City State Zip Code
The Dalles OR 97058-9030

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 205.54

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

Transaction ID: A-M25166

Amount of Each Receipt this Period
43.79

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

B. Full Name (Last, First, Middle Initial)
Wells Fargo Bank

Mailing Address Hood River In-Store
PO Box 6995

City State Zip Code
Portland OR 97228

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 504.36

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

Transaction ID: A-M25165

Amount of Each Receipt this Period
126.89

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

C. Full Name (Last, First, Middle Initial)
CRB Financial Services

Mailing Address PO Box 1030

City State Zip Code
The Dalles OR 97058-9030

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 205.54

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: A-M25097

Amount of Each Receipt this Period
31.11

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

SUBTOTAL of Receipts This Page (optional) ► **201.79**

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 / 59
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Walden For Congress

A. Full Name (Last, First, Middle Initial)
Wells Fargo Bank

Mailing Address Hood River In-Store
PO Box 6995

City State Zip Code
Portland OR 97228

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
504.36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	8	/	2	0	0	9

Transaction ID: A-M25096

Amount of Each Receipt this Period
56.03

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

B. Full Name (Last, First, Middle Initial)
CRB Financial Services

Mailing Address PO Box 1030

City State Zip Code
The Dalles OR 97058-9030

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
205.54

Date of Receipt

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

Transaction ID: A-M25101

Amount of Each Receipt this Period
23.81

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

C. Full Name (Last, First, Middle Initial)
Wells Fargo Bank

Mailing Address Hood River In-Store
PO Box 6995

City State Zip Code
Portland OR 97228

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
504.36

Date of Receipt

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

Transaction ID: A-M25103

Amount of Each Receipt this Period
0.88

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

SUBTOTAL of Receipts This Page (optional) ► **80.72**

TOTAL This Period (last page this line number only) ► **282.51**

**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)
Walden For Congress

A.

Full Name (Last, First, Middle Initial)
Cascade Political Consulting

Transaction ID: B-E-25135
Date of Disbursement

Mailing Address Brian Hard
15481 Tanager Drive

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

City Lake Oswego State OR Zip Code 97035

Amount of Each Disbursement this Period

Purpose of Disbursement
consultant-campaign management
Candidate Name

001
Category/ Type

5416.00

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

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

B.

Full Name (Last, First, Middle Initial)
Columbia River Insurance

Transaction ID: B-E-25138
Date of Disbursement

Mailing Address 606 State Street

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

City Hood River State OR Zip Code 97031-1803

Amount of Each Disbursement this Period

Purpose of Disbursement
office rent
Candidate Name

001
Category/ Type

327.00

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

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

C.

Full Name (Last, First, Middle Initial)
Marta A Simons

Transaction ID: B-E-25134
Date of Disbursement

Mailing Address 2870 Prospect Avenue

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

City Hood River State OR Zip Code 97031-1061

Amount of Each Disbursement this Period

Purpose of Disbursement
bookkeeping
Candidate Name

001
Category/ Type

3531.25

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

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

SUBTOTAL of Disbursements This Page (optional)

9274.25

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 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)
Walden For Congress

A.	Full Name (Last, First, Middle Initial) Allen's Press Clipping Bureau <hr/> Mailing Address 621 SW Alder Street Suite 540 <hr/> City Portland State OR Zip Code 97205-3620 <hr/> Purpose of Disbursement press clippings Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-24995 Date of Disbursement 01 / 05 / 2009	Amount of Each Disbursement this Period 76.02 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Columbia River Bank <hr/> Mailing Address PO Box 980 <hr/> City Hood River State OR Zip Code 97031-0032 <hr/> Purpose of Disbursement credit card transaction fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-25150 Date of Disbursement 01 / 05 / 2009	Amount of Each Disbursement this Period 42.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Embarq Communications <hr/> Mailing Address PO Box 660068 <hr/> City Dallas State TX Zip Code 75266-0068 <hr/> Purpose of Disbursement dsl/fax Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-25127 Date of Disbursement 01 / 05 / 2009	Amount of Each Disbursement this Period 143.58 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

261.60

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)
Walden For Congress

A.	Full Name (Last, First, Middle Initial) FedEx Mailing Address PO Box 7221 City Pasadena State CA Zip Code 91109-7321 Purpose of Disbursement shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-S-4925 Date of Disbursement 01 / 05 / 2009 Amount of Each Disbursement this Period 83.08 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of VISA(01-05/09)
B.	Full Name (Last, First, Middle Initial) Jake's Grill Mailing Address 611 SW 10th Avenue City Portland State OR Zip Code 97205-2725 Purpose of Disbursement meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-S-4871 Date of Disbursement 01 / 05 / 2009 Amount of Each Disbursement this Period 8.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Gregory Walden(01/05/09)
C.	Full Name (Last, First, Middle Initial) The Governor Hotel Mailing Address 614 SW 11th Street City Portland State OR Zip Code 97205 Purpose of Disbursement parking Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-S-4872 Date of Disbursement 01 / 05 / 2009 Amount of Each Disbursement this Period 25.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Gregory Walden(01/05/09)

