

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than 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

Democratic Party of Oregon

ADDRESS (number and street)

232 NE 9th Ave.

☐Check if different  
than previously  
reported. (ACC)

Portland

OR

97232

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00188367

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)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  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

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

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☒

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

11

04

2008

in the  
State of

OR

5. Covering Period

10

16

2008

through

11

24

2008

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

Laura Calvo

Signature of Treasurer

Electronically Filed by Laura Calvo

Date

07

06

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 3X**  
(Rev. 12/2004)

A. Form/Schedule : **F3XA**

Transaction ID :

This amendment is being filed in response to your letter dated 6/5/09. A Form 99 regarding this filing will follow this report as the text is too long for validation with this report. The receipts reported on Schedule A Line 15 from Wyden for Senate, Future PAC, Multnomah County Democratic Central Comm. and Senate Democratic Leadership Fund are offsets for the payment of rent. The Democratic Party of Oregon shares office space with several organizations. We write one check to pay rent. The amount of rent paid by each organization is assessed at the usual and normal charge, determined by the amount of space occupied by the organization. Payments for salaries and wages reported on Schedule H4 are for employees who spent less than 25% of their time on FEA or activities in connection with a Federal election. Employees who spend more than 25% of their time on FEA or activities in connection with a Federal election are paid with 100% Federal funds as are their fringe benefits and reported on Line 30b.

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

3 / 481

Write or Type Committee Name  
Democratic Party of Oregon

Report Covering the Period: From: 

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2008	29707.37
(b) Cash on Hand at Beginning of Reporting Period .....	639183.35	
(c) Total Receipts (from Line 19) .....	1176264.79	4825975.23
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	1815448.14	4855682.60
7. Total Disbursements (from Line 31) .....	1485254.46	4525488.92
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	330193.68	330193.68
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### 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 3X (Rev. 06/2004)

4 / 481

Write or Type Committee Name

Democratic Party of Oregon

Report Covering the Period:

From:

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A) .....	103726.00	385642.41
(ii) Unitemized .....	160436.13	459487.08
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	264162.13	845129.49
(b) Political Party Committees .....	27700.00	84276.39
(c) Other Political Committees (such as PACs) .....	111780.00	379026.74
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	403642.13	1308432.62
12. Transfers From Affiliated/Other Party Committees .....	738310.18	3354358.82
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	34302.46	67385.48
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	10.02	38635.60
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	57162.71
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	57162.71
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	1176264.79	4825975.23
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	1176264.79	4768812.52

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	20263.59	118270.01
(ii) Non-Federal Share.....	36024.10	195572.88
(b) Other Federal Operating Expenditures.....	136968.54	693584.91
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	193256.23	1007427.80
22. Transfers to Affiliated/Other Party Committees.....	9169.48	9169.48
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	70469.71	84398.06
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	1565.00
(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 28(a), (b), and (c)) .....	0.00	1565.00
29. Other Disbursements.....	40.00	40.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	1212319.04	3422888.58
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	1212319.04	3422888.58
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	1485254.46	4525488.92
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1449230.36	4329916.04

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	403642.13	1308432.62
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	1565.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	403642.13	1306867.62
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	157232.13	811854.92
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	34302.46	67385.48
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	122929.67	744469.44

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

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

FOR LINE NUMBER: PAGE 7 / 481

(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Amy Edwards

Mailing Address 4315 SE Oak Street

City

Portland

State

OR

Zip Code

97215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Stoel Rives LLP

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 11ai-000051320

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Lynne F. Siegel

Mailing Address 1500 SW Fifth Avenue, #506

City

Portland

State

OR

Zip Code

97201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Attorney - Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 11ai-000051328

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Matt Falkenstein

Mailing Address 19432 Brookside

City

Bend

State

OR

Zip Code

97702

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Matt Falkenstein DDC, PC

Occupation  
Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 11ai-000054323

Amount of Each Receipt this Period

250.00

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

450.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 481

(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Jane P. Ratzlaff

Mailing Address 391 Stillwater Rd

City

Roseburg

State

OR

Zip Code

97470-9456

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 11ai-000054954

Amount of Each Receipt this Period

700.00

**[MEMO ITEM]**

Oregon Victory 2008

**B.**

Full Name (Last, First, Middle Initial)

James Ratzlaff

Mailing Address 391 Stillwater Rd

City

Roseburg

State

OR

Zip Code

97470-9456

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 11ai-000054955

Amount of Each Receipt this Period

700.00

**[MEMO ITEM]**

Oregon Victory 2008

**C.**

Full Name (Last, First, Middle Initial)

John Casey

Mailing Address 427 NW Drake

City

Bend

State

OR

Zip Code

97701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 11ai-000052271

Amount of Each Receipt this Period

1000.00

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

1000.00

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



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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 481

(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Amy Domini

Mailing Address 7 Dana St.

City

Cambridge

State

MA

Zip Code

02138

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 11ai-000054956

Amount of Each Receipt this Period

1700.00

**[MEMO ITEM]**

Oregon Victory 2008

**B.**

Full Name (Last, First, Middle Initial)

William Lazar

Mailing Address 4848 SW Humphrey Blvd

City

Portland

State

OR

Zip Code

97221-2346

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lazar Foundation

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 11ai-000054957

Amount of Each Receipt this Period

2200.00

**[MEMO ITEM]**

Oregon Victory 2008

**C.**

Full Name (Last, First, Middle Initial)

Albert Machemehl

Mailing Address 1703 SW Montgomery

City

Portland

State

OR

Zip Code

97201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Metropolitan Group

Occupation  
Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 11ai-000054953

Amount of Each Receipt this Period

2500.00

**[MEMO ITEM]**

Oregon Victory 2008

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

0.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 481

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon**A.**

Full Name (Last, First, Middle Initial)

Lynda Mueller

Mailing Address 23655 SW Stafford Hill Drive

City

West Linn

State

OR

Zip Code

97068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	6		2	0	0	8

Transaction ID: 11ai-000054975

Amount of Each Receipt this Period

2700.00

**[MEMO ITEM]**

Oregon Victory 2008

**B.**

Full Name (Last, First, Middle Initial)

Stan Amy

Mailing Address 4109 NE 19th Ave.

City

Portland

State

OR

Zip Code

97211

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Villages Group

Occupation

Developer/Investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

8046.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	6		2	0	0	8

Transaction ID: 11ai-000054968

Amount of Each Receipt this Period

5000.00

**[MEMO ITEM]**

Oregon Victory 2008

**C.**

Full Name (Last, First, Middle Initial)

Suzanne Bonamici

Mailing Address 2370 SW Scenic Dr

City

Portland

State

OR

Zip Code

97225-4114

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
State Of Oregon

Occupation

State Senator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1305.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	7		2	0	0	8

Transaction ID: 11ai-000052525

Amount of Each Receipt this Period

250.00

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

250.00

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

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

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

FOR LINE NUMBER: PAGE 11 / 481

(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Diana Graham

Mailing Address PO Box 215

City

West Linn

State

OR

Zip Code

97068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
M Graham - Co

Occupation  
Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 8 / 2 0 0 8

Transaction ID: 11ai-000054366

Amount of Each Receipt this Period

1800.00

**B.**

Full Name (Last, First, Middle Initial)

Arthur Graham

Mailing Address 2324 Athena

City

West Linn

State

OR

Zip Code

97068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Best Effort

Occupation  
Best Effort

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 8 / 2 0 0 8

Transaction ID: 11ai-000054367

Amount of Each Receipt this Period

2300.00

**C.**

Full Name (Last, First, Middle Initial)

Craig M. Briggs

Mailing Address PO Box 465

City

Lake Oswego

State

OR

Zip Code

97034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cascade Trading Co.

Occupation  
produce wholsaler

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 0 8

Transaction ID: 11ai-000050366

Amount of Each Receipt this Period

1000.00

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

5100.00

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

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

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

FOR LINE NUMBER: PAGE 12 / 481

(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

David Bangsund

Mailing Address 800 NW Westover Square

City

Portland

State

OR

Zip Code

97210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 0 8

Transaction ID: 11ai-000051436

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Lynda Mueller

Mailing Address 23655 SW Stafford Hill Drive

City

West Linn

State

OR

Zip Code

97068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 0 8

Transaction ID: 11ai-000054961

Amount of Each Receipt this Period

1000.00

**[MEMO ITEM]**

Oregon Victory 2008

**C.**

Full Name (Last, First, Middle Initial)

Mary P. Horman

Mailing Address 18051 Kelok Rd.

City

Lake Oswego

State

OR

Zip Code

97034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Clackamas County

Occupation  
RN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: 11ai-000052448

Amount of Each Receipt this Period

15.00

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

1015.00

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

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

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

FOR LINE NUMBER: PAGE 13 / 481

(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

A.

Full Name (Last, First, Middle Initial)

Eric Swehla

Mailing Address 1934 SE 39Th Ave

City

Portland

State

OR

Zip Code

97214-5218

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TeacherOccupation  
Teacher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: 11ai-000052324

Amount of Each Receipt this Period

16.00

B.

Full Name (Last, First, Middle Initial)

J. E. (Joan) Jewett

Mailing Address 4019 SW Viewpoint Terr.

City

Portland

State

OR

Zip Code

97201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Best EffortOccupation  
Best Effort

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: 11ai-000052515

Amount of Each Receipt this Period

24.00

C.

Full Name (Last, First, Middle Initial)

Rosalie Pedroza

Mailing Address PO Box 12261

City

Salem

State

OR

Zip Code

97309-0261

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
State Of OregonOccupation  
Admin Spec

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: 11ai-000052107

Amount of Each Receipt this Period

25.00

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

65.00

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

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

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

FOR LINE NUMBER: PAGE 14 / 481

(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Cynthia Sargent

Mailing Address 2225 NE 39th

City

Portland

State

OR

Zip Code

97212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sargent DesignWorks

Occupation

LLC Interior Designer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: 11ai-000052484

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Robert Wood

Mailing Address 3224 SE Clinton St., #1

City

Portland

State

OR

Zip Code

97202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Beaverton School District

Occupation

Teacher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: 11ai-000052565

Amount of Each Receipt this Period

286.00

**C.**

Full Name (Last, First, Middle Initial)

Barbara Ann Meyer

Mailing Address 2537 NW Northrup Street

City

Portland

State

OR

Zip Code

97210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
n/a

Occupation

retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: 11ai-000052464

Amount of Each Receipt this Period

500.00

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

1036.00

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

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

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

FOR LINE NUMBER: PAGE 15 / 481

(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Eric Swehla

Mailing Address 1934 SE 39Th Ave

City

Portland

State

OR

Zip Code

97214-5218

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Teacher

Occupation  
Teacher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 0 8

Transaction ID: 11ai-000052094

Amount of Each Receipt this Period

8.00

**B.**

Full Name (Last, First, Middle Initial)

Robert Baker Zimmer

Mailing Address 6414 SW Barnes Rd.

City

Portland

State

OR

Zip Code

97221-1554

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Seasons Market

Occupation  
Deli Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 0 8

Transaction ID: 11ai-000052098

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

Kenneth Brown

Mailing Address 2960 SW 113th Ave.

City

Beaverton

State

OR

Zip Code

97005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coherent Logix

Occupation  
Software Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 0 8

Transaction ID: 11ai-000052191

Amount of Each Receipt this Period

24.00

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

47.00

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

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

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

FOR LINE NUMBER: PAGE 16 / 481

(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Carol Adler

Mailing Address 2861 SW Champlain Dr

City

Portland

State

OR

Zip Code

97205-5833

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

None

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 0 8

Transaction ID: 11ai-000052577

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Chris Bonner

Mailing Address 404 SE 53rd

City

Portland

State

OR

Zip Code

97215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hasson Co.

Occupation

Realtor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 0 8

Transaction ID: 11ai-000052074

Amount of Each Receipt this Period

80.00

**C.**

Full Name (Last, First, Middle Initial)

Frank Opila

Mailing Address 2234 N. Wygant

City

Portland

State

OR

Zip Code

97217

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Best Effort

Occupation

Best Effort

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 0 8

Transaction ID: 11ai-000052088

Amount of Each Receipt this Period

140.00

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

245.00

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



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

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

FOR LINE NUMBER: PAGE 17 / 481

(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

James Curtis

Mailing Address 3303 NE 31St Ave

City

Portland

State

OR

Zip Code

97212-2620

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 0 8

Transaction ID: 11ai-000054958

Amount of Each Receipt this Period

500.00

**[MEMO ITEM]**

Oregon Victory 2008

**B.**

Full Name (Last, First, Middle Initial)

Britton Conroy

Mailing Address 7750 NW Oxbow Dr.

City

Corvallis

State

OR

Zip Code

97330

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Job 1- Rep. Lucille Royba-  
Allard (us

Occupation  
Job 1- Legislative Assistant- Job 2- O

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 0 8

Transaction ID: 11ai-000052583

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

John Springer

Mailing Address 7915 SE Hawthorne Blvd

City

Portland

State

OR

Zip Code

97215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Democratic Party of Oregon

Occupation  
IT Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

643.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 8

Transaction ID: 11ai-000052586

Amount of Each Receipt this Period

5.00

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

1005.00

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

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

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

FOR LINE NUMBER: PAGE 18 / 481

(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Laura Calvo

Mailing Address 4501 SE 36th Ave.

City

Portland

State

OR

Zip Code

97202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

None

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 8

Transaction ID: 11ai-000052590

Amount of Each Receipt this Period

5.00

**B.**

Full Name (Last, First, Middle Initial)

Tracy Farmer

Mailing Address 4569 Midway Rd.

City

Midway

State

KY

Zip Code

40347

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Banker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 8

Transaction ID: 11ai-000054959

Amount of Each Receipt this Period

200.00

**[MEMO ITEM]**

Oregon Victory 2008

**C.**

Full Name (Last, First, Middle Initial)

Ron Leibsohn

Mailing Address 4566 Mercer Way

City

Mercer Island

State

WA

Zip Code

98040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

None

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 8

Transaction ID: 11ai-000054974

Amount of Each Receipt this Period

4700.00

**[MEMO ITEM]**

Oregon Victory 2008

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

5.00

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

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

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

FOR LINE NUMBER: PAGE 19 / 481

(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Gavin W. White

Mailing Address 2137 SE Taylor Street

City

Portland

State

OR

Zip Code

97214

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
chocolatier

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

417.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 8

Transaction ID: 11ai-000052599

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Elizabeth Johnson

Mailing Address Po Box R

City

Scappoose

State

OR

Zip Code

97056-0678

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
State of Oregon

Occupation  
State Senator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 8

Transaction ID: 11ai-000051945

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Stephen Sherick

Mailing Address 3505 SW Barbur Blvd #16

City

Portland

State

OR

Zip Code

97239

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OHSU

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1175.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 8

Transaction ID: 11ai-000052046

Amount of Each Receipt this Period

50.00

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

130.00

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

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

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

FOR LINE NUMBER: PAGE 20 / 481

(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Mollie Clarke

Mailing Address 715 NE Royal Crt.

City

Portland

State

OR

Zip Code

97232

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 8

Transaction ID: 11ai-000052730

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

David Gernant

Mailing Address 1849 Kalorama Rd. NW, Apt. 2

City

Washington

State

DC

Zip Code

20009-8126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
retired

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 8

Transaction ID: 11ai-000051944

Amount of Each Receipt this Period

85.00

**C.**

Full Name (Last, First, Middle Initial)

Robert Taylor

Mailing Address 2461 NE 50th Ave.

City

Portland

State

OR

Zip Code

97213

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ball Janik LLP

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 8

Transaction ID: 11ai-000052048

Amount of Each Receipt this Period

100.00

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

235.00

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

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

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

FOR LINE NUMBER: PAGE 21 / 481

(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Roy E. Pulvers

Mailing Address 3264 NE Alameda

City State Zip Code  
 Portland OR 97212

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hinshaw - Culbertson

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 4 / 2 0 0 8

Transaction ID: 11ai-000052611

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Carolyn Vinton

Mailing Address 17617 NW Sauvie Island

City State Zip Code  
 Portland OR 97231

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Best Effort

Occupation  
Best Effort

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 4 / 2 0 0 8

Transaction ID: 11ai-000052183

Amount of Each Receipt this Period

116.00

**C.**

Full Name (Last, First, Middle Initial)

Keith Ketterling

Mailing Address 5416 Southwood Drive

City State Zip Code  
 Lake Oswego OR 97035

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Stoll Stoll Berné

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 4 / 2 0 0 8

Transaction ID: 11ai-000051951

Amount of Each Receipt this Period

250.00

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

466.00

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

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

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

FOR LINE NUMBER: PAGE 22 / 481

(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Bruce Rubin

Mailing Address 111 SW 5th Ave Ste 3400

City

Portland

State

OR

Zip Code

97204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Miller Nash

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 8

Transaction ID: 11ai-000051952

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Brigid Flanagan

Mailing Address 2115 SW Sunset DR.

City

Portland

State

OR

Zip Code

97239

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
real estate development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 8

Transaction ID: 11ai-000052047

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Stephen Packer

Mailing Address 21355 SW Hillsboro Hwy

City

Newberg

State

OR

Zip Code

97132

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1870.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 8

Transaction ID: 11ai-000052602

Amount of Each Receipt this Period

250.00

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 23 / 481

(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Beatrice Hedlund

Mailing Address 240 SW Birdshill Road

City

Portland

State

OR

Zip Code

97219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Counselor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 8

Transaction ID: 11ai-000052745

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

John A. Calhoun

Mailing Address 4717 SW Dosch Park Lane

City

Portland

State

OR

Zip Code

97239-1285

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Acrymed, Inc.

Occupation  
CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 8

Transaction ID: 11ai-000051943

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Lynn Diane Partin

Mailing Address 3365 SE Stark St

City

Portland

State

OR

Zip Code

97214-3134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
state/Oregon

Occupation  
legislative relations/Lobbyist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 8

Transaction ID: 11ai-000052600

Amount of Each Receipt this Period

1000.00

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

2500.00

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

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

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

FOR LINE NUMBER: PAGE 24 / 481

(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Timothy Turner

Mailing Address 6500 SE 36th Avenue

City

Portland

State

OR

Zip Code

97202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
retired

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 8

Transaction ID: 11ai-000052601

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Leigh Evans

Mailing Address PO Box 942

City

Newport

State

OR

Zip Code

97365

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
oregon state u

Occupation  
chemist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 0 8

Transaction ID: 11ai-000052624

Amount of Each Receipt this Period

105.00

**C.**

Full Name (Last, First, Middle Initial)

Carolyn Ettinger

Mailing Address 1430 Willamette St

City

Eugene

State

OR

Zip Code

97401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None, Eugene /None

Occupation  
Teacher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 0 8

Transaction ID: 11ai-000052622

Amount of Each Receipt this Period

500.00

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

1605.00

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



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

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

FOR LINE NUMBER: PAGE 25 / 481

(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Paul O'Brien

Mailing Address 455 SW Hamilton Ct.