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)
Walden For Congress

<p>A. Full Name (Last, First, Middle Initial) Tiffany Stark</p> <p>Mailing Address 2896 NW Westover Road</p> <p>City Portland State OR Zip Code 97210-2826</p> <p>Purpose of Disbursement consultant-fundraising Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-25132 Date of Disbursement 01 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 2250.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) US Postal Service</p> <p>Mailing Address 408 Cascade Avenue</p> <p>City Hood River State OR Zip Code 97031-7031</p> <p>Purpose of Disbursement postage Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-S-4923 Date of Disbursement 01 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 168.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] Subitemization of VISA(01-05/09)</p>
<p>C. Full Name (Last, First, Middle Initial) US Postal Service #2</p> <p>Mailing Address Main Office</p> <p>City Portland State OR Zip Code 97208-9998</p> <p>Purpose of Disbursement postage Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-S-4922 Date of Disbursement 01 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 1050.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] Subitemization of VISA(01-05/09)</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>2250.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)
Walden For Congress

A.	Full Name (Last, First, Middle Initial) VISA <hr/> Mailing Address PO Box 30131 <hr/> City Tampa State FL Zip Code 33630-3131 <hr/> Purpose of Disbursement postage/labels Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-25129 Date of Disbursement 01 / 05 / 2009 <hr/> Amount of Each Disbursement this Period 1241.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Original vendors exceeding reporting threshold itemized as memo transactions.
B.	Full Name (Last, First, Middle Initial) VISA <hr/> Mailing Address PO Box 30131 <hr/> City Tampa State FL Zip Code 33630-3131 <hr/> Purpose of Disbursement shipping Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-25130 Date of Disbursement 01 / 05 / 2009 <hr/> Amount of Each Disbursement this Period 83.08 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Original vendors exceeding reporting threshold itemized as memo transactions.
C.	Full Name (Last, First, Middle Initial) VISA <hr/> Mailing Address PO Box 30131 <hr/> City Tampa State FL Zip Code 33630-3131 <hr/> Purpose of Disbursement food & beverage for event Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-25131 Date of Disbursement 01 / 05 / 2009 <hr/> Amount of Each Disbursement this Period 69.19 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Original vendors exceeding reporting threshold itemized as memo transactions.

SUBTOTAL of Disbursements This Page (optional) ▶	1394.26
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)
Walden For Congress

A.	Full Name (Last, First, Middle Initial) VISA <hr/> Mailing Address PO Box 30131 <hr/> City Tampa State FL Zip Code 33630-3131 <hr/> Purpose of Disbursement internet services Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-25133 Date of Disbursement 01 / 05 / 2009 <hr/> Amount of Each Disbursement this Period 74.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Original vendors exceeding reporting threshold itemized as memo transactions.
B.	Full Name (Last, First, Middle Initial) Gregory P Walden <hr/> Mailing Address 1504 Sherman Avenue <hr/> City Hood River State OR Zip Code 97031-1456 <hr/> Purpose of Disbursement travel expense: meals, parkin Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-24997 Date of Disbursement 01 / 05 / 2009 <hr/> Amount of Each Disbursement this Period 265.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Original vendors exceeding reporting threshold itemized as memo transactions.
C.	Full Name (Last, First, Middle Initial) Epiphany Productions <hr/> Mailing Address 104 Hume Avenue <hr/> City Alexandria State VA Zip Code 22301-1015 <hr/> Purpose of Disbursement consultant-fundraising Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-24989 Date of Disbursement 01 / 20 / 2009 <hr/> Amount of Each Disbursement this Period 5000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

5340.50

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)
Walden For Congress

<p>A. Full Name (Last, First, Middle Initial) Secure Storage</p> <p>Mailing Address 1400 Tucker Road</p> <p>City Hood River State OR Zip Code 97031-9633</p> <p>Purpose of Disbursement Storage Unit Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-24991</p> <p>Date of Disbursement 01 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 123.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Stafford Studios</p> <p>Mailing Address 6270 SE 29th Way</p> <p>City Gresham State OR Zip Code 97080-8189</p> <p>Purpose of Disbursement website maintenance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-24992</p> <p>Date of Disbursement 01 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 270.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) US Postal Service</p> <p>Mailing Address 408 Cascade Avenue</p> <p>City Hood River State OR Zip Code 97031-7031</p> <p>Purpose of Disbursement BRM Annual Permit/Accounting F</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-24990</p> <p>Date of Disbursement 01 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 745.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1138.00

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)
Walden For Congress

A.

Full Name (Last, First, Middle Initial)
AT&T Mobility

Transaction ID: B-E-25124
Date of Disbursement

Mailing Address PO Box 6463

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

City State Zip Code
Carol Stream IL 60197-6463

Amount of Each Disbursement this Period

205.40

Purpose of Disbursement
cell phone service
Candidate Name

001

Category/
Type

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

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

B.

Full Name (Last, First, Middle Initial)
Embarq Communications

Transaction ID: B-E-25123
Date of Disbursement

Mailing Address PO Box 219100

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

City State Zip Code
Kansas City MO 64121-9100

Amount of Each Disbursement this Period

59.83

Purpose of Disbursement
telephone
Candidate Name

001

Category/
Type

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

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

C.

Full Name (Last, First, Middle Initial)
Cascade Political Consulting

Transaction ID: B-E-25136
Date of Disbursement

Mailing Address Brian Hard
15481 Tanager Drive

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

City State Zip Code
Lake Oswego OR 97035

Amount of Each Disbursement this Period

5416.00

Purpose of Disbursement
consultant-campaign management
Candidate Name

001

Category/
Type

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

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

SUBTOTAL of Disbursements This Page (optional)

5681.23

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)
Walden For Congress

A.

Full Name (Last, First, Middle Initial)
Columbia River Insurance

Mailing Address 606 State Street

City Hood River State OR Zip Code 97031-1803

Purpose of Disbursement
office rent

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-E-25122
Date of Disbursement

02 / 01 / 2009

Amount of Each Disbursement this Period

327.00

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

B.

Full Name (Last, First, Middle Initial)
Columbia River Bank

Mailing Address PO Box 980

City Hood River State OR Zip Code 97031-0032

Purpose of Disbursement
credit card transaction fee

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-E-25091
Date of Disbursement

02 / 02 / 2009

Amount of Each Disbursement this Period

21.20

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

C.

Full Name (Last, First, Middle Initial)
Marta A Simons

Mailing Address 2870 Prospect Avenue

City Hood River State OR Zip Code 97031-1061

Purpose of Disbursement
salary

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-E-25126
Date of Disbursement

02 / 02 / 2009

Amount of Each Disbursement this Period

2769.29

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

SUBTOTAL of Disbursements This Page (optional)

3117.49

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)
Walden For Congress

A.	Full Name (Last, First, Middle Initial) Allen's Press Clipping Bureau <hr/> Mailing Address 621 SW Alder Street Suite 540 <hr/> City Portland State OR Zip Code 97205-3620 <hr/> Purpose of Disbursement press clippings Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-25119 Date of Disbursement 02 / 05 / 2009	Amount of Each Disbursement this Period 91.32 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) DC Arena LP <hr/> Mailing Address 1300 I Street NW Suite 400 <hr/> City Washington State DC Zip Code 20005-3314 <hr/> Purpose of Disbursement event tickets Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-25154 Date of Disbursement 02 / 05 / 2009	Amount of Each Disbursement this Period 6000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Embarq Communications <hr/> Mailing Address PO Box 660068 <hr/> City Dallas State TX Zip Code 75266-0068 <hr/> Purpose of Disbursement dsl/fax Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-25153 Date of Disbursement 02 / 05 / 2009	Amount of Each Disbursement this Period 143.05 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

6234.37

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)
Walden For Congress

A.	Full Name (Last, First, Middle Initial) Epiphany Productions	Transaction ID: B-E-25121 Date of Disbursement 02 / 05 / 2009
	Mailing Address 104 Hume Avenue	Amount of Each Disbursement this Period 5000.00
	City Alexandria State VA Zip Code 22301-1015	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement consultant-fundraising Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

B.	Full Name (Last, First, Middle Initial) Staples	Transaction ID: B-S-4937 Date of Disbursement 02 / 05 / 2009
	Mailing Address Jantzen Beach Center	Amount of Each Disbursement this Period 339.44
	City Portland State OR Zip Code 97205	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement office supplies Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

[MEMO ITEM]
Subitemization of VISA(02-05/09)

C.	Full Name (Last, First, Middle Initial) Tiffany Stark	Transaction ID: B-E-25120 Date of Disbursement 02 / 05 / 2009
	Mailing Address 2896 NW Westover Road	Amount of Each Disbursement this Period 5000.00
	City Portland State OR Zip Code 97210-2826	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement consultant-fundraising Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

SUBTOTAL of Disbursements This Page (optional)	10000.00
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)
Walden For Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) VISA</p> <p>Mailing Address PO Box 30131</p> <p>City Tampa State FL Zip Code 33630-3131</p> <p>Purpose of Disbursement food & beverage/office furnitu</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-25160</p> <p>Date of Disbursement 02 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 176.39</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Original vendors exceeding reporting threshold itemized as memo transactions.</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) VISA</p> <p>Mailing Address PO Box 30131</p> <p>City Tampa State FL Zip Code 33630-3131</p> <p>Purpose of Disbursement parking</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-25161</p> <p>Date of Disbursement 02 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 3.75</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Original vendors exceeding reporting threshold itemized as memo transactions.</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) VISA</p> <p>Mailing Address PO Box 30131</p> <p>City Tampa State FL Zip Code 33630-3131</p> <p>Purpose of Disbursement internet service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-25162</p> <p>Date of Disbursement 02 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 74.90</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Original vendors exceeding reporting threshold itemized as memo transactions.</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>255.04</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)
Walden For Congress