City

Portland

State

OR

Zip Code

97239

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Divination Fund

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 0 8

Transaction ID: 11ai-000054962

Amount of Each Receipt this Period

1000.00

**[MEMO ITEM]**

Oregon Victory 2008

**B.**

Full Name (Last, First, Middle Initial)

Ryan Finley

Mailing Address 1410 NW Kearney

City

Portland

State

OR

Zip Code

97209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SurveyMonkey.com

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 0 8

Transaction ID: 11ai-000054972

Amount of Each Receipt this Period

4000.00

**[MEMO ITEM]**

Oregon Victory 2008

**C.**

Full Name (Last, First, Middle Initial)

Suzanne Bonamici

Mailing Address 2370 SW Scenic Dr

City

Portland

State

OR

Zip Code

97225-4114

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
State Of Oregon

Occupation  
State Senator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1805.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: 11ai-000051978

Amount of Each Receipt this Period

500.00

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

500.00

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

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

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

FOR LINE NUMBER: PAGE 26 / 481

(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Dennis Black

Mailing Address 2976 Grizzly Dr.

City

Ashland

State

OR

Zip Code

97520

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: 11ai-000051981

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Erin Isselmann

Mailing Address 9320 SW Panorama Place

City

Portland

State

OR

Zip Code

97225

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Xerox

Occupation  
Community Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: 11ai-000051984

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Tonkon Torp

Mailing Address 1600 Pioneer Tower  
888 SW Fifth

City

Portland

State

OR

Zip Code

97204

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: 11ai-000051986

Amount of Each Receipt this Period

2000.00

See Memo Items

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

4000.00

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

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

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

FOR LINE NUMBER: PAGE 27 / 481

(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Dorothy Lemelson

Mailing Address PO Box 5076

City

Incline Village

State

NV

Zip Code

89450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
n/a

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: 11ai-000051977

Amount of Each Receipt this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Mark Warner

Mailing Address 201 N. Union St.

City

Arlington

State

VA

Zip Code

22314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US Govt.

Occupation  
Senator Elect

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: 11ai-000051979

Amount of Each Receipt this Period

3000.00

**C.**

Full Name (Last, First, Middle Initial)

Lisa D. Collis

Mailing Address 201 N. Union #300

City

Alexandria

State

VA

Zip Code

22314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: 11ai-000051982

Amount of Each Receipt this Period

3000.00

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

8500.00

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

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

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

FOR LINE NUMBER: PAGE 28 / 481

(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Jennifer Bruml

Mailing Address 28995 SW Heater Road

City State Zip Code  
 Sherwood OR 97140

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Volunteer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5176.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 7 / 2 0 0 8

Transaction ID: 11ai-000051976

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Christine Farrington

Mailing Address 1119 SW Myrtle Drive

City State Zip Code  
 Portland OR 97201

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Social Work Organizations

Occupation  
Volunteer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1013.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 8 / 2 0 0 8

Transaction ID: 11ai-000054068

Amount of Each Receipt this Period

13.00

**C.**

Full Name (Last, First, Middle Initial)

Lee Hamilton

Mailing Address 2233 NE Skidmore Street

City State Zip Code  
 Portland OR 97211-6407

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Counselor-Mediator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.99

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 8 / 2 0 0 8

Transaction ID: 11ai-000054072

Amount of Each Receipt this Period

60.00

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

5073.00

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

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

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

FOR LINE NUMBER: PAGE 29 / 481

(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Lloyd Hand

Mailing Address 3519 Overlook Ln.

City

Washington

State

DC

Zip Code

20016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
King & Spaulding

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: 11ai-000054967

Amount of Each Receipt this Period

200.00

**[MEMO ITEM]**

Oregon Victory 2008

**B.**

Full Name (Last, First, Middle Initial)

Nicholas Hanauer

Mailing Address 1000 2nd Ave.

City

Seattle

State

WA

Zip Code

98104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Second Avenue Partners

Occupation  
Venture Capitalist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: 11ai-000054973

Amount of Each Receipt this Period

400.00

**[MEMO ITEM]**

Oregon Victory 2008

**C.**

Full Name (Last, First, Middle Initial)

Amelia B. Silverberg

Mailing Address 1996 8TH ST

City

Springfield

State

OR

Zip Code

97477

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: 11ai-000054965

Amount of Each Receipt this Period

600.00

**[MEMO ITEM]**

Oregon Victory 2008

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

0.00

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

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

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

FOR LINE NUMBER: PAGE 30 / 481

(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Matt Briggs

Mailing Address PO Box 305-G

City

Lake Oswego

State

OR

Zip Code

97034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Mushroom trader

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: 11ai-000054963

Amount of Each Receipt this Period

2000.00

**[MEMO ITEM]**

Oregon Victory 2008

**B.**

Full Name (Last, First, Middle Initial)

James S. Coon

Mailing Address 2939 NW 53rd Drive

City

Portland

State

OR

Zip Code

97210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Swanson Thomas & Coon

Occupation

Attorney

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

9725.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: 11ai-000054964

Amount of Each Receipt this Period

2000.00

**[MEMO ITEM]**

Oregon Victory 2008

**C.**

Full Name (Last, First, Middle Initial)

Donald Helfgott

Mailing Address 11006 SW 16Th Dr

City

Portland

State

OR

Zip Code

97219-7602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Inspiration Software

Occupation

CEO-Owner

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

9700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: 11ai-000055005

Amount of Each Receipt this Period

2000.00

**[MEMO ITEM]**

Oregon Victory 2008

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

0.00

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

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

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

FOR LINE NUMBER: PAGE 31 / 481

(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Michael Burmeister-Brown

Mailing Address 5837 NW Skyline Blvd

City

Portland

State

OR

Zip Code

97229-1332

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Open Mesh, Inc

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: 11ai-000054971

Amount of Each Receipt this Period

2700.00

**[MEMO ITEM]**

Oregon Victory 2008

**B.**

Full Name (Last, First, Middle Initial)

Anna Geller

Mailing Address 9139 SW Morrison St

City

Portland

State

OR

Zip Code

97225-6826

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Geller, Silvas & Assoc.

Occupation  
Affordable Housing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: 11ai-000054966

Amount of Each Receipt this Period

3000.00

**[MEMO ITEM]**

Oregon Victory 2008

**C.**

Full Name (Last, First, Middle Initial)

Mardel M. Chinburg

Mailing Address 3760 Onyx Street

City

Eugene

State

OR

Zip Code

97405-4332

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Johnson, Clifton, Larson &  
Schaller

Occupation  
Paralegal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

434.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 8

Transaction ID: 11ai-000053140

Amount of Each Receipt this Period

16.00

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

16.00

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

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

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

FOR LINE NUMBER: PAGE 32 / 481

(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Cameron Brown

Mailing Address 6646 Doral Dr. SE

City

Salem

State

OR

Zip Code

97306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Builder

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 8

Transaction ID: 11ai-000053075

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Renny Combest

Mailing Address 1569 9th Str. #B

City

Florence

State

OR

Zip Code

97439

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Financial Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 8

Transaction ID: 11ai-000053148

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

John De Jong

Mailing Address 41621 Fish Hatcher Drive

City

Scio

State

OR

Zip Code

97374

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Dairy Farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 8

Transaction ID: 11ai-000053243

Amount of Each Receipt this Period

300.00

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

800.00

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



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

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

FOR LINE NUMBER: PAGE 33 / 481

(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Basic Rights Oregon

Mailing Address PO Box 40625

City

Portland

State

OR

Zip Code

97240

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 11ai-000052393

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Ben Westlund

Mailing Address 20590 Arrowhead Dr

City

Bend

State

OR

Zip Code

97701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
State of Oregon

Occupation

Treasurer Elect

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 11ai-000052396

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Jonathan J. Pugsley

Mailing Address 7439 NW Mountain View Dr

City

Corvallis

State

OR

Zip Code

97330

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Democratic Party of Oregon

Occupation

Deputy Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1025.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 11ai-000052659

Amount of Each Receipt this Period

1000.00

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

3000.00

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

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

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

FOR LINE NUMBER: PAGE 34 / 481

(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Steve Westly

Mailing Address 325 Sharon Park Dr. Box 109

City

Menlo Park

State

CA

Zip Code

94025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Westly Group

Occupation

Entrepreneur

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 11ai-000052394

Amount of Each Receipt this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)

Anne D. Taft

Mailing Address 38 Oakridge Drive

City

Binghamton

State

NY

Zip Code

13903-2125

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation

INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 11ai-000052658

Amount of Each Receipt this Period

9000.00

**C.**

Full Name (Last, First, Middle Initial)

Elizabeth Hall

Mailing Address 3275 Brycelor Dr

City

Eugene

State

OR

Zip Code

97405-2364

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lane Community College

Occupation

Instructor, Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

518.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: 11ai-000053380

Amount of Each Receipt this Period

8.00

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

11008.00

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

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

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

FOR LINE NUMBER: PAGE 35 / 481

(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Elizabeth Hall

Mailing Address 3275 Brycelor Dr

City

Eugene

State

OR

Zip Code

97405-2364

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lane Community College

Occupation

Instructor, Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

531.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: 11ai-000053381

Amount of Each Receipt this Period

13.00

**B.**

Full Name (Last, First, Middle Initial)

Lucinda Tate

Mailing Address 6933 N Williams Ave

City

Portland

State

OR

Zip Code

97217

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ST. Andrew

Occupation

Community Center Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: 11ai-000054122

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

Stephen Packer

Mailing Address 21355 SW Hillsboro Hwy

City

Newberg

State

OR

Zip Code

97132

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2370.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: 11ai-000052666

Amount of Each Receipt this Period

500.00

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

528.00

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

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

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

FOR LINE NUMBER: PAGE 36 / 481

(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Wetherly Capital Group LCC

Mailing Address 11601 Wilshire Blvd., Ste. 300

City

Los Angeles

State

CA

Zip Code

90025

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: 11ai-000052311

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Samuel A. Keesal, Jr.

Mailing Address 400 Oceangate 14th Floor

City

Long Beach

State

CA

Zip Code

90802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Keesal, Young & Olson

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: 11ai-000052315

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mark T. Waller

Mailing Address 1820 Northshore Rd

City

Lake Oswego

State

OR

Zip Code

97034-3746

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bridgeworks Capital

Occupation  
Investment Banker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: 11ai-000052667

Amount of Each Receipt this Period

1000.00

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

3000.00

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

A. Form/Schedule : **SA11ai**  
Transaction ID : **11ai-000052311**

We are in the process of determining the tax status of this LLC. If we find they are taxed as a corporation we will refund or reattribute to the Non-federal account

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 481

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Sarah Komer

Mailing Address 27 West 67th St.

City

New York

State

NY

Zip Code

10023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Best EffortOccupation  
Best Effort

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	8

Transaction ID: 11ai-000052669

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Thomas Safran

Mailing Address 11812 San Vivente Blvd., Ste. 600

City

Los Angeles

State

CA

Zip Code

90049

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Thomas Safran & AssociatesOccupation  
Real Estate Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	8

Transaction ID: 11ai-000052671

Amount of Each Receipt this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)

David Resnick

Mailing Address 818 SW 3rd Ave

City

Portland

State

OR

Zip Code

97204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Big Picture FilmsOccupation  
Producer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	8

Transaction ID: 11ai-000054976

Amount of Each Receipt this Period

2300.00

**[MEMO ITEM]**

Oregon Victory 2008

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

3000.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 481

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Stanley Sheinbaum

Mailing Address 345 N. Rockingham Ave.

City

Los Angeles

State

CA

Zip Code

90049

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfOccupation  
economist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	8

Transaction ID: 11ai-000052308

Amount of Each Receipt this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Stanley Sheinbaum

Mailing Address 345 N. Rockingham Ave.

City

Los Angeles

State

CA

Zip Code

90049

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfOccupation  
economist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	8

Transaction ID: 11ai-000052310

Amount of Each Receipt this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

Thomas Boggs

Mailing Address 2550 M St. NW

City

Washington

State

DC

Zip Code

20037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Patton BoggsOccupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	8

Transaction ID: 11ai-000054969

Amount of Each Receipt this Period

2700.00

**[MEMO ITEM]**

Oregon Victory 2008

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

5000.00

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

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

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

FOR LINE NUMBER: PAGE 40 / 481

(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Reagan Silber

Mailing Address 200 Crescent Ct.

City

Dallas

State

TX

Zip Code

75201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: 11ai-000054977

Amount of Each Receipt this Period

2700.00

**[MEMO ITEM]**

Oregon Victory 2008

**B.**

Full Name (Last, First, Middle Initial)

Steve Silberstein

Mailing Address 29 Eucalyptus Rd.

City

Belvedere

State

CA

Zip Code

94920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: 11ai-000052668

Amount of Each Receipt this Period

3000.00

**C.**

Full Name (Last, First, Middle Initial)

Tom Denhart

Mailing Address 420 NW 11th Ave., #1205

City

Portland

State

OR

Zip Code

97209-2976

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
retired

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: 11ai-000052318

Amount of Each Receipt this Period

4600.00

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

7600.00

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



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

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

FOR LINE NUMBER: PAGE 41 / 481

(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Linda Love

Mailing Address 4970 SW Hewett Blvd

City

Portland

State

OR

Zip Code

97221-2205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Williams Love et al

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: 11ai-000052672

Amount of Each Receipt this Period

4750.00

**B.**

Full Name (Last, First, Middle Initial)

Puyallup Tribe of Indians

Mailing Address 3009 E. Portland Ave.

City

Tacoma

State

WA

Zip Code

98404

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: 11ai-000052313

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Barre Stoll

Mailing Address 01329 SW Palatine Rd

City

Portland

State

OR

Zip Code

97219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Reed College

Occupation  
Psychologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: 11ai-000054797

Amount of Each Receipt this Period

10000.00

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

19750.00

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

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

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

FOR LINE NUMBER: PAGE 42 / 481

(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Cheryl Coon

Mailing Address 2939 NW 53rd Dr.

City

Portland

State

OR

Zip Code

97210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7540.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: 11ai-000054566

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

Dan & I.S. Skerritt

Mailing Address 9528 NW Bartholomew Dr

City

Portland

State

OR

Zip Code

97204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tonkin Torp LLP

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: 11ai-000054573

Amount of Each Receipt this Period

216.00

**C.**

Full Name (Last, First, Middle Initial)

Michael Wolk

Mailing Address 5235 SE 45th

City

Portland

State

OR

Zip Code

97206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FGNA

Occupation  
Physical Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: 11ai-000054581

Amount of Each Receipt this Period

250.00

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

506.00

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

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

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

FOR LINE NUMBER: PAGE 43 / 481

(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Delia Paine

Mailing Address 352 NW Federal St

City

Bend

State

OR

Zip Code

97701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Button Maker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: 11ai-000052701

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

George Greer

Mailing Address 2632 NE 7th

City

Portland

State

OR

Zip Code

97212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Best Effort

Occupation

Best Effort

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: 11ai-000054269

Amount of Each Receipt this Period

670.00

**C.**

Full Name (Last, First, Middle Initial)

Rebecca L. Gladstone

Mailing Address 2713 Fairmount Blvd

City

Eugene

State

OR

Zip Code

97403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
not employed

Occupation

not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1439.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 5 / 2 0 0 8

Transaction ID: 11ai-000054552

Amount of Each Receipt this Period

50.00

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

1020.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 481

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Susan Goldfield

Mailing Address 4255 NW 190th

City

Portland

State

OR

Zip Code

97229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
n/aOccupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	0	8

Transaction ID: 11ai-000053517

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Emma Lee Weibel

Mailing Address 5020 SW Carmen Drive

City

Lake Oswego

State

OR

Zip Code

97035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Social Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	6	/	2	0	0	8

Transaction ID: 11ai-000053688

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

James Squires

Mailing Address 12404 19th Ave

City

Lake Oswego

State

OR

Zip Code

97034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
n/aOccupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	6	/	2	0	0	8

Transaction ID: 11ai-000053678

Amount of Each Receipt this Period

200.00

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

550.00

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

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

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

FOR LINE NUMBER: PAGE 45 / 481

(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Tonya Gray

Mailing Address 1343 SE Spokane

City

Portland

State

OR

Zip Code

97202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Artist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 6 / 2 0 0 8

Transaction ID: 11ai-000053773

Amount of Each Receipt this Period

220.00

**B.**

Full Name (Last, First, Middle Initial)

Elizabeth Cooper

Mailing Address 1925 SE 29th

City

Portland

State

OR

Zip Code

97214

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Central City Concern

Occupation  
Nurse Practitioner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 6 / 2 0 0 8

Transaction ID: 11ai-000053641

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Wendy A. Fitzgerald

Mailing Address 465 NE 181st

City

Portland

State

OR

Zip Code

97230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
n/a

Occupation  
disabled

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 6 / 2 0 0 8

Transaction ID: 11ai-000053653

Amount of Each Receipt this Period

500.00

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

970.00

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

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

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

FOR LINE NUMBER: PAGE 46 / 481

(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Elizabeth Ames

Mailing Address 1023 SE 14th Ave

City

Portland

State

OR

Zip Code

97214

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
City Of Portland

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 0 / 2 0 0 8

Transaction ID: 11ai-000053224

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Charles Thielman

Mailing Address 4960 Parsons

City

Eugene

State

OR

Zip Code

97402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Poet

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 0 / 2 0 0 8

Transaction ID: 11ai-000053867

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

S.L. Rand

Mailing Address 2093 Lawrence

City

Eugene

State

OR

Zip Code

97405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Best Effort

Occupation  
Best Effort

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 0 / 2 0 0 8

Transaction ID: 11ai-000053850

Amount of Each Receipt this Period

250.00

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

480.00

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

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

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Mark Frohnmayer

Mailing Address 1263 W. 5th

City

Eugene

State

OR

Zip Code

97402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WTP Inc.

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 0 / 2 0 0 8

Transaction ID: 11ai-000053924

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

John Bernard

Mailing Address 6325 SW Dolph Drive

City

Portland

State

OR

Zip Code

97219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
10x Incorporated

Occupation  
Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 0 / 2 0 0 8

Transaction ID: 11ai-000053205

Amount of Each Receipt this Period

345.00

**C.**

Full Name (Last, First, Middle Initial)

Sue Hilton

Mailing Address 6210 Lanphere

City

Arcata

State

CA

Zip Code

95521

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
USDA

Occupation  
Forest Hydrologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 0 / 2 0 0 8

Transaction ID: 11ai-000053938

Amount of Each Receipt this Period

500.00

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

1095.00

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

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Brendan Barnicle

Mailing Address 2894 NW Ariel Ter

City

Portland

State

OR

Zip Code

97210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Crest

Occupation

Senior Research Analyst

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 0 / 2 0 0 8

Transaction ID: 11ai-000053204

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Hanna K. Still

Mailing Address PO Box 7817

City

Eugene

State

OR

Zip Code

97401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
n/a

Occupation

retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 0 / 2 0 0 8

Transaction ID: 11ai-000053864

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Amy P. Rap

Mailing Address 1605 N. Holman St.