A.	Full Name (Last, First, Middle Initial) VISA	Transaction ID: B-E-25163
	Mailing Address PO Box 30131	Date of Disbursement 02 / 05 / 2009
	City Tampa State FL Zip Code 33630-3131	Amount of Each Disbursement this Period 24.16
	Purpose of Disbursement shipping/inaugural tickets pro Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Original vendors exceeding reporting threshold itemized as memo transactions.
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	Category/Type 001	

B.	Full Name (Last, First, Middle Initial) VISA	Transaction ID: B-E-25164
	Mailing Address PO Box 30131	Date of Disbursement 02 / 05 / 2009
	City Tampa State FL Zip Code 33630-3131	Amount of Each Disbursement this Period 399.44
	Purpose of Disbursement office supplies/flowers Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Original vendors exceeding reporting threshold itemized as memo transactions.
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	Category/Type 001	

C.	Full Name (Last, First, Middle Initial) Brian Hard	Transaction ID: B-E-25151
	Mailing Address 15481 Tanager Drive	Date of Disbursement 02 / 09 / 2009
	City Lake Oswego State OR Zip Code 97035-3104	Amount of Each Disbursement this Period 108.00
	Purpose of Disbursement flags Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	Category/Type 001	

SUBTOTAL of Disbursements This Page (optional)	531.60
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)
Walden For Congress

A.

Full Name (Last, First, Middle Initial)
Balyeat & Eager

Mailing Address 920 NW Bond Street, Ste 209

City Bend State OR Zip Code 97701

Purpose of Disbursement
consultant-legal
Candidate Name

001
Category/
Type

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

Transaction ID: B-E-25156
Date of Disbursement

02 / 11 / 2009

Amount of Each Disbursement this Period

1786.00

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

B.

Full Name (Last, First, Middle Initial)
Oregon Mutual Insurance

Mailing Address PO Box 3208

City Portland State OR Zip Code 97208-3208

Purpose of Disbursement
insurance
Candidate Name

001
Category/
Type

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

Transaction ID: B-E-25155
Date of Disbursement

02 / 11 / 2009

Amount of Each Disbursement this Period

300.00

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

C.

Full Name (Last, First, Middle Initial)
Columbia River Bank

Mailing Address PO Box 980

City Hood River State OR Zip Code 97031-0032

Purpose of Disbursement
1120 POL Taxes
Candidate Name

001
Category/
Type

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

Transaction ID: B-E-25116
Date of Disbursement

02 / 17 / 2009

Amount of Each Disbursement this Period

2384.00

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

Original vendors exceeding reporting threshold itemized as memo transactions.

SUBTOTAL of Disbursements This Page (optional)

4470.00

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)
Walden For Congress

A.	Full Name (Last, First, Middle Initial) Internal Revenue Service	Transaction ID: B-S-4921 Date of Disbursement 02 / 17 / 2009
	Mailing Address Internal Revenue Service Center	Amount of Each Disbursement this Period 2384.00
	City Ogden State UT Zip Code 84201-0027	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement 1120 POL taxes Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Subitemization of Columbia River Bank(02/17/09)
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: B-E-25146 Date of Disbursement 02 / 20 / 2009
	Mailing Address PO Box 360001	Amount of Each Disbursement this Period 1799.00
	City Ft Lauderdale State FL Zip Code 33336-0001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement tickets for event Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Original vendors exceeding reporting threshold itemized as memo transactions.
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) AT&T Mobility	Transaction ID: B-E-25147 Date of Disbursement 02 / 20 / 2009
	Mailing Address PO Box 6463	Amount of Each Disbursement this Period 205.62
	City Carol Stream State IL Zip Code 60197-6463	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement cell phone service Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	2004.62
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)
Walden For Congress

A.	Full Name (Last, First, Middle Initial) Birchmere Music Hall	Transaction ID: B-S-4939 Date of Disbursement 02 / 20 / 2009
	Mailing Address 3701 Mount Vernon Avenue	Amount of Each Disbursement this Period 1799.00
	City Alexandria State VA Zip Code 22305	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement concert tickets for event Candidate Name	[MEMO ITEM] Subitemization of American Express(02/20/09)
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/ Type

B.	Full Name (Last, First, Middle Initial) Secure Storage	Transaction ID: B-E-25145 Date of Disbursement 02 / 20 / 2009
	Mailing Address 1400 Tucker Road	Amount of Each Disbursement this Period 103.00
	City Hood River State OR Zip Code 97031-9633	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement storage unit rent Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/ Type

C.	Full Name (Last, First, Middle Initial) Woodshack Bakery	Transaction ID: B-E-25093 Date of Disbursement 02 / 20 / 2009
	Mailing Address PO Box 5267	Amount of Each Disbursement this Period 275.00
	City Klamath Falls State OR Zip Code 97601-0127	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement food for event Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/ Type

SUBTOTAL of Disbursements This Page (optional)	378.00
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)
Walden For Congress

A.