City

Portland

State

OR

Zip Code

97217

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Musician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: 11ai-000053465

Amount of Each Receipt this Period

8.00

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

2008.00

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



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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Dean Byers

Mailing Address 313 Antelope Lane

City

Roseburg

State

OR

Zip Code

97470

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1231.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: 11ai-000053554

Amount of Each Receipt this Period

16.00

**B.**

Full Name (Last, First, Middle Initial)

Brian J. Freeman

Mailing Address PO Box 1816

City

Gresham

State

OR

Zip Code

97030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
NA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

274.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: 11ai-000054158

Amount of Each Receipt this Period

24.00

**C.**

Full Name (Last, First, Middle Initial)

Deborah A. Noble

Mailing Address 16095 S. Camella

City

Oregon City

State

OR

Zip Code

97045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Best Effort

Occupation  
Best Effort

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: 11ai-000054223

Amount of Each Receipt this Period

250.00

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

290.00

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

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

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

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Patricia Allen

Mailing Address 1502 NE 65th Ave

City

Portland

State

OR

Zip Code

97213

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: 11ai-000054017

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Patricia Powers

Mailing Address 725 NW Flanders #407

City

Portland

State

OR

Zip Code

97209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Best Effort

Occupation  
Best Effort

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: 11ai-000053990

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Kathryn Haglund

Mailing Address 9648 N. Edison

City

Portland

State

OR

Zip Code

97203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OHSU

Occupation  
R.N.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: 11ai-000054165

Amount of Each Receipt this Period

500.00

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

1200.00

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

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

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

FOR LINE NUMBER: PAGE 51 / 481

(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Nancy Wolfe

Mailing Address 53565 West Ferndale Rd

City

Milton-Freewater

State

OR

Zip Code

97862

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 11ai-000054275

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Kevin A. Engelhart

Mailing Address 31080 Baggett

City

Hermiston

State

OR

Zip Code

97838

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Construction

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 11ai-000054294

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

John & Laura Geil

Mailing Address Po Box 427

City

Lake Oswego

State

OR

Zip Code

97034-0427

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US Justice Dept.

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

318.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 11ai-000054274

Amount of Each Receipt this Period

288.00

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

738.00

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

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

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

FOR LINE NUMBER: PAGE 52 / 481

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Noria M Antinoro

Mailing Address 8038 Tallon Way

City

Antelope

State

CA

Zip Code

95843

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054602

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Jerome Arnold

Mailing Address 651 Old Cannon Beach Rd

City

Cannon Beach

State

OR

Zip Code

97110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054603

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Chris Boeh

Mailing Address 3504 NE Alameda St

City

Portland

State

OR

Zip Code

97212-1806

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Alameda Document Design

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054611

Amount of Each Receipt this Period

10.00

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

30.00

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

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 53 / 481

(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Mary Botkin

Mailing Address 3215 SE Stark St

City

Portland

State

OR

Zip Code

97214-3132

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oregon Afscme

Occupation

Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054614

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

John F. Bradach, Sr.

Mailing Address 4492 NE Alameda St

City

Portland

State

OR

Zip Code

97213-1245

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054615

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

William Bradbury

Mailing Address 2250 Eola Dr Nw

City

Salem

State

OR

Zip Code

97304-3525

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

n/a

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054616

Amount of Each Receipt this Period

10.00

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

30.00

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

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

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

FOR LINE NUMBER: PAGE 54 / 481

(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Yasmine Branden

Mailing Address 2821 NE 10Th Ave

City

Portland

State

OR

Zip Code

97212-3211

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Neil Kelly Co.

Occupation

Construction Mgr.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054617

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Kenneth Brown

Mailing Address 2960 SW 113th Ave.

City

Beaverton

State

OR

Zip Code

97005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coherent Logix

Occupation

Software Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054620

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Shirley Cairns

Mailing Address 446 B S. Comstock

City

Sutherlin

State

OR

Zip Code

97479

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Financial Planner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054625

Amount of Each Receipt this Period

10.00

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

30.00

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

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

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

FOR LINE NUMBER: PAGE 55 / 481

(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Lois Courtney

Mailing Address 756 SE Summerfield Pl.

City

Corvallis

State

OR

Zip Code

97333

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054633

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Leah Craft

Mailing Address 13058 SW Fitzwilliam Ct

City

Tigard

State

OR

Zip Code

97224

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Citizen Smith for Portland  
City Council

Occupation  
Field Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054634

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

James Curtis

Mailing Address 3303 NE 31St Ave

City

Portland

State

OR

Zip Code

97212-2620

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054636

Amount of Each Receipt this Period

10.00

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

30.00

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

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Lew Frederick

Mailing Address 2208 NE 8th Avenue

City

Portland

State

OR

Zip Code

97212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northwest Ideas, LLC

Occupation

Communications Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054651

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Ted Gleichman

Mailing Address 8017 N Dana Ave.

City

Portland

State

OR

Zip Code

97203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Progressive Resource Group  
LLC

Occupation

Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054662

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Bernard Gorter

Mailing Address 2525 SE Ada Ln.

City

Milwaukie

State

OR

Zip Code

97267

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054664

Amount of Each Receipt this Period

10.00

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

30.00

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



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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Richard Harisay

Mailing Address 5106 Victor Point Rd

City

Sublimity

State

OR

Zip Code

97385

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054673

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Alan Holland

Mailing Address 530 Riverview Dr. NW

City

Salem

State

OR

Zip Code

97304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oregon Wine Country Distr-  
ibution

Occupation  
Delivery Driver

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054676

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Jay Jackson

Mailing Address 3916 NE 108Th Place

City

Portland

State

OR

Zip Code

97220

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TriMet

Occupation  
Manager, Field Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054681

Amount of Each Receipt this Period

10.00

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

30.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 481

(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Terry Kilcullen

Mailing Address 13000 Buckhorn Rd.

City

Glide

State

OR

Zip Code

97443

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Na

Occupation  
Na

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054686

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Jeanne Magmer

Mailing Address 12705 SE River Rd #103

City

Portland

State

OR

Zip Code

97222

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
C-M Communications

Occupation  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054704

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Liz Marlia-Stein

Mailing Address 1525 NE 18Th St

City

McMinnville

State

OR

Zip Code

97128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Prudential NW Properties

Occupation  
Real Estate Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054707

Amount of Each Receipt this Period

10.00

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

30.00

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

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Travis Miller

Mailing Address 3360 SE Franklin St.

City

Portland

State

OR

Zip Code

97202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Law Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054719

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Shirley Minor

Mailing Address 6938 NE 13Th Ave

City

Portland

State

OR

Zip Code

97211-4023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
State Employment

Occupation

Business - Employment Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054720

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Richard Mohle

Mailing Address 1629 NE 146Th Ave.

City

Portland

State

OR

Zip Code

97230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Teacher

Occupation

Portland Community College

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054721

Amount of Each Receipt this Period

10.00

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

30.00

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

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Francis Nelson

Mailing Address 543 Willamette Ct Nw

City

McMinnville

State

OR

Zip Code

97128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

555.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054727

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Rachel A. Ozretich

Mailing Address 453 SE Powell

City

Corvallis

State

OR

Zip Code

97333

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Educator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054731

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Elizabeth T. Salter

Mailing Address 42 SE 62nd Ave

City

Portland

State

OR

Zip Code

97215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DDSD

Occupation  
Teaching Asst.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

398.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054756

Amount of Each Receipt this Period

10.00

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

30.00

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

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

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

FOR LINE NUMBER: PAGE 61 / 481

(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Susan Silodor

Mailing Address 1231 NE MLK Jr. Blvd #330

City

Portland

State

OR

Zip Code

97232

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054767

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Laurel Simon, M.D.

Mailing Address 4791 SW Lowell Ct

City

Portlamd

State

OR

Zip Code

97221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Broadway Medical Clinic

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054769

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Loerna P. Simpson

Mailing Address 1863 NW Estaview Drive

City

Corvallis

State

OR

Zip Code

97330

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054772

Amount of Each Receipt this Period

10.00

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

30.00

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

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

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

FOR LINE NUMBER: PAGE 62 / 481

(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Lucinda Tate

Mailing Address 6933 N Williams Ave

City State Zip Code  
 Portland OR 97217

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ST. Andrew

Occupation  
Community Center Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054782

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Wendy E. Torgeson

Mailing Address 7015 SW Kelsi Ter

City State Zip Code  
 Portland OR 97223

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired Teacher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054783

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Robert Baker Zimmer

Mailing Address 6414 SW Barnes Rd.

City State Zip Code  
 Portland OR 97221-1554

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New Seasons Market

Occupation  
Deli Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054796

Amount of Each Receipt this Period

10.00

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

30.00

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

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

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

FOR LINE NUMBER: PAGE 63 / 481

(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Rosalie Pedroza

Mailing Address PO Box 12261

City

Salem

State

OR

Zip Code

97309-0261

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
State Of Oregon

Occupation

Admin Spec

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054877

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Joye Camacho

Mailing Address 3242 Autumn Chase Way Ne

City

Salem

State

OR

Zip Code

97305-1165

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Seiu 503

Occupation

Organizer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054888

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Mike Bohan

Mailing Address 16733 SW Blackberry Ln

City

Beaverton

State

OR

Zip Code

97007-6482

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Beaverton School District

Occupation

Public School Teacher

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054889

Amount of Each Receipt this Period

10.00

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

30.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 481

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Judith W. Davis

Mailing Address 17617 Arbor Ln

City

Lake Oswego

State

OR

Zip Code

97035-5401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	7	/	2	0	0	8

Transaction ID: 11ai-000054900

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Gretchen L. Randolph

Mailing Address 13635 SW 115th Avenue

City

Tigard

State

OR

Zip Code

97223

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

nurse practitioner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	7	/	2	0	0	8

Transaction ID: 11ai-000054910

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Elisa Bulin

Mailing Address 2156 NW Thorncroft Dr 924

City

Hillsboro

State

OR

Zip Code

97124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bridge City Legal

Occupation

Document Coder

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	7	/	2	0	0	8

Transaction ID: 11ai-000054912

Amount of Each Receipt this Period

10.00

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

30.00

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



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

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

FOR LINE NUMBER: PAGE 65 / 481

(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

John C. McColgan

Mailing Address PO Box 535

City

Joseph

State

OR

Zip Code

97846

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Nature - Grace Incorporated

Occupation

General Contractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054917

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Lee Hamilton

Mailing Address 2233 NE Skidmore Street

City

Portland

State

OR

Zip Code

97211-6407

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Counselor-Mediator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

394.99

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054918

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Marilyn Grendele

Mailing Address 2304 SE 147th Avenue

City

Portland

State

OR

Zip Code

97233

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054919

Amount of Each Receipt this Period

10.00

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

30.00

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

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

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

FOR LINE NUMBER: PAGE 66 / 481

(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Susan Shawn

Mailing Address 13939 SE Fair Oaks Way

City

Oak Grove

State

OR

Zip Code

97267

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054923

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Verna Jean Porter

Mailing Address 2118 NE 50th Ave.

City

Portland

State

OR

Zip Code

97213

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Lobbyist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

292.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054924

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Jack E. Lorts

Mailing Address 815 Adams St

City

Fossil

State

OR

Zip Code

97830

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054930

Amount of Each Receipt this Period

10.00

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

30.00

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

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

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

FOR LINE NUMBER: PAGE 67 / 481

(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Joseph E. Baessler

Mailing Address 2512 NE 50Th Ave

City

Portland

State

OR

Zip Code

97213

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME

Occupation  
Lobbyist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054606

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

Jesse Bontecou

Mailing Address 1525 SE Reedway Street

City

Portland

State

OR

Zip Code

97202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation  
none

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054613

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

Barry Dagoon

Mailing Address 2 Abelard Street

City

Lake Oswego

State

OR

Zip Code

97035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
lcr

Occupation  
Systems Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054644

Amount of Each Receipt this Period

15.00

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

45.00

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

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

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

FOR LINE NUMBER: PAGE 68 / 481

(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Linda P. Erickson

Mailing Address 1056 SE Westerland St.

City State Zip Code  
Hillsboro OR 97123

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired educator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054646

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

Jennifer Greenleaf

Mailing Address 1604 NE 55Th Ave.

City State Zip Code  
Portland OR 97213

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Greenleaf Agency

Occupation  
technical writer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1155.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054665

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

Susan Hagmeier

Mailing Address 3315 SE Harrison St

City State Zip Code  
Portland OR 97214-5737

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Northwest Ideas, LLC

Occupation  
Consultant-Writer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1037.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054668

Amount of Each Receipt this Period

15.00

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

45.00

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

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

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

FOR LINE NUMBER: PAGE 69 / 481

(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Carla Lynn Hanson

Mailing Address 8426 SE Foster Rd

City

Portland

State

OR

Zip Code

97266

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

auto refinishing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054671

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

Teresa Hepker

Mailing Address Po Box 983

City

The Dalles

State

OR

Zip Code

97058-0983

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Little Red Book

Occupation

Office Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054675

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

John T. Kirkwood

Mailing Address 2217 SW 200Th Ct

City

Beaverton

State

OR

Zip Code

97006-2117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054687

Amount of Each Receipt this Period

15.00

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

45.00

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

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

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

FOR LINE NUMBER: PAGE 70 / 481

(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

A.

Full Name (Last, First, Middle Initial)

Paddy J. McGuire

Mailing Address 3747 NE Wasco St

City

Portland

State

OR

Zip Code

97232-1967

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Strategies 360

Occupation

Senior VP--PublicAffairs

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054715

Amount of Each Receipt this Period

15.00

B.

Full Name (Last, First, Middle Initial)

Luann Pelton

Mailing Address 15445 SW Sandpiper Lane

City

Beaverton

State

OR

Zip Code

97007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jewell Attachments

Occupation

Controller

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054739

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)

Jacqueline F. Pierce

Mailing Address 1991 Westport Court NW

City

Salem

State

OR

Zip Code

97304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054745

Amount of Each Receipt this Period

15.00

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

45.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 481

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Mark Duane Schwabke

Mailing Address 1653 SE Linn St

City

Portland

State

OR

Zip Code

97202-7232

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Portland Community College

Occupation

Computer Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	7	/	2	0	0	8

Transaction ID: 11ai-000054761

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

Stan Shively

Mailing Address 23696 Harris Road

City

Philomath

State

OR

Zip Code

97370

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	7	/	2	0	0	8

Transaction ID: 11ai-000054765

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

Susana Silva-Strommer

Mailing Address 7017 SE Pine St

City

Portland

State

OR

Zip Code

97215-1429

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	7	/	2	0	0	8

Transaction ID: 11ai-000054768

Amount of Each Receipt this Period

15.00

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

45.00

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

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

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

FOR LINE NUMBER: PAGE 72 / 481

(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Lawrence M. Skidmore

Mailing Address 120 W. Hereford St.

City

Gladstone

State

OR

Zip Code

97027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
retired

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

515.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054773

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

Michael Graham

Mailing Address 63251 Wishing Well Lane

City

Bend

State

OR

Zip Code

97701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Phillip Garrow, LLC

Occupation  
Paralegal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054870

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

Bruce W. Cronk

Mailing Address Po Box 1792

City

Roseburg

State

OR

Zip Code

97470-0424

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
None

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054874

Amount of Each Receipt this Period

15.00

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

45.00

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



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

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

FOR LINE NUMBER: PAGE 73 / 481

(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Jesse Cornett

Mailing Address 826 NE Hancock

City

Portland

State

OR

Zip Code

97212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Portland State University-  
/Policy Advis

Occupation  
Lobbyist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054887

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

Michael Braymen

Mailing Address 2320 Estes

City

Baker City

State

OR

Zip Code

97814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
USDA Forest Service

Occupation  
Geographer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054904

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

Billie Jo Smith

Mailing Address 1239 SE Pine St

City

Toledo

State

OR

Zip Code

97391-2048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Stand for Children

Occupation  
Organizer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054907

Amount of Each Receipt this Period

15.00

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

45.00

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

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

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

FOR LINE NUMBER: PAGE 74 / 481

(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Loyd Henion

Mailing Address 583 NE South Nebergall Loop

City State Zip Code  
 Albany OR 97321

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Retired Economist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054927

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

Peter Buckley

Mailing Address Committee to Elect Peter Buckley  
 71 Dewey St

City State Zip Code  
 Ashland OR 97520-2108

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
State of Oregon

Occupation  
State Rep.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054623

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Teddi Carboneau

Mailing Address 4246 SE Ogden St.

City State Zip Code  
 Portland OR 97206

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Harland Financial

Occupation  
Technical Research Spec.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054627

Amount of Each Receipt this Period

20.00

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

55.00

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

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

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

FOR LINE NUMBER: PAGE 75 / 481

(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Susan H. Gates

Mailing Address 21891 SE Cottontail Dr.

City

Sandy

State

OR

Zip Code

97055

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

398.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054658

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Cynthia Milbradt

Mailing Address 6115 SE 13th Avenue

City

Portland

State

OR

Zip Code

97202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Contractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054718

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Mary J. O'Connell

Mailing Address 4838 SW 35th Place

City

Portland

State

OR

Zip Code

97221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054729

Amount of Each Receipt this Period

20.00

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

60.00

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

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

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

FOR LINE NUMBER: PAGE 76 / 481

(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Gloria Page

Mailing Address 3835 Meadow View Dr

City

Eugene

State

OR

Zip Code

97408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation  
none

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054733

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Brandon Wentworth

Mailing Address 14146 Edenberry Dr.

City

Lake Oswego

State

OR

Zip Code

97035-6720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054787

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Annabelle E. Jaramillo

Mailing Address 1390 W Hills Rd

City

Philomath

State

OR

Zip Code

97370-9403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Benton County

Occupation  
County Commissioner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054873

Amount of Each Receipt this Period

20.00

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

60.00

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

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

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

FOR LINE NUMBER: PAGE 77 / 481

(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Gail Rathbun

Mailing Address 49260 Highway 101

City

Langlois

State

OR

Zip Code

97450-9701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054908

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Nancy Wolfe

Mailing Address 53565 West Ferndale Rd

City

Milton-Freewater

State

OR

Zip Code

97862

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054914

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Mary P. Horman

Mailing Address 18051 Kelok Rd.

City

Lake Oswego

State

OR

Zip Code

97034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Clackamas County

Occupation  
RN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054922

Amount of Each Receipt this Period

20.00

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

60.00

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

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

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

FOR LINE NUMBER: PAGE 78 / 481

(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Jim Robison

Mailing Address 6615 N Princeton St

City

Portland

State

OR

Zip Code

97203-4035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
West Multnomah SWCD

Occupation

Conservation District Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054928

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Barbara E. Davidson

Mailing Address 1546 Roberts Rd

City

Medford

State

OR

Zip Code

97504-5340

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054934

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Suzanne Bonamici

Mailing Address 2370 SW Scenic Dr

City

Portland

State

OR

Zip Code

97225-4114

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
State Of Oregon

Occupation

State Senator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1830.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054612

Amount of Each Receipt this Period

25.00

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

65.00

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

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

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

FOR LINE NUMBER: PAGE 79 / 481

(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Mitch Greenlick

Mailing Address 712 NW Spring Ave

City

Portland

State

OR

Zip Code

97229-6913

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
state of Oregon

Occupation  
legislator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054666

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Paul Holvey

Mailing Address 468 E 34th Avenue

City

Eugene

State

OR

Zip Code

97405-3839

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
State of Oregon

Occupation  
Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054677

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Verity Larsen

Mailing Address 3025 SW 123rd Avenue

City

Beaverton

State

OR

Zip Code

97005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ferguson Wellman Capital  
Mgmt.

Occupation  
IS Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054695

Amount of Each Receipt this Period

25.00

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

75.00

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

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

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

FOR LINE NUMBER: PAGE 80 / 481

(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Terry Liittschwager

Mailing Address 90432 Fish Hatchery Road

City

Walterville

State

OR

Zip Code

97489

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054698

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Sharon Marler

Mailing Address 364 Starflower Ln.

City

Ashland

State

OR

Zip Code

97520

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054706

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

John Pearson

Mailing Address 834 SW Westwood Drive

City

Portland

State

OR

Zip Code

97239

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054736

Amount of Each Receipt this Period

25.00

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

75.00

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



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

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

FOR LINE NUMBER: PAGE 81 / 481

(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Tyram H. Pettit

Mailing Address PO Box 4185

City

Tualatin

State

OR

Zip Code

97062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Union Bank

Occupation

Best Effort

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054742

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Arnold L. Roblan

Mailing Address 2170 Timberline Drive

City

Coos Bay

State

OR

Zip Code

97420

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
State Of Oregon

Occupation

State Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054750

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Dave Sanders

Mailing Address 310 N 33

City

Springfield

State

OR

Zip Code

97478

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Off. Eg Co

Occupation

Computer Programmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054757

Amount of Each Receipt this Period

25.00

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

75.00

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

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

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

FOR LINE NUMBER: PAGE 82 / 481

(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Michael Simon

Mailing Address 2370 SW Scenic Dr.

City

Portland

State

OR

Zip Code

97225-4114

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Perkins Coie

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2775.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054770

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

John Springer

Mailing Address 7915 SE Hawthorne Blvd

City

Portland

State

OR

Zip Code

97215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Democratic Party of Oregon

Occupation  
IT Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

668.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054778

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Judy Sugnet

Mailing Address 1240 15Th St Se

City

Salem

State

OR

Zip Code

97302-1420

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
n-a

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

568.01

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054780

Amount of Each Receipt this Period

25.00

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

75.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 481

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Matthew A. Tracy

Mailing Address 9620 North Central

City

Portland

State

OR

Zip Code

97203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Columbia County

Occupation

Public Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	7	/	2	0	0	8

Transaction ID: 11ai-000054784

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Michael Litt

Mailing Address 92 Wheatherstone

City

Lake Oswego

State

OR

Zip Code

97035-1956

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oregon Health - Science  
Univ

Occupation

Prof. Emeritus

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	7	/	2	0	0	8

Transaction ID: 11ai-000054866

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Don Allen

Mailing Address 17525 Bluff Rd

City

Sandy

State

OR

Zip Code

97055-8288

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	7	/	2	0	0	8

Transaction ID: 11ai-000054867

Amount of Each Receipt this Period

25.00

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

75.00

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

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

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

FOR LINE NUMBER: PAGE 84 / 481

(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Judith Mehrens

Mailing Address 11817 SE 119Th Ave

City

Clackamas

State

OR

Zip Code

97015-7731

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054872

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Naomi Ballard

Mailing Address 7065 SW Heath Pl.

City

Beaverton

State

OR

Zip Code

97008-5617

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054885

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Tom G. Doberstein

Mailing Address 4911 SW Hamilton Street

City

Portland

State

OR

Zip Code

97221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
carpenter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054898

Amount of Each Receipt this Period

25.00

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

75.00

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

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

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

FOR LINE NUMBER: PAGE 85 / 481

(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

James Edmunson

Mailing Address 1460 Oak Dr

City

Eugene

State

OR

Zip Code

97404-2846

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cole, Carey, Wing & Bloom,  
P.C.

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054899

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Stephen Packer

Mailing Address 21355 SW Hillsboro Hwy

City

Newberg

State

OR

Zip Code

97132

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054732

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Genie Uebelacker

Mailing Address 14867 SE 131st Drive

City

Clackamas

State

OR

Zip Code

97015-9236

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054871

Amount of Each Receipt this Period

30.00

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

85.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 481

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Ron Fox

Mailing Address 20125 Star Fire Rdg

City

Bend

State

OR

Zip Code

97702-8107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	7	/	2	0	0	8

Transaction ID: 11ai-000054886

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Lucia Barnett

Mailing Address 13920 SE Oatfield Rd

City

Milwaukie

State

OR

Zip Code

97267-1505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Portland Community CollegeOccupation  
Public Safety Sergeant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	7	/	2	0	0	8

Transaction ID: 11ai-000054909

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Jolene Jonas

Mailing Address 28250 Hafferman Rd

City

Scappoose

State

OR

Zip Code

97056-9109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
IntelOccupation  
Data Archtiect

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

545.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	7	/	2	0	0	8

Transaction ID: 11ai-000054683

Amount of Each Receipt this Period

35.00

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

95.00

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

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

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

FOR LINE NUMBER: PAGE 87 / 481

(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Roberta Palmer

Mailing Address 5103 SE 34Th Ave

City

Portland

State

OR

Zip Code

97202-4107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054735

Amount of Each Receipt this Period

35.00

**B.**

Full Name (Last, First, Middle Initial)

Sharon D. Rice

Mailing Address 2760 W Lorraine Ave

City

Roseburg

State

OR

Zip Code

97470-2616

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054929

Amount of Each Receipt this Period

35.00

**C.**

Full Name (Last, First, Middle Initial)

Leon Coleman

Mailing Address 21160 SW Sandra Lane

City

Aloha

State

OR

Zip Code

97006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

755.98

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054630

Amount of Each Receipt this Period

40.00

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

110.00

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

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

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

FOR LINE NUMBER: PAGE 88 / 481

(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Barbara Glancy

Mailing Address 1620 NE Broadway #515

City

Portland

State

OR

Zip Code

97232

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
retired

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054661

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

Wilson Johns

Mailing Address 4223 SE 10th Ave

City

Portland

State

OR

Zip Code

97202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEBA

Occupation  
Marine Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054682

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

Mary A. McCusker

Mailing Address 5950 Colfax Avenue

City

Yachats

State

OR

Zip Code

97498

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054714

Amount of Each Receipt this Period

40.00

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

120.00

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



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

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

FOR LINE NUMBER: PAGE 89 / 481

(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Huma Pierce

Mailing Address 12820 SW 2nd St

City

Beaverton

State

OR

Zip Code

97005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Chiropractic First LLC

Occupation  
Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

555.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054744

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

Bing Wong

Mailing Address 7421 SE Sherman St

City

Portland

State

OR

Zip Code

97215-4165

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kaiser Permanente

Occupation  
Medical Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054936

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

Mary Jane Labelle

Mailing Address 94408 Sixes River Rd.

City

Sixes

State

OR

Zip Code

97476

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DataMetrix

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

685.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054692

Amount of Each Receipt this Period

50.00

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

130.00

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

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

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

FOR LINE NUMBER: PAGE 90 / 481

(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Ronald C. Cease

Mailing Address 2625 NE Hancock St

City

Portland

State

OR

Zip Code

97212-5048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054932

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Alice Bartelt

Mailing Address 6690 SW Dover St

City

Portland

State

OR

Zip Code

97225-1006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054943

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Leo Schuman

Mailing Address 9027 N. Smith St.

City

Portland

State

OR

Zip Code

97203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Adobe Systems

Occupation  
Technical Writer-Trainer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054760

Amount of Each Receipt this Period

60.00

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

160.00

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

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

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

FOR LINE NUMBER: PAGE 91 / 481

(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Allison Hayes Bader

Mailing Address 7836 SE 27th Avenue

City

Portland

State

OR

Zip Code

97202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Cooking Teacher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054605

Amount of Each Receipt this Period

84.00

**B.**

Full Name (Last, First, Middle Initial)

Elisa J. Dozono

Mailing Address 3173 N. Willamette Blvd.

City

Portland

State

OR

Zip Code

97217

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Miller Nash

Occupation

attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

718.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054642

Amount of Each Receipt this Period

84.00

**C.**

Full Name (Last, First, Middle Initial)

Paul Evans

Mailing Address 744 Main Street E.

City

Monmouth

State

OR

Zip Code

97361

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
State of Oregon

Occupation

Policy Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

688.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054647

Amount of Each Receipt this Period

84.00

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

252.00

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

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

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

FOR LINE NUMBER: PAGE 92 / 481

(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

James Howsley

Mailing Address 4144 NE Hoyt St

City

Portland

State

OR

Zip Code

97232-3334

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Miller Nash

Occupation

Partner/Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

434.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054679

Amount of Each Receipt this Period

84.00

**B.**

Full Name (Last, First, Middle Initial)

Kathleen Lewis

Mailing Address 4455 SW Greenhills Way

City

Portland

State

OR

Zip Code

97221-3211

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation

Unemployed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

668.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054696

Amount of Each Receipt this Period

84.00

**C.**

Full Name (Last, First, Middle Initial)

Mary Nolan

Mailing Address 910 SW Canning St

City

Portland

State

OR

Zip Code

97201-2218

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Candaloso, LLC

Occupation

Business Development Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

974.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054728

Amount of Each Receipt this Period

84.00

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

252.00

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

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

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

FOR LINE NUMBER: PAGE 93 / 481

(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Stephen Sherick

Mailing Address 3505 SW Barbur Blvd #16

City

Portland

State

OR

Zip Code

97239

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OHSU

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1259.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054763

Amount of Each Receipt this Period

84.00

**B.**

Full Name (Last, First, Middle Initial)

Jefferson Smith

Mailing Address 2211 NE 21St Ave.

City

Portland

State

OR

Zip Code

97212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1109.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054776

Amount of Each Receipt this Period

84.00

**C.**

Full Name (Last, First, Middle Initial)

Dean Byers

Mailing Address 313 Antelope Lane

City

Roseburg

State

OR

Zip Code

97470

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1315.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054933

Amount of Each Receipt this Period

84.00

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

252.00

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

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

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

FOR LINE NUMBER: PAGE 94 / 481

(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

David Gernant

Mailing Address 1849 Kalorama Rd. NW, Apt. 2

City

Washington

State

DC

Zip Code

20009-8126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
retired

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054557

Amount of Each Receipt this Period

85.00

**B.**

Full Name (Last, First, Middle Initial)

Frank Dixon

Mailing Address 2205 NW Johnson

City

Portland

State

OR

Zip Code

97210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

803.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054640

Amount of Each Receipt this Period

85.00

**C.**

Full Name (Last, First, Middle Initial)

Trent Lutz

Mailing Address 2512 NE 50th

City

Portland

State

OR

Zip Code

97213

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Executive Director

Occupation  
Democratic Party Of Oregon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

665.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054703

Amount of Each Receipt this Period

85.00

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

255.00

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

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

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

FOR LINE NUMBER: PAGE 95 / 481

(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Steven Rosenbaum

Mailing Address 3581 NE Knott Street

City

Portland

State

OR

Zip Code

97212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pop Art, Inc.

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054935

Amount of Each Receipt this Period

85.00

**B.**

Full Name (Last, First, Middle Initial)

Becky Breeze

Mailing Address 60604 Woodside Rd.

City

Bend

State

OR

Zip Code

97702

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Realtor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054618

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Rebecca L. Gladstone

Mailing Address 2713 Fairmount Blvd

City

Eugene

State

OR

Zip Code

97403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
not employed

Occupation  
not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1539.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054660

Amount of Each Receipt this Period

100.00

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

285.00

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

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Angelica Pilato

Mailing Address 5055 Foothills Dr Apt G

City

Lake Oswego

State

OR

Zip Code

97034-3223

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1152.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054746

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Elizabeth T. Salter

Mailing Address 42 SE 62nd Ave

City

Portland

State

OR

Zip Code

97215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DDSD

Occupation  
Teaching Asst.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

524.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054818

Amount of Each Receipt this Period

126.00

**C.**

Full Name (Last, First, Middle Initial)

Elizabeth T. Salter

Mailing Address 42 SE 62nd Ave

City

Portland

State

OR

Zip Code

97215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DDSD

Occupation  
Teaching Asst.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

671.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054822

Amount of Each Receipt this Period

147.00

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

373.00

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



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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Moses Ross

Mailing Address P.O. Box 19037

City

Portland

State

OR

Zip Code

97280-0037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Political Call Center

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054942

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Hamidah Yazdanikhorram

Mailing Address 2221 NW Crestview Way

City

Portland

State

OR

Zip Code

97229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rentrak

Occupation

CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054555

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Bruce L. Campbell

Mailing Address 1051 SW Ardmore

City

Portland

State

OR

Zip Code

97205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Miller Nash

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000054558

Amount of Each Receipt this Period

350.00

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

800.00

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

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

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

FOR LINE NUMBER: PAGE 98 / 481

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Carol Lewis

Mailing Address 333 NW 9th Avenue #1505

City

Portland

State

OR

Zip Code

97209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: 11ai-000053431

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Sandra Campbell

Mailing Address 7610 SE 162nd Ave.

City

Portland

State

OR

Zip Code

97236

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
n/a

Occupation  
n/a

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 8 / 2 0 0 8

Transaction ID: 11ai-000053235

Amount of Each Receipt this Period

1500.00

**C.**

Full Name (Last, First, Middle Initial)

Norla M Antinoro

Mailing Address 8038 Tallon Way

City

Antelope

State

CA

Zip Code

95843

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 1 / 2 0 0 8

Transaction ID: 11ai-000054853

Amount of Each Receipt this Period

6.00

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

2506.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 99 / 481

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Ken Hayes

Mailing Address 9821 NW Skyline Blvd

City

Portland

State

OR

Zip Code

97231

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	4	/	2	0	0	8

Transaction ID: 11ai-000054960

Amount of Each Receipt this Period

500.00

**[MEMO ITEM]**

Oregon Victory 2008

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

0.00

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

103726.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 100 / 481

(check only one)

<input type="checkbox"/> 11a	<input checked="" type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**Full Name (Last, First, Middle Initial)  
Generation Blue PAC

Mailing Address 304 West 115th St.

City	State	Zip Code
New York	NY	10026

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

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	6		2	0	0	8

Transaction ID: 11b-000054978

Amount of Each Receipt this Period

5000.00

**[MEMO ITEM]**

Oregon Victory 2008

**B.**Full Name (Last, First, Middle Initial)  
Mary Nolan for State Representative

Mailing Address 910 SW Canning Street

City	State	Zip Code
Portland	OR	97201

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

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	0	8

Transaction ID: 11b-000051426

Amount of Each Receipt this Period

1000.00

**C.**Full Name (Last, First, Middle Initial)  
Sheet Metal Workers' Intl. Assoc. PAC

Mailing Address 1750 New York Ave., NW

City	State	Zip Code
New York	NY	20006

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

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	0	8

Transaction ID: 11b-000051429

Amount of Each Receipt this Period

5000.00

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

6000.00

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

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

Use separate schedule(s)  
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☐ 11a ☒ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

**A.**

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

Mailing Address PO Box 2002

City State Zip Code  
Springfield IL 60605

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 0 8

Transaction ID: 11b-000051430

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)  
Ameripac

Mailing Address 499 S. Capitol St. SW, Ste. 108

City State Zip Code  
Washington DC 20003-4001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: 11b-000051985

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)  
Plumbing and Pipefitting Industry PAC 290

Mailing Address 20210 sw tETON aVE.

City State Zip Code  
Tualatin OR 97062

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: 11b-000052466

Amount of Each Receipt this Period

5000.00

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

15000.00

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

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

Use separate schedule(s)  
for each category of the  
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☐ 11a ☒ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Democratic National Committee

Mailing Address 430 S. Capitol St., SE

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

54676.39

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 11b-000054979

Amount of Each Receipt this Period

3350.00

In-kind/On-Line Voter File  
Access

**B.**

Full Name (Last, First, Middle Initial)

Democratic National Committee

Mailing Address 430 S. Capitol St., SE

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

58026.39

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: 11b-000054980

Amount of Each Receipt this Period

3350.00

In-kind/On-Line Voter File  
Access

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

6700.00

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

27700.00

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 103 / 481

(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Amalgamated Transit Union

Mailing Address 5025 Wisconsin Ave., NW

City

Washington

State

DC

Zip Code

20016

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 0 8

Transaction ID: 11c-000051435

Amount of Each Receipt this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Progressive Patriots Fund

Mailing Address PO Box 628008

City

Middleton

State

WI

Zip Code

53562

FEC ID number of contributing  
federal political committee.

C

C00409136

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 8

Transaction ID: 11c-000054981

Amount of Each Receipt this Period

1000.00

In-kind/Staff member

**C.**

Full Name (Last, First, Middle Initial)

New Millennium PAC

Mailing Address PO Box 632

City

Union City

State

NJ

Zip Code

07087

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: 11c-000051983

Amount of Each Receipt this Period

2500.00

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

6000.00

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

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

The NEA Fund for Children & Public Education

Mailing Address 1201 16th Street NW, Ste421

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: 11c-000051974

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Laborers' Political League

Mailing Address 905 Sixteenth Street NW

City

Washington

State

DC

Zip Code

20006

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: 11c-000051975

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Forward Together PAC

Mailing Address 201 North Union Street #300

City

Arlington

State

VA

Zip Code

22314

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: 11c-000051980

Amount of Each Receipt this Period

5000.00

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

15000.00

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



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

Use separate schedule(s)  
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(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
 Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)  
 Narragansett Bay PAC

Mailing Address PO Box 8628

City State Zip Code  
 Cranston RI 02920

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 7 / 2 0 0 8

Transaction ID: 11c-000051987

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)  
 I.B.E.W.-C.O.P.E.

Mailing Address 900 Seventh St. NW

City State Zip Code  
 Washington DC 20001

FEC ID number of contributing  
federal political committee.