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

Mailing Address PO Box 37291

City Baltimore State MD Zip Code 21297-3291

Purpose of Disbursement meals/travel expense: parking/
Candidate Name

001
Category/
Type

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

Transaction ID: B-E-25114
Date of Disbursement

02 / 23 / 2009

Amount of Each Disbursement this Period

2150.46

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

Original vendors exceeding reporting threshold itemized as memo transactions.

B.

Full Name (Last, First, Middle Initial)
Capitol Hill Club

Mailing Address 300 1st Street SE

City Washington State DC Zip Code 20003-1801

Purpose of Disbursement meals
Candidate Name

001
Category/
Type

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

Transaction ID: B-S-4916
Date of Disbursement

02 / 23 / 2009

Amount of Each Disbursement this Period

160.96

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

[MEMO ITEM]
Subitemization of Bank of America(02/23/09)

C.

Full Name (Last, First, Middle Initial)
Complete Campaigns

Mailing Address 610 Gateway Center Way Suite K

City San Diego State CA Zip Code 92102-4548

Purpose of Disbursement software support
Candidate Name

001
Category/
Type

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

Transaction ID: B-S-4919
Date of Disbursement

02 / 23 / 2009

Amount of Each Disbursement this Period

500.00

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

[MEMO ITEM]
Subitemization of Bank of America(02/23/09)

SUBTOTAL of Disbursements This Page (optional)

2150.46

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)
Walden For Congress

A.	Full Name (Last, First, Middle Initial) Willamette Valley Vineyards	Transaction ID: B-S-4918 Date of Disbursement 02 / 23 / 2009
	Mailing Address Enchanted Way SW	Amount of Each Disbursement this Period 1462.00
	City Turner State OR Zip Code 97392	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement beverages for event Candidate Name	<input type="checkbox"/> [MEMO ITEM] Subitemization of Bank of America(02/23/09)
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

B.	Full Name (Last, First, Middle Initial) American Airlines	Transaction ID: B-S-4915 Date of Disbursement 02 / 24 / 2009
	Mailing Address PO Box 619612	Amount of Each Disbursement this Period 636.40
	City Dallas State TX Zip Code 75261-9612	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement travel expense: airline ticket Candidate Name	<input type="checkbox"/> [MEMO ITEM] Subitemization of Bank of America(02/24/09)
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

C.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: B-E-25113 Date of Disbursement 02 / 24 / 2009
	Mailing Address PO Box 37291	Amount of Each Disbursement this Period 1325.10
	City Baltimore State MD Zip Code 21297-3291	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement beverages for event/travel exp Candidate Name	<input type="checkbox"/> Original vendors exceeding reporting threshold itemized as memo transactions.
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

SUBTOTAL of Disbursements This Page (optional)	▶	1325.10
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)

PAGE 45 / 59

<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)
Walden For Congress

A.	Full Name (Last, First, Middle Initial) Spirit Airlines Mailing Address 2800 Executive Way City Miramar State FL Zip Code 33025 Purpose of Disbursement travel expense: airline ticket Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-S-4914 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>2</td><td>/</td><td>2</td><td>4</td><td>/</td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: right;">461.20</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Bank of America(02/24/09)	M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	2	4	/	2	0	9		461.20
M	M	/	D	D	/	Y	Y	Y	Y														
0	2	/	2	4	/	2	0	9															
461.20																							
B.	Full Name (Last, First, Middle Initial) Willamette Valley Vineyards Mailing Address Enchanted Way SW City Turner State OR Zip Code 97392 Purpose of Disbursement beverages for event Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-S-4913 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>2</td><td>/</td><td>2</td><td>4</td><td>/</td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: right;">227.50</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Bank of America(02/24/09)	M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	2	4	/	2	0	9		227.50
M	M	/	D	D	/	Y	Y	Y	Y														
0	2	/	2	4	/	2	0	9															
227.50																							
C.	Full Name (Last, First, Middle Initial) Columbia River Bank Mailing Address PO Box 980 City Hood River State OR Zip Code 97031-0032 Purpose of Disbursement payroll tax Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-25087 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>2</td><td>/</td><td>2</td><td>7</td><td>/</td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: right;">819.86</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Original vendors exceeding reporting threshold itemized as memo transactions.	M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	2	7	/	2	0	9		819.86
M	M	/	D	D	/	Y	Y	Y	Y														
0	2	/	2	7	/	2	0	9															
819.86																							