**C**

C00027342

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 7 / 2 0 0 8

Transaction ID: 11c-000058321

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)  
 SEIU COPE US Division

Mailing Address 1313 L Street NW

City State Zip Code  
 Washington DC 20005

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 7 / 2 0 0 8

Transaction ID: 11c-000052002

Amount of Each Receipt this Period

5000.00

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

15000.00

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

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

Use separate schedule(s)  
for each category of the  
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(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Rhode Island Hope PAC

Mailing Address 607-14th St., NW, #800

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: 11c-000052003

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Obama for America

Mailing Address 233 N. Michigan Ave., Ste.1100

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing  
federal political committee.

**C**

C00431445

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

171171.74

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: 11c-000054538

Amount of Each Receipt this Period

50000.00

Transfer

**C.**

Full Name (Last, First, Middle Initial)

David Wu for Congress

Mailing Address 818 SW 3rd Avenue, #1182

City

Portland

State

OR

Zip Code

97205

FEC ID number of contributing  
federal political committee.

**C**

C00329292

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: 11c-000054970

Amount of Each Receipt this Period

5000.00

**[MEMO ITEM]**

Oregon Victory 2008

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

55000.00

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

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

Use separate schedule(s)  
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☐ 11a ☐ 11b ☒ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

CWA-COPE

Mailing Address 501 Third Street, NW

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 11c-000052392

Amount of Each Receipt this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

UAW V-CAP

Mailing Address 8000 East Jefferson Ave.

City

Detroit

State

MI

Zip Code

48214

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 11c-000058275

Amount of Each Receipt this Period

3000.00

**C.**

Full Name (Last, First, Middle Initial)

America's Leadership PAC

Mailing Address 607-14th St., NW Ste.800

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 11c-000052395

Amount of Each Receipt this Period

5000.00

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

10500.00

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

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

Use separate schedule(s)  
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☐ 11a ☐ 11b ☒ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)  
Planned Parenthood Action Fund, Inc. PAC

Mailing Address 810 - 7th Avenue

City State Zip Code  
New York NY 10019-5818

FEC ID number of contributing  
federal political committee. **C** C00314617

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: 11c-000052312

Amount of Each Receipt this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)  
Blumenauer For Congress

Mailing Address PO Box 1396

City State Zip Code  
Portland OR 97207

FEC ID number of contributing  
federal political committee. **C** C00307314

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

37500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: 11c-000054944

Amount of Each Receipt this Period

2500.00

Transfer

**C.**

Full Name (Last, First, Middle Initial)  
DeFazio For Congress

Mailing Address PO Box 1316

City State Zip Code  
Springfield OR 97477-0152

FEC ID number of contributing  
federal political committee. **C** C00215905

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: 11c-000052465

Amount of Each Receipt this Period

5000.00

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

10000.00

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

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
 Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)  
 Hooley for Congress  
 Mailing Address 14911 SE 82Nd

City State Zip Code  
 Clackamas OR 97015

FEC ID number of contributing  
federal political committee.

**C** C00316307

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 0 6 / 2 0 0 8

Transaction ID: 11c-000058276

Amount of Each Receipt this Period

280.00

Transfer

**B.**

Full Name (Last, First, Middle Initial)  
 Bakery, Confectionery, Tobacco Workers and Grain Millers International Union PAC  
 Mailing Address 10401 Connecticut Avenue

City State Zip Code  
 Kensington MD 20895

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

111.11

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 2 / 2 0 0 8

Transaction ID: 11c-000054985

Amount of Each Receipt this Period

111.11

**[MEMO ITEM]**

ASDC Joint Fundraiser

**C.**

Full Name (Last, First, Middle Initial)  
 International Association of Heat & Frost Insulators and Asbestos Workers PAC  
 Mailing Address 9602 Martin Luther King Highway

City State Zip Code  
 Lanham MD 20706

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

113.64

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 1 7 / 2 0 0 8

Transaction ID: 11c-000054982

Amount of Each Receipt this Period

113.64

**[MEMO ITEM]**

ASDC Joint Fundraiser

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

280.00

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

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

Use separate schedule(s)  
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☐ 11a ☐ 11b ☒ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

International Brotherhood of Boilermakers Campaign Assistance Fund

Mailing Address 753 State Ave Ste 565

City

State

Zip Code

Kansas City

KS

66101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

113.64

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: 11c-000054984

Amount of Each Receipt this Period

113.64

**[MEMO ITEM]**

ASDC Joint Fundraiser

**B.**

Full Name (Last, First, Middle Initial)

Seafarers Political Activity

Mailing Address 5201 Auth Way

City

State

Zip Code

Camp Springs

MD

20746

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

113.64

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 8

Transaction ID: 11c-000054986

Amount of Each Receipt this Period

113.64

**[MEMO ITEM]**

ASDC Joint Fundraiser

**C.**

Full Name (Last, First, Middle Initial)

International Union of Painters and Allied Trades Political Action Together Political Co

Mailing Address 1750 New York Avenue, NW

City

State

Zip Code

Washington

DC

20006

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.27

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: 11c-000054992

Amount of Each Receipt this Period

227.27

**[MEMO ITEM]**

ASDC Joint Fundraiser

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

0.00

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

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

Use separate schedule(s)  
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☐ 11a ☐ 11b ☒ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)  
United Steelworkers Political Action Fund

Mailing Address Five Gateway Center

City State Zip Code  
Pittsburgh PA 15222

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.12

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 8

Transaction ID: 11c-000054987

Amount of Each Receipt this Period

465.12

**[MEMO ITEM]**

ASDC Joint Fundraiser

**B.**

Full Name (Last, First, Middle Initial)  
COMMUNICATIONS WORKERS OF AMERICA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Mailing Address 501 3rd St NW

City State Zip Code  
Washington DC 20001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

571.43

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 11c-000054991

Amount of Each Receipt this Period

571.43

**[MEMO ITEM]**

ASDC Joint Fundraiser

**C.**

Full Name (Last, First, Middle Initial)  
American Postal Workers Union Committee on Political Action

Mailing Address 1300 L Street NW

City State Zip Code  
Washington DC 20005

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1162.79

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 8

Transaction ID: 11c-000054990

Amount of Each Receipt this Period

1162.79

**[MEMO ITEM]**

ASDC Joint Fundraiser

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

0.00

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

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

Use separate schedule(s)  
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☐ 11a ☐ 11b ☒ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)  
AFL-CIO COPE Political Contributions Committee

Mailing Address 815 16th Street, NW

City State Zip Code  
Washington DC 20006

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1315.79

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 8

Transaction ID: 11c-000054989

Amount of Each Receipt this Period

1315.79

**[MEMO ITEM]**

ASDC Joint Fundraiser

**B.**

Full Name (Last, First, Middle Initial)  
Laborers' Political League-Laborers' International Union of N.A.

Mailing Address 905 16th St NW 2nd Floor

City State Zip Code  
Washington DC 20006

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 8

Transaction ID: 11c-000054983

Amount of Each Receipt this Period

5000.00

**[MEMO ITEM]**

ASDC Joint Fundraiser

**C.**

Full Name (Last, First, Middle Initial)  
Committee for Hispanic Causes/Building Our Leadership Diversity PAC (CHC BOLD PAC)

Mailing Address 1831 Bay Street SE

City State Zip Code  
Washington DC 20003

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 8

Transaction ID: 11c-000054988

Amount of Each Receipt this Period

5000.00

**[MEMO ITEM]**

ASDC Joint Fundraiser

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

0.00

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

111780.00



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

Use separate schedule(s)  
for each category of the  
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☐ 11a ☐ 11b ☐ 11c ☒ 12  
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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)  
Democratic Congressional Campaign Committee

Mailing Address 430 South Capitol ST. SE

City State Zip Code  
Washington DC 20003

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

236170.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 12-36-00400-00592

Amount of Each Receipt this Period

64394.00

**B.**

Full Name (Last, First, Middle Initial)  
ASDC Joint Victory Account

Mailing Address 430 South Capitol St., SE

City State Zip Code  
Washington DC 20003

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5093.63

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 0 8

Transaction ID: 12-39-00002-00002

Amount of Each Receipt this Period

5093.63

Transfer from Affiliated  
Committee - Joint Fundrai-  
sing Proceeds

**C.**

Full Name (Last, First, Middle Initial)  
Oregon Victory 2008

Mailing Address 2236 SE 10th Ave.

City State Zip Code  
Portland OR 97214

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 0 8

Transaction ID: 12-37-00066-00071

Amount of Each Receipt this Period

10000.00

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

79487.63

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

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

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

FOR LINE NUMBER: PAGE 114 / 481

(check only one)

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

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)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Democratic Senatorial Campaign Committee

Mailing Address 430 S. Capitol St., SE

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1572588.46

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 0 8

Transaction ID: 12-16-07820-11438

Amount of Each Receipt this Period

68887.86

**B.**

Full Name (Last, First, Middle Initial)

Democratic Party of Oklahoma

Mailing Address 4100 N. Lincoln Blvd.

City

Oklahoma City

State

OK

Zip Code

73105

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: 12-39-00011-00011

Amount of Each Receipt this Period

1000.00

Transfer from Affiliated  
Committee

**C.**

Full Name (Last, First, Middle Initial)

Missouri Democratic State Committee

Mailing Address 208 Madison Street\*

City

Jefferson City

State

MO

Zip Code

65102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: 12-39-00019-00019

Amount of Each Receipt this Period

1500.00

Transfer from Affiliated  
Committee

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

71387.86

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

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

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

FOR LINE NUMBER: PAGE 115 / 481

(check only one)

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

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)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Nebraska Democratic State Central Committee

Mailing Address 1327 H Street, Ste. 200

City

Lincoln

State

NE

Zip Code

68508

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: 12-39-00018-00018

Amount of Each Receipt this Period

2500.00

Transfer from Affiliated  
Committee

**B.**

Full Name (Last, First, Middle Initial)

North Dakota Democratic - Nonpartisan League Party

Mailing Address 1902 East Divide Avenue

City

Bismarck

State

ND

Zip Code

58501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: 12-39-00017-00017

Amount of Each Receipt this Period

2750.00

Transfer from Affiliated  
Committee

**C.**

Full Name (Last, First, Middle Initial)

Mississippi Democratic Party Political Action Comm

Mailing Address 832 North Congress Street

City

Jackson

State

MS

Zip Code

39202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: 12-39-00016-00016

Amount of Each Receipt this Period

3000.00

Transfer from Affiliated  
Committee

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

8250.00

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

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

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

FOR LINE NUMBER: PAGE 116 / 481

(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Ohio Democratic Party

Mailing Address 271 East State Street

City State Zip Code  
Columbus OH 43215

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: 12-39-00015-00015

Amount of Each Receipt this Period

4250.00

Transfer from Affiliated  
Committee

**B.**

Full Name (Last, First, Middle Initial)

Idaho State Democratic Party

Mailing Address 988 South Longmont, Ste. 110

City State Zip Code  
Boise ID 83706

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: 12-39-00020-00020

Amount of Each Receipt this Period

5000.00

Transfer from Affiliated  
Committee

**C.**

Full Name (Last, First, Middle Initial)

Alaska Democratic Party

Mailing Address 2602 Fairbanks Street

City State Zip Code  
Anchorage AK 99503

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: 12-39-00003-00003

Amount of Each Receipt this Period

5000.00

Transfer from Affiliated  
Committee

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

14250.00

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

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

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

FOR LINE NUMBER: PAGE 117 / 481

(check only one)

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

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)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Arizona State Democratic Central Executive Committ

Mailing Address 2910 North Central Avenue

City State Zip Code  
 Phoenix AZ 85012

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 1 / 2 0 0 8

Transaction ID: 12-39-00005-00005

Amount of Each Receipt this Period

5000.00

Transfer from Affiliated  
Committee

**B.**

Full Name (Last, First, Middle Initial)

Democratic State Central Committee of LA

Mailing Address 701 Government Street

City State Zip Code  
 Baton Rouge LA 70802

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 1 / 2 0 0 8

Transaction ID: 12-39-00006-00006

Amount of Each Receipt this Period

5000.00

Transfer from Affiliated  
Committee

**C.**

Full Name (Last, First, Middle Initial)

Democratic State Central Committee of Maryland

Mailing Address 188 Main Street, Ste. 1

City State Zip Code  
 Annapolis MD 21401

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 1 / 2 0 0 8

Transaction ID: 12-39-00007-00007

Amount of Each Receipt this Period

5000.00

Transfer from Affiliated  
Committee

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

15000.00

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

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

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

FOR LINE NUMBER: PAGE 118 / 481

(check only one)

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

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)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Minnesota Democratic Farmer Labor Party

Mailing Address 255 East Plato Blvd.

City

St. Paul

State

MN

Zip Code

55107

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: 12-39-00008-00008

Amount of Each Receipt this Period

5000.00

Transfer from Affiliated  
Committee

**B.**

Full Name (Last, First, Middle Initial)

State Executive Committee of Alabama

Mailing Address 501 Adams Avenue

City

Montgomery

State

AL

Zip Code

36104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: 12-39-00009-00009

Amount of Each Receipt this Period

5000.00

Transfer from Affiliated  
Committee

**C.**

Full Name (Last, First, Middle Initial)

Kansas Democratic State Committee

Mailing Address 700 SW Jackson Street, Ste. 706

City

Topeka

State

KS

Zip Code

66603

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: 12-39-00010-00010

Amount of Each Receipt this Period

5000.00

Transfer from Affiliated  
Committee

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

15000.00

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

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

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

FOR LINE NUMBER: PAGE 119 / 481

(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)  
Indiana Democratic Congressional Victory Committee

Mailing Address 1 North Capitol, Ste. 200

City State Zip Code  
Indianapolis IN 46204

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: 12-39-00012-00012

Amount of Each Receipt this Period

5000.00

Transfer from Affiliated  
Committee

**B.**

Full Name (Last, First, Middle Initial)  
Massachusetts Democratic State Committee – Fed Fun

Mailing Address 56 Roland Street, Ste. 203

City State Zip Code  
Boston MA 02129

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: 12-39-00013-00013

Amount of Each Receipt this Period

5000.00

Transfer from Affiliated  
Committee

**C.**

Full Name (Last, First, Middle Initial)  
CT Democratic State Central Committee

Mailing Address 179 Allyn Street, Ste. 301

City State Zip Code  
Hartford CT 06103

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: 12-39-00014-00014

Amount of Each Receipt this Period

5000.00

Transfer from Affiliated  
Committee

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

15000.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 120 / 481

(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Democratic Congressional Campaign Committee

Mailing Address 430 South Capitol ST. SE

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

251764.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	3	/	2	0	0	8

Transaction ID: 12-36-00485-00859

Amount of Each Receipt this Period

15594.00

**B.**

Full Name (Last, First, Middle Initial)

ASDC Joint Victory Account

Mailing Address 430 South Capital St., SE

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

5202.33

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	4	/	2	0	0	8

Transaction ID: 12-39-00022-00022

Amount of Each Receipt this Period

108.70

Transfer from Affiliated  
Committee - Joint Fundrai-  
sing Proceeds**C.**

Full Name (Last, First, Middle Initial)

ASDC Joint Victory Account

Mailing Address 430 South Capital St., SE

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

5313.44

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	4	/	2	0	0	8

Transaction ID: 12-39-00023-00023

Amount of Each Receipt this Period

111.11

Transfer from Affiliated  
Committee - Joint Fundrai-  
sing Proceeds

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

15813.81

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



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

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

FOR LINE NUMBER: PAGE 121 / 481

(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

ASDC Joint Victory Account

Mailing Address 430 South Capital St., SE

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5757.88

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 0 8

Transaction ID: 12-39-00021-00021

Amount of Each Receipt this Period

444.44

Transfer from Affiliated  
Committee - Joint Fundrai-  
sing Proceeds

**B.**

Full Name (Last, First, Middle Initial)

Democratic Senatorial Campaign Committee

Mailing Address 430 S. Capitol St., SE

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1655039.37

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 0 8

Transaction ID: 12-16-07840-11458

Amount of Each Receipt this Period

82450.91

**C.**

Full Name (Last, First, Middle Initial)

ASDC Joint Victory Account

Mailing Address 430 South Capital St., SE

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5868.99

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: 12-39-00024-00024

Amount of Each Receipt this Period

111.11

Transfer from Affiliated  
Committee - Joint Fundrai-  
sing Proceeds

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

83006.46

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

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

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

FOR LINE NUMBER: PAGE 122 / 481

(check only one)

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

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)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

ASDC Joint Victory Account

Mailing Address 430 South Capital St., SE

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10868.99

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: 12-39-00025-00025

Amount of Each Receipt this Period

5000.00

Transfer from Affiliated  
Committee - Joint Fundrai-  
sing Proceeds

**B.**

Full Name (Last, First, Middle Initial)

ASDC Joint Victory Account

Mailing Address 430 South Capital St., SE

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10871.52

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: 12-39-00028-00028

Amount of Each Receipt this Period

2.53

Transfer from Affiliated  
Committee - Joint Fundrai-  
sing Proceeds

**C.**

Full Name (Last, First, Middle Initial)

ASDC Joint Victory Account

Mailing Address 430 South Capital St., SE

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10881.62

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: 12-39-00029-00029

Amount of Each Receipt this Period

10.10

Transfer from Affiliated  
Committee - Joint Fundrai-  
sing Proceeds

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

5012.63

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

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

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

FOR LINE NUMBER: PAGE 123 / 481

(check only one)

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

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)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Democratic National Committee

Mailing Address 430 South Capitol St., SE

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

778724.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: 12-35-00369-00396

Amount of Each Receipt this Period

12384.00

**B.**

Full Name (Last, First, Middle Initial)

Democratic Senatorial Campaign Committee

Mailing Address 430 S. Capitol St., SE

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1807162.37

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: 12-16-07841-11459

Amount of Each Receipt this Period

152123.00

**C.**

Full Name (Last, First, Middle Initial)

ASDC Affinity Partnership Program

Mailing Address 430 S. Capitol St. SE

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1347.33

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 8

Transaction ID: 12-16-07857-11476

Amount of Each Receipt this Period

301.53

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

164808.53

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 124 / 481

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	--	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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)

Democratic Party of Oregon

**A.**Full Name (Last, First, Middle Initial)  
Democratic Congressional Campaign Committee

Mailing Address 430 South Capitol ST. SE

City	State	Zip Code
Washington	DC	20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255463.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	0	8

Transaction ID: 12-36-00664-01171

Amount of Each Receipt this Period

3699.00

**B.**Full Name (Last, First, Middle Initial)  
OR Party Victory Fund

Mailing Address 430 S. Capitol St. SE

City	State	Zip Code
Washington	DC	20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50608.76

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	0	8

Transaction ID: 12-16-07858-11477

Amount of Each Receipt this Period

18312.52

**C.**Full Name (Last, First, Middle Initial)  
Oregon Victory 2008

Mailing Address 2236 SE 10th Ave.

City	State	Zip Code
Portland	OR	97214

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

56000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	0	8

Transaction ID: 12-37-00085-00110

Amount of Each Receipt this Period

31000.00

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

53011.52

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 125 / 481

(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

ASDC Joint Victory Account

Mailing Address 430 South Capital St., SE

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

11453.05

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	0	8

Transaction ID: 12-39-00032-00032

Amount of Each Receipt this Period

571.43

Transfer from Affiliated  
Committee - Joint Fundrai-  
sing Proceeds**B.**

Full Name (Last, First, Middle Initial)

ASDC Joint Victory Account

Mailing Address 430 South Capital St., SE

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12615.84

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	0	8

Transaction ID: 12-39-00030-00030

Amount of Each Receipt this Period

1162.79

Transfer from Affiliated  
Committee - Joint Fundrai-  
sing Proceeds**C.**

Full Name (Last, First, Middle Initial)

Democratic Senatorial Campaign Committee

Mailing Address 430 S. Capitol St., SE

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1928956.25

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	8

Transaction ID: 12-16-07924-11591

Amount of Each Receipt this Period

121793.88

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

123528.10

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

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

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

FOR LINE NUMBER: PAGE 126 / 481

(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

ASDC Joint Victory Account

Mailing Address 430 South Capital St., SE

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12626.42

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: 12-39-00036-00036

Amount of Each Receipt this Period

10.58

Transfer from Affiliated  
Committee - Joint Fundrai-  
sing Proceeds

**B.**

Full Name (Last, First, Middle Initial)

ASDC Joint Victory Account

Mailing Address 430 South Capital St., SE

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12853.69

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: 12-39-00033-00033

Amount of Each Receipt this Period

227.27

Transfer from Affiliated  
Committee - Joint Fundrai-  
sing Proceeds

**C.**

Full Name (Last, First, Middle Initial)

ASDC Joint Victory Account

Mailing Address 430 South Capital St., SE

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

14169.48

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: 12-39-00034-00034

Amount of Each Receipt this Period

1315.79

Transfer from Affiliated  
Committee - Joint Fundrai-  
sing Proceeds

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

1553.64

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 127 / 481

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	--	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Democratic Senatorial Campaign Committee

Mailing Address 430 S. Capitol St., SE

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1963956.25

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	0	8

Transaction ID: 12-16-07926-11593

Amount of Each Receipt this Period

35000.00

**B.**

Full Name (Last, First, Middle Initial)

Oregon Victory 2008

Mailing Address 2236 SE 10th Ave.

City

Portland

State

OR

Zip Code

97214

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

59200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	4	/	2	0	0	8

Transaction ID: 12-37-00108-00138

Amount of Each Receipt this Period

3200.00

**C.**

Full Name (Last, First, Middle Initial)

Democratic National Committee

Mailing Address 430 South Capitol St., SE

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

813724.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	6	/	2	0	0	8

Transaction ID: 12-35-00415-00443

Amount of Each Receipt this Period

35000.00

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

73200.00

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

738310.18

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

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

FOR LINE NUMBER: PAGE 128 / 481

(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)  
Multnomah County Democratic Central Comm., #335

Mailing Address 232 NE 9th Ave.

City State Zip Code  
Portland OR 97232

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2898.25

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 8

Transaction ID: 15-16-07831-11449

Amount of Each Receipt this Period

250.00

Rent

**B.**

Full Name (Last, First, Middle Initial)  
Newpage, LLC

Mailing Address 414 SW Coast Hwy

City State Zip Code  
Newport OR 97365

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: 15-37-00109-00139

Amount of Each Receipt this Period

850.00

Rent overpayment

**C.**

Full Name (Last, First, Middle Initial)  
Multnomah County Democratic Central Comm., #335

Mailing Address 232 NE 9th Ave.

City State Zip Code  
Portland OR 97232

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3148.25

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: 15-16-07909-11572

Amount of Each Receipt this Period

250.00

Rent

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

1350.00

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



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

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

FOR LINE NUMBER: PAGE 129 / 481

(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Wyden for Senate

Mailing Address PO Box 3498

City

Portland

State

OR

Zip Code

97208-3498

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4613.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: 15-16-07910-11573

Amount of Each Receipt this Period

413.00

Rent

**B.**

Full Name (Last, First, Middle Initial)

Senate Democratic Leadership Fund #1471

Mailing Address PO Box 5271

City

Portland

State

OR

Zip Code

97208

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10292.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Transaction ID: 15-16-07911-11574

Amount of Each Receipt this Period

616.00

Rent

**C.**

Full Name (Last, First, Middle Initial)

The Compass Media Group, Inc.

Mailing Address 1415 N. Dayton, Ste. 1S

City

Chicago

State

IL

Zip Code

60622

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30097.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: 15-36-00660-01167

Amount of Each Receipt this Period

30097.00

Refund of overpayment

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

31126.00

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

C. Form/Schedule : **SA15**

Refund of payment made in error 11/03/2008,

Transaction ID : **15-36-00660-01167**

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

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

FOR LINE NUMBER: PAGE 131 / 481

(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Evergreen Associates

Mailing Address PO Box 10638

City

Eugene

State

OR

Zip Code

97440

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 0 / 2 0 0 8

Transaction ID: 15-35-00502-00532

Amount of Each Receipt this Period

600.00

Rent Overpayment refund

**B.**

Full Name (Last, First, Middle Initial)

Future PAC #001524

Mailing Address PO Box 2202

City

Salem

State

OR

Zip Code

97308

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

13628.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 1 / 2 0 0 8

Transaction ID: 15-16-07981-11667

Amount of Each Receipt this Period

1075.00

Rent

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

1675.00

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

34151.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 132 / 481

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Qwest Mailing Address PO Box 91155	<b>Transaction ID:</b> 21b-35-00357-00384 <b>Date of Disbursement</b> <div> <div>10</div> <div>16</div> <div>2008</div> </div>
City State Zip Code Seattle WA 98111-9255 Purpose of Disbursement Internet Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>60.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Douglas County Democratic Central Comm., #306 Mailing Address PO Box 931 City State Zip Code Roseburg OR 97470 Purpose of Disbursement Internet Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 21b-35-00358-00385 <b>Date of Disbursement</b> <div> <div>10</div> <div>16</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>306.28</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Qwest Mailing Address 70 W. 4th St., Floor 10 City State Zip Code St. Paul MN 55102 Purpose of Disbursement Activation charge Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 21b-36-00666-01173 <b>Date of Disbursement</b> <div> <div>10</div> <div>16</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>300.00</div>

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

**666.28**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 133 / 481

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Trent A. Lutz	<b>Transaction ID:</b> 21b-16-07799-0000 <b>Date of Disbursement</b>
Mailing Address 2055 NW Irving	<div> <div>10</div> <div>17</div> <div>2008</div> </div>
City Portland State OR Zip Code 97209	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Reimbursement - See memos	<div>2516.10</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Kell's Irish Pub	<b>Transaction ID:</b> 21b-16-07799-11392 <b>Date of Disbursement</b>
Mailing Address 112 SW 2nd Ave.	<div> <div>10</div> <div>17</div> <div>2008</div> </div>
City Portland State OR Zip Code 97204	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Fundraising/Catering	<div>1316.10</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) clark lewis	<b>Transaction ID:</b> 21b-16-07799-11393 <b>Date of Disbursement</b>
Mailing Address 1001 SE Water Ave.	<div> <div>10</div> <div>17</div> <div>2008</div> </div>
City Portland State OR Zip Code 97214	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Fundraising/Catering	<div>1200.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

2516.10

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

**B.** Form/Schedule : **SB21b**  
Transaction ID : **21b-16-07799-11392**

Generic State Party fundraising/not on behalf of any candidate

**C.** Form/Schedule : **SB21b**  
Transaction ID : **21b-16-07799-11393**

Generic State Party fundraising/not on behalf of any candidate

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 135 / 481

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Bank of America Mailing Address 1001 SW Fifth Ave.	<b>Transaction ID:</b> 21b-16-07804-0000 <b>Date of Disbursement</b> <div> <div>10</div> <div>17</div> <div>2008</div> </div>
City Portland State OR Zip Code 97204 Purpose of Disbursement Credit card payment-See memos Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>144.70</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Bank of America Mailing Address 1001 SW Fifth Ave.	<b>Transaction ID:</b> 21b-16-07804-11410 <b>Date of Disbursement</b> <div> <div>10</div> <div>17</div> <div>2008</div> </div>
City Portland State OR Zip Code 97204 Purpose of Disbursement Bank charges Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>144.70</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Via Delia Mailing Address 352 NW Federal St.	<b>Transaction ID:</b> 21b-16-07805-11413 <b>Date of Disbursement</b> <div> <div>10</div> <div>17</div> <div>2008</div> </div>
City Bend State OR Zip Code 97701 Purpose of Disbursement Buttons Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>255.20</div>

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

**399.90**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 136 / 481

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852	<b>Transaction ID:</b> 21b-34-00375-00402 <b>Date of Disbursement</b> <div> <div>10</div> <div>18</div> <div>2008</div> </div>
City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Credit Card Processing Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>1.31</div>
<b>B.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Credit Card Processing Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 21b-34-00376-00403 <b>Date of Disbursement</b> <div> <div>10</div> <div>19</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>0.99</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Pacific Office Automation Mailing Address 14747 NW Greenbrier Pkwy. City Beaverton State OR Zip Code 97006 Purpose of Disbursement Copier rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 21b-35-00359-00386 <b>Date of Disbursement</b> <div> <div>10</div> <div>20</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>998.00</div>

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

**1000.30**

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



X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

MM / DD / YYYY

Category/  
TypeCategory/  
TypeCategory/  
Type

**[MEMO ITEM]**

**2097.73**

A blank coordinate grid with x and y axes ranging from 0 to 10. The grid is used for plotting points and lines.

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 138 / 481

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Office Max #968	<b>Transaction ID:</b> 21b-36-00405-00627 <b>Date of Disbursement</b>																				
Mailing Address 15550 SE McLoughlin Blvd.	<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>1</td><td>0</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	0		2	0	0	8												
City Milwaukie State OR Zip Code 97222	Amount of Each Disbursement this Period																				
Purpose of Disbursement Office supplies	<table border="1"> <tr> <td colspan="10">113.97</td> </tr> </table>	113.97																			
113.97																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Dollar Tree	<b>Transaction ID:</b> 21b-36-00405-00623 <b>Date of Disbursement</b>																				
Mailing Address 1900 SE McLoughlin Blvd.	<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>1</td><td>0</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	0		2	0	0	8												
City Oregon City State OR Zip Code 97045	Amount of Each Disbursement this Period																				
Purpose of Disbursement Office supplies	<table border="1"> <tr> <td colspan="10">10.00</td> </tr> </table>	10.00																			
10.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Arco - Portland	<b>Transaction ID:</b> 21b-36-00405-00624 <b>Date of Disbursement</b>																				
Mailing Address 9220 SE Holgate Blvd.	<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>1</td><td>0</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	0		2	0	0	8												
City Portland State OR Zip Code 97266	Amount of Each Disbursement this Period																				
Purpose of Disbursement Fuel	<table border="1"> <tr> <td colspan="10">40.00</td> </tr> </table>	40.00																			
40.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 139 / 481

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Southend Grocery	<b>Transaction ID:</b> 21b-36-00405-00625 <b>Date of Disbursement</b>																				
Mailing Address 1033 Southend Rd.	<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>1</td><td>0</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	0		2	0	0	8												
City Oregon City State OR Zip Code 97045	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Fuel	<table border="1"> <tr> <td colspan="10">40.00</td> </tr> </table>	40.00																			
40.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>[MEMO ITEM]</b>																					
<b>B.</b> Full Name (Last, First, Middle Initial) Arco	<b>Transaction ID:</b> 21b-36-00405-00626 <b>Date of Disbursement</b>																				
Mailing Address 3110 E. Pacific Blvd.	<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>1</td><td>0</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	0		2	0	0	8												
City Albany State OR Zip Code 97321	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Fuel	<table border="1"> <tr> <td colspan="10">40.00</td> </tr> </table>	40.00																			
40.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>[MEMO ITEM]</b>																					
<b>C.</b> Full Name (Last, First, Middle Initial) Arco - Portland	<b>Transaction ID:</b> 21b-36-00405-00628 <b>Date of Disbursement</b>																				
Mailing Address 9220 SE Holgate Blvd.	<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>1</td><td>0</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	0		2	0	0	8												
City Portland State OR Zip Code 97266	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Fuel	<table border="1"> <tr> <td colspan="10">40.45</td> </tr> </table>	40.45																			
40.45																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>[MEMO ITEM]</b>																					

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 140 / 481

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Oregon City Chevron	<b>Transaction ID:</b> 21b-36-00405-00629 <b>Date of Disbursement</b>																				
Mailing Address 1002 McLoughlin	<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>1</td><td>0</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	0		2	0	0	8												
City Oregon City State OR Zip Code 97045	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Fuel	<table border="1"> <tr> <td colspan="10">40.00</td> </tr> </table>	40.00																			
40.00																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Fred Meyer/Oregon City	<b>Transaction ID:</b> 21b-36-00405-00630 <b>Date of Disbursement</b>																				
Mailing Address 1839 Molalla Ave.	<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>1</td><td>0</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	0		2	0	0	8												
City Oregon City State OR Zip Code 97045	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Volunteer food	<table border="1"> <tr> <td colspan="10">13.74</td> </tr> </table>	13.74																			
13.74																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Fed Ex Kinko's - West Linn	<b>Transaction ID:</b> 21b-36-00405-00621 <b>Date of Disbursement</b>																				
Mailing Address 22000 Willamette Dr. #105	<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>1</td><td>0</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	0		2	0	0	8												
City West Linn State OR Zip Code 97068	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Copies	<table border="1"> <tr> <td colspan="10">9.18</td> </tr> </table>	9.18																			
9.18																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

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

0.00

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

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

PAGE 141 / 481

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b>	Full Name (Last, First, Middle Initial) Zghoul Stations	Transaction ID: 21b-36-00405-00632 Date of Disbursement 10 / 20 / 2008
	Mailing Address 810 E. Arlington	
	City Gladstone State OR Zip Code 97027	Amount of Each Disbursement this Period 40.45
	Purpose of Disbursement Fuel	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]
<b>B.</b>	Full Name (Last, First, Middle Initial) Fred Meyer/Oregon City	Transaction ID: 21b-36-00405-00613 Date of Disbursement 10 / 20 / 2008
	Mailing Address 1839 Molalla Ave.	
	City Oregon City State OR Zip Code 97045	Amount of Each Disbursement this Period 26.40
	Purpose of Disbursement Volunteer food	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]
<b>C.</b>	Full Name (Last, First, Middle Initial) Grocery Outlet - Oregon City	Transaction ID: 21b-36-00405-00631 Date of Disbursement 10 / 20 / 2008
	Mailing Address 878 Molalla Ave.	
	City Oregon City State OR Zip Code 97405	Amount of Each Disbursement this Period 6.66
	Purpose of Disbursement Volunteer food	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]
	<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
	<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 142 / 481

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Wal Mart - Salem	<b>Transaction ID:</b> 21b-36-00405-00619 <b>Date of Disbursement</b>																				
Mailing Address 3025 Lancaster	<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>1</td><td>0</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	0		2	0	0	8												
City Salem State OR Zip Code 97305	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Office supplies	<table border="1"> <tr> <td>27.11</td> </tr> </table>	27.11																			
27.11																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Cricket Phones	<b>Transaction ID:</b> 21b-36-00405-00618 <b>Date of Disbursement</b>																				
Mailing Address PO Box 660091	<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>1</td><td>0</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	0		2	0	0	8												
City Dallas State TX Zip Code 75266	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Telephone	<table border="1"> <tr> <td>46.00</td> </tr> </table>	46.00																			
46.00																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Fred Meyer/Oregon City	<b>Transaction ID:</b> 21b-36-00405-00617 <b>Date of Disbursement</b>																				
Mailing Address 1839 Molalla Ave.	<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>1</td><td>0</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	0		2	0	0	8												
City Oregon City State OR Zip Code 97045	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Volunteer food	<table border="1"> <tr> <td>70.56</td> </tr> </table>	70.56																			
70.56																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Johnny's Arco	<b>Transaction ID:</b> 21b-36-00405-00616 <b>Date of Disbursement</b>																				
Mailing Address 16141 SE Division	<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>1</td><td>0</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	0		2	0	0	8												
City Portland State OR Zip Code 97236	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Fuel	<table border="1"> <tr> <td>40.00</td> </tr> </table>	40.00																			
40.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>[MEMO ITEM]</b>																					
<b>B.</b> Full Name (Last, First, Middle Initial) Plaid Pantry #131	<b>Transaction ID:</b> 21b-36-00405-00614 <b>Date of Disbursement</b>																				
Mailing Address 2730 NE Glisan	<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>1</td><td>0</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	0		2	0	0	8												
City Portland State OR Zip Code 97232	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Volunteer food	<table border="1"> <tr> <td>7.18</td> </tr> </table>	7.18																			
7.18																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>[MEMO ITEM]</b>																					
<b>C.</b> Full Name (Last, First, Middle Initial) Haggen - Oregon City	<b>Transaction ID:</b> 21b-36-00405-00622 <b>Date of Disbursement</b>																				
Mailing Address 19701 Highway 213	<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>1</td><td>0</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	0		2	0	0	8												
City Oregon City State OR Zip Code 97045	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Volunteer food	<table border="1"> <tr> <td>25.24</td> </tr> </table>	25.24																			
25.24																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>[MEMO ITEM]</b>																					

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Mike's Drive In Mailing Address 905-7th	<b>Transaction ID:</b> 21b-36-00405-00612 <b>Date of Disbursement</b> <div> <div>10</div> <div>20</div> <div>2008</div> </div>
City Oregon City State OR Zip Code 97045 Purpose of Disbursement Volunteer food Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>12.30</div> <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Wait Oil LLC Mailing Address 1 Main St. City Oregon City State OR Zip Code 97068 Purpose of Disbursement Fuel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 21b-36-00405-00611 <b>Date of Disbursement</b> <div>10</div> <div>20</div> <div>2008</div> <b>Amount of Each Disbursement this Period</b> <div>20.00</div> <b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Fred Meyer/Oregon City Mailing Address 1839 Molalla Ave. City Oregon City State OR Zip Code 97045 Purpose of Disbursement Volunteer food Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 21b-36-00405-00610 <b>Date of Disbursement</b> <div>10</div> <div>20</div> <div>2008</div> <b>Amount of Each Disbursement this Period</b> <div>43.37</div> <b>[MEMO ITEM]</b>

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

**0.00**

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



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

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

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Fred Meyer/Oregon City	<b>Transaction ID:</b> 21b-36-00405-00609 <b>Date of Disbursement</b>
Mailing Address 1839 Molalla Ave.	<div> <div>10</div> <div>20</div> <div>2008</div> </div>
City Oregon City State OR Zip Code 97045	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Office supplies	<div>26.15</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Fed Ex Kinko's - West Linn	<b>Transaction ID:</b> 21b-36-00405-00608 <b>Date of Disbursement</b>
Mailing Address 22000 Willamette Dr. #105	<div> <div>10</div> <div>20</div> <div>2008</div> </div>
City West Linn State OR Zip Code 97068	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Copies	<div>20.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Grocery Outlet - Oregon City	<b>Transaction ID:</b> 21b-36-00405-00607 <b>Date of Disbursement</b>
Mailing Address 878 Molalla Ave.	<div> <div>10</div> <div>20</div> <div>2008</div> </div>
City Oregon City State OR Zip Code 97405	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Volunteer food	<div>11.24</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>

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

**0.00**

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Fred Meyer/Oregon City	<b>Transaction ID:</b> 21b-36-00405-00606 <b>Date of Disbursement</b>																				
Mailing Address 1839 Molalla Ave.	<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>1</td><td>0</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	0		2	0	0	8												
City Oregon City State OR Zip Code 97045	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Office supplies	<table border="1"> <tr> <td colspan="10">15.91</td> </tr> </table>	15.91																			
15.91																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Grocery Outlet - Oregon City	<b>Transaction ID:</b> 21b-36-00405-00615 <b>Date of Disbursement</b>																				
Mailing Address 878 Molalla Ave.	<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>1</td><td>0</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	0		2	0	0	8												
City Oregon City State OR Zip Code 97045	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Volunteer food	<table border="1"> <tr> <td colspan="10">8.97</td> </tr> </table>	8.97																			
8.97																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Fred Meyer/Oregon City	<b>Transaction ID:</b> 21b-36-00405-00620 <b>Date of Disbursement</b>																				
Mailing Address 1839 Molalla Ave.	<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>1</td><td>0</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	0		2	0	0	8												
City Oregon City State OR Zip Code 97045	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Volunteer food	<table border="1"> <tr> <td colspan="10">27.36</td> </tr> </table>	27.36																			
27.36																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Jonathan Panikoff

Mailing Address 174 S. Shore Ave.