SUBTOTAL of Disbursements This Page (optional) ▶

819.86

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)
Walden For Congress

A.	Full Name (Last, First, Middle Initial) Internal Revenue Service	Transaction ID: B-S-4896 Date of Disbursement 02 / 27 / 2009
	Mailing Address Internal Revenue Service Center	Amount of Each Disbursement this Period 819.86
	City Ogden State UT Zip Code 84201-0027	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement payroll tax Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Subitemization of Columbia River Bank(02/27/09)
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Oregon Department of Revenue	Transaction ID: B-E-25088 Date of Disbursement 02 / 27 / 2009
	Mailing Address PO Box 14800	Amount of Each Disbursement this Period 184.00
	City Salem State OR Zip Code 97310-0001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement payroll tax Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Cascade Political Consulting	Transaction ID: B-E-25137 Date of Disbursement 03 / 01 / 2009
	Mailing Address Brian Hard 15481 Tanager Drive	Amount of Each Disbursement this Period 5416.00
	City Lake Oswego State OR Zip Code 97035	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement consultant-campaign management Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	5600.00
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)
Walden For Congress

A.

Full Name (Last, First, Middle Initial)
Columbia River Insurance

Mailing Address 606 State Street

City Hood River State OR Zip Code 97031-1803

Purpose of Disbursement
office rent

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-E-25143
Date of Disbursement

03 / 01 / 2009

Amount of Each Disbursement this Period

327.00

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

B.

Full Name (Last, First, Middle Initial)
38 Central Restaurant

Mailing Address 38 North Central Ave Suite 110

City Medford State OR Zip Code 97501

Purpose of Disbursement
travel expense: meals

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-S-4908
Date of Disbursement

03 / 02 / 2009

Amount of Each Disbursement this Period

217.15

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

[MEMO ITEM]

Subitemization of VISA(03-02/09)

C.

Full Name (Last, First, Middle Initial)
Allen's Press Clipping Bureau

Mailing Address 621 SW Alder Street Suite 540

City Portland State OR Zip Code 97205-3620

Purpose of Disbursement
press clippings

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-E-25095
Date of Disbursement

03 / 02 / 2009

Amount of Each Disbursement this Period

113.25

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

SUBTOTAL of Disbursements This Page (optional) ►

440.25

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 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)
Walden For Congress

A.

Full Name (Last, First, Middle Initial)
Chase Card Services

Mailing Address PO Box 9001074

City Louisville State KY Zip Code 40290-1074

Purpose of Disbursement
food & beverage for event
Candidate Name

001
Category/
Type

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

Transaction ID: B-E-25115
Date of Disbursement

03 / 02 / 2009

Amount of Each Disbursement this Period

798.00

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

Original vendors exceeding reporting threshold itemized as memo transactions.

B.

Full Name (Last, First, Middle Initial)
Embarq Communications

Mailing Address PO Box 660068

City Dallas State TX Zip Code 75266-0068

Purpose of Disbursement
dsl/fax
Candidate Name

001
Category/
Type

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

Transaction ID: B-E-25110
Date of Disbursement

03 / 02 / 2009

Amount of Each Disbursement this Period

143.05

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

C.

Full Name (Last, First, Middle Initial)
Embarq Communications

Mailing Address PO Box 219100

City Kansas City State MO Zip Code 64121-9100

Purpose of Disbursement
telephone
Candidate Name

001
Category/
Type

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

Transaction ID: B-E-25111
Date of Disbursement

03 / 02 / 2009

Amount of Each Disbursement this Period

59.79

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

SUBTOTAL of Disbursements This Page (optional)

1000.84

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)
Walden For Congress

A.	Full Name (Last, First, Middle Initial) FedEx	Transaction ID: B-S-4906 Date of Disbursement 03 / 02 / 2009
	Mailing Address PO Box 7221	Amount of Each Disbursement this Period 44.09
	City Pasadena State CA Zip Code 91109-7321	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of VISA(03-02/09)
	Purpose of Disbursement shipping Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Jackson Co GOP	Transaction ID: B-S-4910 Date of Disbursement 03 / 02 / 2009
	Mailing Address PO Box 1801	Amount of Each Disbursement this Period 500.00
	City Medford State OR Zip Code 97501-0142	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of VISA(03-02/09)
	Purpose of Disbursement dinner tickets Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Sonoma Restaurant	Transaction ID: B-S-4920 Date of Disbursement 03 / 02 / 2009
	Mailing Address 223 Pennsylvania Avenue SE	Amount of Each Disbursement this Period 798.00
	City Washington State DC Zip Code 20003-1107	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Chase Card Services(03/02/09)
	Purpose of Disbursement food & beverage for event Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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)
Walden For Congress

A.

Full Name (Last, First, Middle Initial)
The Homestead Resort

Mailing Address 1766 Homestead Drive

City Hot Springs State VA Zip Code 24445

Purpose of Disbursement
travel expense: lodging

Candidate Name

001
Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: B-S-4911
Date of Disbursement

03 / 02 / 2009

Amount of Each Disbursement this Period

230.14

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

[MEMO ITEM]

Subitemization of VISA(03-02/09)

B.