City  
Groton

State  
CT

Zip Code  
06340

Purpose of Disbursement  
reimbursement - see memo

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

**Transaction ID:** 21b-36-00407-0000

Date of Disbursement

10 / 20 / 2008

Amount of Each Disbursement this Period

220.94

**B.**

Full Name (Last, First, Middle Initial)

Domino's - Oregon City

Mailing Address 191445 S. Mollala Ave.

City  
Oregon City

State  
OR

Zip Code  
97045

Purpose of Disbursement  
Volunteer food

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

**Transaction ID:** 21b-36-00407-00638

Date of Disbursement

10 / 20 / 2008

Amount of Each Disbursement this Period

50.00

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

Gallucci's Pizzeria

Mailing Address 2840 NW Hwy 101

City  
Lincoln City

State  
OR

Zip Code  
97367

Purpose of Disbursement  
Volunteer food

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

**Transaction ID:** 21b-36-00407-00640

Date of Disbursement

10 / 20 / 2008

Amount of Each Disbursement this Period

102.00

**[MEMO ITEM]**

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

220.94

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

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

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b>	Full Name (Last, First, Middle Initial) Papa John's - Salem	<b>Transaction ID:</b> 21b-36-00407-00639 <b>Date of Disbursement</b>
	Mailing Address 3964 Center St.	<div> <div><sup>M</sup>10</div> <div>/</div> <div><sup>D</sup>20</div> <div>/</div> <div><sup>Y</sup>2008</div> </div>
	City Salem State OR Zip Code 97301	<b>Amount of Each Disbursement this Period</b>
	<div> <div>Purpose of Disbursement Volunteer food</div> <div>Candidate Name</div> </div> <div>Category/Type</div>	<div>68.94</div>
	<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>[MEMO ITEM]</b>
<b>B.</b>	Full Name (Last, First, Middle Initial) JBW Consulting	<b>Transaction ID:</b> 21b-36-00409-00643 <b>Date of Disbursement</b>
	Mailing Address 541 East 20th St., 8D	<div> <div><sup>M</sup>10</div> <div>/</div> <div><sup>D</sup>20</div> <div>/</div> <div><sup>Y</sup>2008</div> </div>
	City New York State OR Zip Code 10010	<b>Amount of Each Disbursement this Period</b>
	<div> <div>Purpose of Disbursement Fundraising Consulting</div> <div>Candidate Name</div> </div> <div>Category/Type</div>	<div>2500.00</div>
	<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	
<b>C.</b>	Full Name (Last, First, Middle Initial) Joel Corcoran	<b>Transaction ID:</b> 21b-36-00412-0000 <b>Date of Disbursement</b>
	Mailing Address 3908 SE Woodward St.	<div> <div><sup>M</sup>10</div> <div>/</div> <div><sup>D</sup>20</div> <div>/</div> <div><sup>Y</sup>2008</div> </div>
	City Portland State OR Zip Code 97202	<b>Amount of Each Disbursement this Period</b>
	<div> <div>Purpose of Disbursement reimbursement - see memo</div> <div>Candidate Name</div> </div> <div>Category/Type</div>	<div>90.00</div>
	<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	

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

**2590.00**

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

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

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(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Joel Corcoran

Mailing Address 3908 SE Woodward St.

City Portland State OR Zip Code 97202

Purpose of Disbursement

Travel per diem

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** 21b-36-00412-00651

Date of Disbursement

10 / 20 / 2008

Amount of Each Disbursement this Period

90.00

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

Qwest

Mailing Address PO Box 91155

City Seattle State WA Zip Code 98111-9255

Purpose of Disbursement

Internet

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** 21b-35-00361-00388

Date of Disbursement

10 / 21 / 2008

Amount of Each Disbursement this Period

461.23

**C.**

Full Name (Last, First, Middle Initial)

CDW

Mailing Address PO Box 75723

City Chicago State IL Zip Code 60675-5723

Purpose of Disbursement

Copier supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** 21b-35-00362-00389

Date of Disbursement

10 / 21 / 2008

Amount of Each Disbursement this Period

5159.18

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

5620.41

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 150 / 481

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Democratic Party of Oregon Forward Oregon Non-Federal Account Mailing Address 232 NE 9th Ave.	<b>Transaction ID:</b> 21b-37-00071-00076 <b>Date of Disbursement</b> <div> <div>10</div> <div>21</div> <div>2008</div> </div>
City Portland State OR Zip Code 97232 Purpose of Disbursement Transfer of contributions Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>10000.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Witham & Dickey Mailing Address PO Box 4625 City Portland State OR Zip Code 97208 Purpose of Disbursement Brochure Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 21b-35-00364-00391 <b>Date of Disbursement</b> <div> <div>10</div> <div>23</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>18737.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Clinton Knorpp Mailing Address #4 Windsor Rd City Amarillo State TX Zip Code 79124 Purpose of Disbursement reimbursement - see memo Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 21b-36-00422-0000 <b>Date of Disbursement</b> <div> <div>10</div> <div>23</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>583.17</div>

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

**29320.17**

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

A. Form/Schedule : **SB21b**

Service Employees Int'l. Union #04613, dated 10/11/08 and Local 48 Electricians,dated 9/26/08

Transaction ID : **21b-37-00071-00076**

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 152 / 481

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Dominoes	<b>Transaction ID:</b> 21b-36-00422-00677 <b>Date of Disbursement</b>
Mailing Address 2020 SE Division	<div> <div>10</div> <div>23</div> <div>2008</div> </div>
City Portland State OR Zip Code 97202	Amount of Each Disbursement this Period
Purpose of Disbursement Volunteer food	<div>35.25</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Fred Meyer/Oregon City	<b>Transaction ID:</b> 21b-36-00422-00678 <b>Date of Disbursement</b>
Mailing Address 1839 Molalla Ave.	<div> <div>10</div> <div>23</div> <div>2008</div> </div>
City Oregon City State OR Zip Code 97045	Amount of Each Disbursement this Period
Purpose of Disbursement Office supplies	<div>4.47</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Dominoes	<b>Transaction ID:</b> 21b-36-00422-00676 <b>Date of Disbursement</b>
Mailing Address 2020 SE Division	<div> <div>10</div> <div>23</div> <div>2008</div> </div>
City Portland State OR Zip Code 97202	Amount of Each Disbursement this Period
Purpose of Disbursement Volunteer food	<div>34.75</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

0.00

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



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 153 / 481

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Pizza Schmizza	<b>Transaction ID:</b> 21b-36-00422-00681 <b>Date of Disbursement</b>																				
Mailing Address 1422 NE Broadway	<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>1</td><td>0</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	3		2	0	0	8												
City Portland State OR Zip Code 97232	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Volunteer food Candidate Name	<table border="1"> <tr> <td colspan="10">110.96</td> </tr> </table>	110.96																			
110.96																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
<b>B.</b> Full Name (Last, First, Middle Initial) Fred Meyer/Oregon City	<b>Transaction ID:</b> 21b-36-00422-00680 <b>Date of Disbursement</b>																				
Mailing Address 1839 Molalla Ave.	<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>1</td><td>0</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	3		2	0	0	8												
City Oregon City State OR Zip Code 97045	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Office supplies Candidate Name	<table border="1"> <tr> <td colspan="10">15.29</td> </tr> </table>	15.29																			
15.29																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
<b>C.</b> Full Name (Last, First, Middle Initial) Clinton Knorpp	<b>Transaction ID:</b> 21b-36-00422-00684 <b>Date of Disbursement</b>																				
Mailing Address #4 Windsor Rd	<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>1</td><td>0</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	3		2	0	0	8												
City Amarillo State TX Zip Code 79124	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Mileage Candidate Name	<table border="1"> <tr> <td colspan="10">128.00</td> </tr> </table>	128.00																			
128.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>																				
Disbursement For: <input 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 3X)** **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Papa John's - Salem	<b>Transaction ID:</b> 21b-36-00422-00683 <b>Date of Disbursement</b>																				
Mailing Address 3964 Center St.	<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>1</td><td>0</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	3		2	0	0	8												
City Salem State OR Zip Code 97301	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Volunteer food	<table border="1"> <tr> <td>27.48</td> </tr> </table>	27.48																			
27.48																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Fred Meyer/Oregon City	<b>Transaction ID:</b> 21b-36-00422-00679 <b>Date of Disbursement</b>																				
Mailing Address 1839 Molalla Ave.	<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>1</td><td>0</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	3		2	0	0	8												
City Oregon City State OR Zip Code 97045	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Office supplies	<table border="1"> <tr> <td>42.56</td> </tr> </table>	42.56																			
42.56																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Office Max #968	<b>Transaction ID:</b> 21b-36-00422-00682 <b>Date of Disbursement</b>																				
Mailing Address 15550 SE McLoughlin Blvd.	<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>1</td><td>0</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	3		2	0	0	8												
City Milwaukie State OR Zip Code 97222	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Office supplies	<table border="1"> <tr> <td>17.91</td> </tr> </table>	17.91																			
17.91																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

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

**0.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 155 / 481

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)  
Craigslist

Mailing Address 1381 9th Ave.

City State Zip Code  
San Francisco CA 94122

Purpose of Disbursement  
Recruitment ad

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: 21b-36-00422-00673  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)  
Bellagio

Mailing Address 8835 SW Tualatin-Sherwood Rd.

City State Zip Code  
Tualatin OR 97062

Purpose of Disbursement  
Volunteer food

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: 21b-36-00422-00672  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

68.00

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)  
Bellagio

Mailing Address 8835 SW Tualatin-Sherwood Rd.

City State Zip Code  
Tualatin OR 97062

Purpose of Disbursement  
Volunteer food

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: 21b-36-00422-00671  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

48.50

[MEMO ITEM]

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 156 / 481

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)  
Craigslis

Mailing Address 1381 9th Ave.

City State Zip Code  
San Francisco CA 94122

Purpose of Disbursement  
Recruitment ad

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: 21b-36-00422-00674  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)  
Hiram Asmuth

Mailing Address 7927 SE Rhine

City State Zip Code  
Portland OR 97206

Purpose of Disbursement  
reimbursement - see memo

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: 21b-36-00423-0000  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

12.27

**C.**

Full Name (Last, First, Middle Initial)  
Grocery Outlet - Oregon City

Mailing Address 878 Molalla Ave.

City State Zip Code  
Oregon City OR 97405

Purpose of Disbursement  
Volunteer refreshments

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: 21b-36-00423-00686  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

1.98

[MEMO ITEM]

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

12.27

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 157 / 481

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Haggen - Oregon City Mailing Address 19701 Highway 213	<b>Transaction ID:</b> 21b-36-00423-00687 <b>Date of Disbursement</b> <div> <div>10</div> <div>23</div> <div>2008</div> </div>
City Oregon City State OR Zip Code 97045 Purpose of Disbursement Volunteer refreshments Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>1.29</div> <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Safeway #0298 Mailing Address 2800 SE Hawthorne City Portland State OR Zip Code 97214 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 21b-36-00423-00688 <b>Date of Disbursement</b> <div> <div>10</div> <div>23</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>9.00</div> <b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Farley Griner Mailing Address 2334 SE 26th Ave. City Portland State OR Zip Code 97214 Purpose of Disbursement reimbursement - see memo Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 21b-36-00424-0000 <b>Date of Disbursement</b> <div> <div>10</div> <div>23</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>67.02</div>

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

**67.02**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 158 / 481

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)  
Farley Griner

Mailing Address 2334 SE 26th Ave.

City Portland State OR Zip Code 97214

Purpose of Disbursement  
Mileage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: 21b-36-00424-00694  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

9.04

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)  
Office Depot #0977

Mailing Address 2205 NE Burnside

City Gresham State OR Zip Code 97030

Purpose of Disbursement  
Office supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: 21b-36-00424-00690  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

37.99

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)  
Office Depot #0977

Mailing Address 2205 NE Burnside

City Gresham State OR Zip Code 97030

Purpose of Disbursement  
Office supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: 21b-36-00424-00691  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

19.99

[MEMO ITEM]

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

0.00

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

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 160 / 481

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Royal Performance Group	<b>Transaction ID:</b> 21b-35-00368-00395 <b>Date of Disbursement</b>																				
Mailing Address 2100 Western Court, Ste. 80	<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>1</td><td>0</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	4		2	0	0	8												
City Lisle State IL Zip Code 60532	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Gas cards	<table border="1"> <tr> <td>3</td><td>7</td><td>8</td><td>3</td><td>.</td><td>5</td><td>0</td><td></td><td></td><td></td> </tr> </table>	3	7	8	3	.	5	0													
3	7	8	3	.	5	0															
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Matthew Cleinman	<b>Transaction ID:</b> 21b-36-00427-0000 <b>Date of Disbursement</b>																				
Mailing Address 240 NW 20th Ave., Apt. 7	<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>1</td><td>0</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	4		2	0	0	8												
City Portland State OR Zip Code 97209	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement reimbursement - see memo	<table border="1"> <tr> <td>2</td><td>0</td><td>3</td><td>.</td><td>0</td><td>0</td><td></td><td></td><td></td><td></td> </tr> </table>	2	0	3	.	0	0														
2	0	3	.	0	0																
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Voodoo Donuts	<b>Transaction ID:</b> 21b-36-00427-00702 <b>Date of Disbursement</b>																				
Mailing Address 1501 NE David	<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>1</td><td>0</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	4		2	0	0	8												
City Portland State OR Zip Code 97232	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Volunteer food	<table border="1"> <tr> <td>5</td><td>.</td><td>0</td><td>0</td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	5	.	0	0																
5	.	0	0																		
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

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

**3986.50**

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



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 161 / 481

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Matthew Cleinman	<b>Transaction ID:</b> 21b-36-00427-00703 <b>Date of Disbursement</b>																				
Mailing Address 240 NW 20th Ave., Apt. 7	<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>1</td><td>0</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	4		2	0	0	8												
City Portland State OR Zip Code 97209	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Mileage	<table border="1"> <tr> <td>37.60</td> </tr> </table>	37.60																			
37.60																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Office Max #968	<b>Transaction ID:</b> 21b-36-00427-00705 <b>Date of Disbursement</b>																				
Mailing Address 15550 SE McLoughlin Blvd.	<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>1</td><td>0</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	4		2	0	0	8												
City Milwaukie State OR Zip Code 97222	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Office supplies	<table border="1"> <tr> <td>39.99</td> </tr> </table>	39.99																			
39.99																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Fred Meyer/Oregon City	<b>Transaction ID:</b> 21b-36-00427-00699 <b>Date of Disbursement</b>																				
Mailing Address 1839 Molalla Ave.	<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>1</td><td>0</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	4		2	0	0	8												
City Oregon City State OR Zip Code 97045	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Office supplies	<table border="1"> <tr> <td>11.00</td> </tr> </table>	11.00																			
11.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 162 / 481

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Fred Meyer/Oregon City

Mailing Address 1839 Molalla Ave.

City Oregon City State OR Zip Code 97045

Purpose of Disbursement  
Office supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: 21b-36-00427-00698

Date of Disbursement

10 / 24 / 2008

Amount of Each Disbursement this Period

18.76

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

Office Max #968

Mailing Address 15550 SE McLoughlin Blvd.

City Milwaukie State OR Zip Code 97222

Purpose of Disbursement  
Office supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: 21b-36-00427-00704

Date of Disbursement

10 / 24 / 2008

Amount of Each Disbursement this Period

79.98

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

Fred Meyer/Oregon City

Mailing Address 1839 Molalla Ave.

City Oregon City State OR Zip Code 97045

Purpose of Disbursement  
Office supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: 21b-36-00427-00701

Date of Disbursement

10 / 24 / 2008

Amount of Each Disbursement this Period

10.67

[MEMO ITEM]

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 163 / 481

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Katie Woodruff	<b>Transaction ID:</b> 21b-36-00428-0000 <b>Date of Disbursement</b>																				
Mailing Address 4653 McKinley Pkwy.	<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>1</td><td>0</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	4		2	0	0	8												
City Hamburg State NY Zip Code 14075	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement reimbursement - see memo	<table border="1"> <tr> <td colspan="10">103.68</td> </tr> </table>	103.68																			
103.68																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Cullaby Lake Park	<b>Transaction ID:</b> 21b-36-00428-00706 <b>Date of Disbursement</b>																				
Mailing Address 1100 Olney Ave.	<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>1</td><td>0</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	4		2	0	0	8												
City Astoria State OR Zip Code 97103	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Parking	<table border="1"> <tr> <td colspan="10">3.00</td> </tr> </table>	3.00																			
3.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Cullaby Lake Park	<b>Transaction ID:</b> 21b-36-00428-00707 <b>Date of Disbursement</b>																				
Mailing Address 1100 Olney Ave.	<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>1</td><td>0</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	4		2	0	0	8												
City Astoria State OR Zip Code 97103	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Meals	<table border="1"> <tr> <td colspan="10">15.00</td> </tr> </table>	15.00																			
15.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

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

103.68

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 164 / 481

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)  
USPS

Mailing Address CMRS-Pitney-Bowes  
PO Box 4766

City Los Angeles State CA Zip Code 90096-4766

Purpose of Disbursement  
Postage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: 21b-36-00428-00708  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

5.70

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)  
Fred Meyer/Oregon City

Mailing Address 1839 Molalla Ave.