Full Name (Last, First, Middle Initial)
Tiffany Stark

Mailing Address 2896 NW Westover Road

City Portland State OR Zip Code 97210-2826

Purpose of Disbursement
consultant-fundraising

Candidate Name

001
Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: B-E-25140
Date of Disbursement

03 / 02 / 2009

Amount of Each Disbursement this Period

5000.00

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

C.

Full Name (Last, First, Middle Initial)
US Postal Service #2

Mailing Address Main Office

City Portland State OR Zip Code 97208-9998

Purpose of Disbursement
postage

Candidate Name

001
Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: B-S-4909
Date of Disbursement

03 / 02 / 2009

Amount of Each Disbursement this Period

23.42

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

[MEMO ITEM]

Subitemization of VISA(03-02/09)

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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)
Walden For Congress

A.	Full Name (Last, First, Middle Initial) VISA <hr/> Mailing Address PO Box 30131 <hr/> City Tampa State FL Zip Code 33630-3131 <hr/> Purpose of Disbursement internet services/fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-25105 Date of Disbursement 03 / 02 / 2009 <hr/> Amount of Each Disbursement this Period 76.29 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Original vendors exceeding reporting threshold itemized as memo transactions.
B.	Full Name (Last, First, Middle Initial) VISA <hr/> Mailing Address PO Box 30131 <hr/> City Tampa State FL Zip Code 33630-3131 <hr/> Purpose of Disbursement food and beverage for event/sh Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-25106 Date of Disbursement 03 / 02 / 2009 <hr/> Amount of Each Disbursement this Period 204.73 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Original vendors exceeding reporting threshold itemized as memo transactions.
C.	Full Name (Last, First, Middle Initial) VISA <hr/> Mailing Address PO Box 30131 <hr/> City Tampa State FL Zip Code 33630-3131 <hr/> Purpose of Disbursement shipping Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-25107 Date of Disbursement 03 / 02 / 2009 <hr/> Amount of Each Disbursement this Period 44.09 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Original vendors exceeding reporting threshold itemized as memo transactions.

SUBTOTAL of Disbursements This Page (optional) ▶

325.11

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)
Walden For Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) VISA</p> <p>Mailing Address PO Box 30131</p> <p>City Tampa State FL Zip Code 33630-3131</p> <p>Purpose of Disbursement travel expense: meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: B-E-25108</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="311.40"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Original vendors exceeding reporting threshold itemized as memo transactions.</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) VISA</p> <p>Mailing Address PO Box 30131</p> <p>City Tampa State FL Zip Code 33630-3131</p> <p>Purpose of Disbursement postage/dinner event/travel ex</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: B-E-25109</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="755.30"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Original vendors exceeding reporting threshold itemized as memo transactions.</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Brian Hard</p> <p>Mailing Address 15481 Tanager Drive</p> <p>City Lake Oswego State OR Zip Code 97035-3104</p> <p>Purpose of Disbursement food for event/office supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: B-E-25112</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="127.65"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Original vendors exceeding reporting threshold itemized as memo transactions.</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)
Walden For Congress

<p>A. Full Name (Last, First, Middle Initial) Marta A Simons</p> <p>Mailing Address 2870 Prospect Avenue</p> <p>City Hood River State OR Zip Code 97031-1061</p> <p>Purpose of Disbursement salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-25084</p> <p>Date of Disbursement 03 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 3392.59</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Columbia River Bank</p> <p>Mailing Address PO Box 980</p> <p>City Hood River State OR Zip Code 97031-0032</p> <p>Purpose of Disbursement credit card transaction 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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-25104</p> <p>Date of Disbursement 03 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 21.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Novo Nordisk PAC</p> <p>Mailing Address 500 New Jersey Avenue NW Suite 350</p> <p>City Washington State DC Zip Code 20001-2063</p> <p>Purpose of Disbursement Inkind: event organization</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-I-25072</p> <p>Date of Disbursement 03 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 319.70</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional)	3733.29
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)
Walden For Congress

A.	Full Name (Last, First, Middle Initial) Epiphany Productions Mailing Address 104 Hume Avenue City Alexandria State VA Zip Code 22301-1015 Purpose of Disbursement consultant-fundraising, food f Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-25094 Date of Disbursement 03 / 13 / 2009 Amount of Each Disbursement this Period 6349.84 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Original vendors exceeding reporting threshold itemized as memo transactions.
B.	Full Name (Last, First, Middle Initial) FedEx Mailing Address PO Box 7221 City Pasadena State CA Zip Code 91109-7321 Purpose of Disbursement shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-S-4900 Date of Disbursement 03 / 13 / 2009 Amount of Each Disbursement this Period 12.89 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Epiphany Productions(03/13/09)
C.	Full Name (Last, First, Middle Initial) Taste Mailing Address 3516 Valley Drive City Alexandria State VA Zip Code 22302-2131 Purpose of Disbursement food for event Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-S-4897 Date of Disbursement 03 / 13 / 2009 Amount of Each Disbursement this Period 600.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Epiphany Productions(03/13/09)

SUBTOTAL of Disbursements This Page (optional) ▶	6349.84
TOTAL 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)
Walden For Congress

A.	Full Name (Last, First, Middle Initial) Taste Mailing Address 3516 Valley Drive City Alexandria State VA Zip Code 22302-2131 Purpose of Disbursement food for event Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-S-4898 Date of Disbursement 03 / 13 / 2009 Amount of Each Disbursement this Period 600.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Epiphany Productions(03/13/09)
B.	Full Name (Last, First, Middle Initial) Woodshack Bakery Mailing Address PO Box 5267 City Klamath Falls State OR Zip Code 97601-0127 Purpose of Disbursement food for event Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-25092 Date of Disbursement 03 / 13 / 2009 Amount of Each Disbursement this Period 275.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Oregon Department of Revenue Mailing Address PO Box 14800 City Salem State OR Zip Code 97310-0001 Purpose of Disbursement Corp Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-25117 Date of Disbursement 03 / 16 / 2009 Amount of Each Disbursement this Period 63.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	338.00
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)
Walden For Congress

<p>A. Full Name (Last, First, Middle Initial) Langdon Farms Golf Club</p> <p>Mailing Address 24377 NE Airport Road</p> <p>City Aurora State OR Zip Code 97002-9552</p> <p>Purpose of Disbursement event site rental fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: B-E-25099</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2880.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Secure Storage</p> <p>Mailing Address 1400 Tucker Road</p> <p>City Hood River State OR Zip Code 97031-9633</p> <p>Purpose of Disbursement storage rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: B-E-25080</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="123.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Columbia River Bank</p> <p>Mailing Address PO Box 980</p> <p>City Hood River State OR Zip Code 97031-0032</p> <p>Purpose of Disbursement payroll taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: B-E-25085</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1033.68"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Original vendors exceeding reporting threshold itemized as memo transactions.</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)

PAGE 57 / 59

<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)
Walden For Congress

A.

Full Name (Last, First, Middle Initial)
Internal Revenue Service

Transaction ID: B-S-4895
Date of Disbursement

Mailing Address Internal Revenue Service Center

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

City Ogden State UT Zip Code 84201-0027

Amount of Each Disbursement this Period

1033.68

Purpose of Disbursement
payroll taxes

001

Category/
Type

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

Candidate Name

[MEMO ITEM]

Subitemization of Columbia River Bank(03/31/09)

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Oregon Department of Revenue

Transaction ID: B-E-25086
Date of Disbursement

Mailing Address PO Box 14800

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

City Salem State OR Zip Code 97310-0001

Amount of Each Disbursement this Period

251.00

Purpose of Disbursement
payroll tax

001

Category/
Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

251.00

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

84895.74

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 type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Walden For Congress

A.

Full Name (Last, First, Middle Initial)
Tedisco For Congress Inc

Mailing Address 1707 RT 9

City CLIFTON PARK State NY Zip Code 12065

Purpose of Disbursement
contribution - March 31 Specia

Candidate Name
James Tedisco

Office Sought: House
 Senate
 President
State: NY District: 20

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: B-E-25159
Date of Disbursement

02 / 11 / 2009

Amount of Each Disbursement this Period

2000.00

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

B.

Full Name (Last, First, Middle Initial)
Oregon Federation Of College Republicans

Mailing Address PO Box 808

City Corvallis State OR Zip Code 97339

Purpose of Disbursement
contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: B-E-25158
Date of Disbursement

02 / 20 / 2009

Amount of Each Disbursement this Period

1000.00

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

C.

Full Name (Last, First, Middle Initial)
Oregon Federation of Republican Women

Mailing Address PO Box 5917

City Salem State OR Zip Code 97304

Purpose of Disbursement
contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: B-E-25142
Date of Disbursement

02 / 26 / 2009

Amount of Each Disbursement this Period

350.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

3350.00

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 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 checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Walden For Congress

A.	Full Name (Last, First, Middle Initial) Oregon Republican Party	Transaction ID: B-E-25144 Date of Disbursement 03 / 06 / 2009
	Mailing Address 570 Liberty Street SE Suite 200	Amount of Each Disbursement this Period 10000.00
	City Salem State OR Zip Code 97301-3514	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement contribution Candidate Name Oregon Republican Party Category/Type 011	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Friends of Roy Blunt	Transaction ID: B-E-25098 Date of Disbursement 03 / 13 / 2009
	Mailing Address PO Box 50100	Amount of Each Disbursement this Period 2000.00
	City Springfield State MO Zip Code 65805-0100	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement contribution Candidate Name Roy Blunt Category/Type 011	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District:	
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	12000.00
TOTAL This Period (last page this line number only)	15350.00