City Oregon City State OR Zip Code 97045

Purpose of Disbursement  
Office supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: 21b-36-00428-00709  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

79.98

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)  
Nathaniel Applefield

Mailing Address 1430 SE 29th Ave.

City Portland State OR Zip Code 97214

Purpose of Disbursement  
reimbursement - see memo

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: 21b-36-00430-0000  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

383.95

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

383.95

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 165 / 481

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) McMenamin Bend	<b>Transaction ID:</b> 21b-36-00430-00715 <b>Date of Disbursement</b>
Mailing Address 700 Bond St.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 4 / 2 0 0 8</div> </div>
City Bend State OR Zip Code 97701	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Volunteer food	<div>74.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Davis'	<b>Transaction ID:</b> 21b-36-00430-00716 <b>Date of Disbursement</b>
Mailing Address 94 W. Broadway	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 4 / 2 0 0 8</div> </div>
City Eugene State OR Zip Code 97401	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Volunteer food	<div>140.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Porters	<b>Transaction ID:</b> 21b-36-00430-00717 <b>Date of Disbursement</b>
Mailing Address 147 North Front St.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 4 / 2 0 0 8</div> </div>
City Medford State OR Zip Code 97501	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Volunteer food	<div>76.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 166 / 481

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Rainbow Motel</p> <p>Mailing Address 154 NE Franklin</p> <p>City Bend State OR Zip Code 97701</p> <p>Purpose of Disbursement Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 21b-36-00430-00718</p> <p>Date of Disbursement 10 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 44.00</p> <p>[MEMO ITEM]</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) The MAC Store</p> <p>Mailing Address 700 NE Multnomah #190</p> <p>City Portland State OR Zip Code 97232</p> <p>Purpose of Disbursement Computer equipment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 21b-36-00430-00714</p> <p>Date of Disbursement 10 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 49.95</p> <p>[MEMO ITEM]</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Bendtel</p> <p>Mailing Address PO Box 356</p> <p>City Bend State OR Zip Code 97709</p> <p>Purpose of Disbursement Telephone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 21b-36-00431-00722</p> <p>Date of Disbursement 10 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 562.77</p>

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

562.77

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 167 / 481

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Rush Computer Rentals, Inc.	<b>Transaction ID:</b> 21b-36-00433-00724 <b>Date of Disbursement</b>																				
Mailing Address Dept LA 22049	<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>1</td><td>0</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	4		2	0	0	8												
City Pasadena State CA Zip Code 91185-2049 Purpose of Disbursement Computer rental Candidate Name	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>100.00</td> </tr> </table>	100.00																			
100.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
<b>B.</b> Full Name (Last, First, Middle Initial) Ryan M. Whalen	<b>Transaction ID:</b> 21b-36-00434-0000 <b>Date of Disbursement</b>																				
Mailing Address 107-40 Queens Blvd., Apt. 3M	<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>1</td><td>0</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	4		2	0	0	8												
City Forest Hills State NY Zip Code 11375 Purpose of Disbursement reimbursement - see memo Candidate Name	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>369.50</td> </tr> </table>	369.50																			
369.50																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
<b>C.</b> Full Name (Last, First, Middle Initial) Jet Blue	<b>Transaction ID:</b> 21b-36-00434-00725 <b>Date of Disbursement</b>																				
Mailing Address 118-29 Queens Blvd.	<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>1</td><td>0</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	4		2	0	0	8												
City Forest Hills State NY Zip Code 11375 Purpose of Disbursement Airfare Candidate Name	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>369.50</td> </tr> </table>	369.50																			
369.50																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type  <b>[MEMO ITEM]</b>																				

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

469.50

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

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

PAGE 168 / 481

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

A.

Full Name (Last, First, Middle Initial)

Kaitlin Gaffney

Mailing Address 2345 NE Sandy Blvd. #22

City State Zip Code  
Portland OR 97232Purpose of Disbursement  
reimbursement - see memo

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 21b-36-00435-0000

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	4		2	0	0	8

Amount of Each Disbursement this Period

164.90

B.

Full Name (Last, First, Middle Initial)

Trader Joes

Mailing Address 11750 SW Beaverton Hills. Hwy.

City State Zip Code  
Beaverton OR 97005Purpose of Disbursement  
Volunteer food

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 21b-36-00435-00730

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	4		2	0	0	8

Amount of Each Disbursement this Period

75.46

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Fred Meyer - Hawthorne

Mailing Address 3805 SE Hawthorne Blvd.

City State Zip Code  
Portland OR 97214Purpose of Disbursement  
Volunteer food

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 21b-36-00435-00729

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	4		2	0	0	8

Amount of Each Disbursement this Period

39.14

[MEMO ITEM]

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

164.90

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



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 169 / 481

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Fred Meyer - Hawthorne	<b>Transaction ID:</b> 21b-36-00435-00728 <b>Date of Disbursement</b>																				
Mailing Address 3805 SE Hawthorne Blvd.	<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>1</td><td>0</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	4		2	0	0	8												
City Portland State OR Zip Code 97214	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Volunteer food	<table border="1"> <tr> <td>50.30</td> </tr> </table>	50.30																			
50.30																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>[MEMO ITEM]</b>																					
<b>B.</b> Full Name (Last, First, Middle Initial) Carolyn Lee	<b>Transaction ID:</b> 21b-36-00439-0000 <b>Date of Disbursement</b>																				
Mailing Address 12026 15th Ave. NE, #405	<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>1</td><td>0</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	4		2	0	0	8												
City Seattle State WA Zip Code 98125	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement reimbursement - see memo	<table border="1"> <tr> <td>432.92</td> </tr> </table>	432.92																			
432.92																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Office Depot #0893	<b>Transaction ID:</b> 21b-36-00439-00738 <b>Date of Disbursement</b>																				
Mailing Address 2595 SW Cedar Hills Blvd.	<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>1</td><td>0</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	4		2	0	0	8												
City Beaverton State OR Zip Code 97005	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Office supplies	<table border="1"> <tr> <td>44.99</td> </tr> </table>	44.99																			
44.99																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>[MEMO ITEM]</b>																					

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

**432.92**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 170 / 481

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Office Depot #0893	<b>Transaction ID:</b> 21b-36-00439-00741 <b>Date of Disbursement</b>																				
Mailing Address 2595 SW Cedar Hills Blvd.	<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>1</td><td>0</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	4		2	0	0	8												
City Beaverton State OR Zip Code 97005	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Office supplies	<table border="1"> <tr> <td>99.99</td> </tr> </table>	99.99																			
99.99																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Office Depot #0893	<b>Transaction ID:</b> 21b-36-00439-00739 <b>Date of Disbursement</b>																				
Mailing Address 2595 SW Cedar Hills Blvd.	<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>1</td><td>0</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	4		2	0	0	8												
City Beaverton State OR Zip Code 97005	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Office supplies	<table border="1"> <tr> <td>44.99</td> </tr> </table>	44.99																			
44.99																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Carolyn Lee	<b>Transaction ID:</b> 21b-36-00439-00743 <b>Date of Disbursement</b>																				
Mailing Address 12026 15th Ave. NE, #405	<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>1</td><td>0</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	4		2	0	0	8												
City Seattle State WA Zip Code 98125	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Mileage	<table border="1"> <tr> <td>54.36</td> </tr> </table>	54.36																			
54.36																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 171 / 481

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Office Depot #0893	<b>Transaction ID:</b> 21b-36-00439-00744 <b>Date of Disbursement</b>																				
Mailing Address 2595 SW Cedar Hills Blvd.	<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>1</td><td>0</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	4		2	0	0	8												
City Beaverton State OR Zip Code 97005	Amount of Each Disbursement this Period																				
Purpose of Disbursement Office supplies	<table border="1"> <tr> <td>37.99</td> </tr> </table>	37.99																			
37.99																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Staples - Tigard	<b>Transaction ID:</b> 21b-36-00439-00740 <b>Date of Disbursement</b>																				
Mailing Address 10329 SW Cascade Blvd.	<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>1</td><td>0</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	4		2	0	0	8												
City Tigard State OR Zip Code 97223	Amount of Each Disbursement this Period																				
Purpose of Disbursement Office supplies	<table border="1"> <tr> <td>115.15</td> </tr> </table>	115.15																			
115.15																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Office Depot #0893	<b>Transaction ID:</b> 21b-36-00439-00736 <b>Date of Disbursement</b>																				
Mailing Address 2595 SW Cedar Hills Blvd.	<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>1</td><td>0</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	4		2	0	0	8												
City Beaverton State OR Zip Code 97005	Amount of Each Disbursement this Period																				
Purpose of Disbursement Office supplies	<table border="1"> <tr> <td>13.46</td> </tr> </table>	13.46																			
13.46																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"> <tr> <td>0.00</td> </tr> </table>	0.00																			
0.00																					
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"> <tr> <td></td> </tr> </table>																				

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Costco - Aloha</p> <p>Mailing Address 1501 SW Jenkins Rd.</p> <p>City Aloha State OR Zip Code 97005</p> <p>Purpose of Disbursement Office supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 21b-36-00439-00737</p> <p>Date of Disbursement  <div> <div>10</div> <div>24</div> <div>2008</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>21.99</div> </p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Daniel Hartman</p> <p>Mailing Address 575 Stone Hedge Pl.</p> <p>City Mountain Top State PA Zip Code 18707</p> <p>Purpose of Disbursement reimbursement - see memo</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 21b-36-00440-0000</p> <p>Date of Disbursement  <div> <div>10</div> <div>24</div> <div>2008</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>606.06</div> </p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Alaska Airlines</p> <p>Mailing Address PO Box 68900</p> <p>City Seattle State WA Zip Code 98168</p> <p>Purpose of Disbursement Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 21b-36-00440-00745</p> <p>Date of Disbursement  <div> <div>10</div> <div>24</div> <div>2008</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>228.00</div> </p> <p><b>[MEMO ITEM]</b></p>

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

**606.06**

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

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Zeigler Trans and Auto Repair	<b>Transaction ID:</b> 21b-36-00440-00746 <b>Date of Disbursement</b>
Mailing Address 1911 SW Court PI	<div> <div>10</div> <div>24</div> <div>2008</div> </div>
City Pendleton State OR Zip Code 97801	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Auto repair	<div>378.06</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Daniel Ranellone	<b>Transaction ID:</b> 21b-36-00441-0000 <b>Date of Disbursement</b>
Mailing Address 206 Jay St.	<div> <div>10</div> <div>24</div> <div>2008</div> </div>
City Albany State NY Zip Code 12210	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement reimbursement - see memo	<div>47.99</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Pizza Schmizza	<b>Transaction ID:</b> 21b-36-00441-00750 <b>Date of Disbursement</b>
Mailing Address 1422 NE Broadway	<div> <div>10</div> <div>24</div> <div>2008</div> </div>
City Portland State OR Zip Code 97232	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Volunteer food	<div>16.99</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>

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

47.99

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 174 / 481

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Fred Meyer - Newport	<b>Transaction ID:</b> 21b-36-00441-00749 <b>Date of Disbursement</b>																				
Mailing Address 150 NE 20th	<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>1</td><td>0</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	4		2	0	0	8												
City Newport State OR Zip Code 97365	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Office supplies	<table border="1"> <tr> <td>8.00</td> </tr> </table>	8.00																			
8.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>[MEMO ITEM]</b>																					
<b>B.</b> Full Name (Last, First, Middle Initial) Fred Meyer - Newport	<b>Transaction ID:</b> 21b-36-00441-00748 <b>Date of Disbursement</b>																				
Mailing Address 150 NE 20th	<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>1</td><td>0</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	4		2	0	0	8												
City Newport State OR Zip Code 97365	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Office supplies	<table border="1"> <tr> <td>8.00</td> </tr> </table>	8.00																			
8.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>[MEMO ITEM]</b>																					
<b>C.</b> Full Name (Last, First, Middle Initial) Cullaby Lake Park	<b>Transaction ID:</b> 21b-36-00441-00747 <b>Date of Disbursement</b>																				
Mailing Address 1100 Olney Ave.	<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>1</td><td>0</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	4		2	0	0	8												
City Astoria State OR Zip Code 97103	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Meals	<table border="1"> <tr> <td>15.00</td> </tr> </table>	15.00																			
15.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>[MEMO ITEM]</b>																					

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

0.00

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

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<p><b>A.</b> Full Name (Last, First, Middle Initial) Abeco Office System</p> <p>Mailing Address 228 SW Coast Hwy</p> <p>City Newport State OR Zip Code 97365</p> <p>Purpose of Disbursement Fax</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 21b-36-00442-00752  <b>Date of Disbursement</b>  <div> <div>10</div> <div>24</div> <div>2008</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>4.00</div> </p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Rush Computer Rentals, Inc.</p> <p>Mailing Address Dept LA 22049</p> <p>City Pasadena State CA Zip Code 91185-2049</p> <p>Purpose of Disbursement Computer rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 21b-36-00447-00762  <b>Date of Disbursement</b>  <div> <div>10</div> <div>24</div> <div>2008</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>100.00</div> </p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Rush Computer Rentals, Inc.</p> <p>Mailing Address Dept LA 22049</p> <p>City Pasadena State CA Zip Code 91185-2049</p> <p>Purpose of Disbursement Computer rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 21b-36-00447-00763  <b>Date of Disbursement</b>  <div> <div>10</div> <div>24</div> <div>2008</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>200.00</div> </p>

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

**300.00**

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



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 177 / 481

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Comcast Cable Mailing Address PO Box 34744	<b>Transaction ID:</b> 21b-36-00448-00764 <b>Date of Disbursement</b> <div> <div>10</div> <div>24</div> <div>2008</div> </div>
City Seattle State WA Zip Code 98124-1744 Purpose of Disbursement Cable/Internet Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>350.08</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Met Comm, Inc. Mailing Address PO Box 527 City Gresham State OR Zip Code 97030 Purpose of Disbursement phone line installation Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 21b-36-00451-00767 <b>Date of Disbursement</b> <div> <div>10</div> <div>24</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>177.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) IP Management Mailing Address 2314 NW Savier St. City Portland State OR Zip Code 97210 Purpose of Disbursement Rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 21b-36-00454-00771 <b>Date of Disbursement</b> <div> <div>10</div> <div>24</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>782.00</div>

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

**1309.08**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 178 / 481

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Open Source Infrastructure

Mailing Address 1511 NE 45th Ave.

City Portland State OR Zip Code 97213

Purpose of Disbursement  
Predictive dialer system

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** 21b-36-00455-00772

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4000.00

**B.**

Full Name (Last, First, Middle Initial)

Promptus

Mailing Address 207 Highpoint Ave.

City Portsmouth State RI Zip Code 02871

Purpose of Disbursement  
Predictive dialer system

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** 21b-36-00456-00773

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3850.00

**C.**

Full Name (Last, First, Middle Initial)

Josh Lustig

Mailing Address 40 South Central Ave.

City Medford State OR Zip Code 97501

Purpose of Disbursement  
reimbursement - see memo

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** 21b-36-00459-0000

Date of Disbursement

/   /

Amount of Each Disbursement this Period

477.63

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

8327.63

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 179 / 481

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Staples-Medford	<b>Transaction ID:</b> 21b-36-00459-00777 <b>Date of Disbursement</b>																				
Mailing Address 45 E. Stewart Ave.	<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>1</td><td>0</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	4		2	0	0	8												
City Medford State OR Zip Code 97501	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Office supplies	<table border="1"> <tr> <td>90.28</td> </tr> </table>	90.28																			
90.28																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>[MEMO ITEM]</b>																					
<b>B.</b> Full Name (Last, First, Middle Initial) Cheaptickets.com	<b>Transaction ID:</b> 21b-36-00459-00781 <b>Date of Disbursement</b>																				
Mailing Address 500 W. Madison St. #1000	<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>1</td><td>0</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	4		2	0	0	8												
City Chicago State IL Zip Code 60661	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Airfare	<table border="1"> <tr> <td>269.94</td> </tr> </table>	269.94																			
269.94																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>[MEMO ITEM]</b>																					
<b>C.</b> Full Name (Last, First, Middle Initial) UPS Store - Medford	<b>Transaction ID:</b> 21b-36-00459-00780 <b>Date of Disbursement</b>																				
Mailing Address 711 Medford Ctr.	<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>1</td><td>0</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	4		2	0	0	8												
City Medford State OR Zip Code 97501	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Postage	<table border="1"> <tr> <td>51.44</td> </tr> </table>	51.44																			
51.44																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>[MEMO ITEM]</b>																					

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 180 / 481

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Target - Medford	<b>Transaction ID:</b> 21b-36-00459-00778 <b>Date of Disbursement</b>
Mailing Address 2000 Crater Lake Hwy	<div> <div>10</div> <div>24</div> <div>2008</div> </div>
City Medford State OR Zip Code 97504	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Volunteer food Candidate Name	<div>31.21</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div>[MEMO ITEM]</div>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) Target - Medford	<b>Transaction ID:</b> 21b-36-00459-00779 <b>Date of Disbursement</b>
Mailing Address 2000 Crater Lake Hwy	<div> <div>10</div> <div>24</div> <div>2008</div> </div>
City Medford State OR Zip Code 97504	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Office supplies Candidate Name	<div>34.76</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div>[MEMO ITEM]</div>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) Mike Bonnit	<b>Transaction ID:</b> 21b-36-00460-00782 <b>Date of Disbursement</b>
Mailing Address 1200 Villamay Blvd.	<div> <div>10</div> <div>24</div> <div>2008</div> </div>
City Alexandria State VA Zip Code 22307	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Airfare Candidate Name	<div>539.21</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div>539.21</div>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 181 / 481

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Michael Banyas	<b>Transaction ID:</b> 21b-36-00461-0000 <b>Date of Disbursement</b>																				
Mailing Address 4701 Willard Ave., #607	<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>1</td><td>0</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	4		2	0	0	8												
City Chevy Chase State MD Zip Code 20815 Purpose of Disbursement reimbursement - see memo Candidate Name	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>776.49</td> </tr> </table>	776.49																			
776.49																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
<b>B.</b> Full Name (Last, First, Middle Initial) United Airlines	<b>Transaction ID:</b> 21b-36-00461-00783 <b>Date of Disbursement</b>																				
Mailing Address 77 West Wacker Dr.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	4		2	0	0	8												
City Chicago State IL Zip Code 60601 Purpose of Disbursement Airfare Candidate Name	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>771.00</td> </tr> </table>	771.00																			
771.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type  <b>[MEMO ITEM]</b>																				
<b>C.</b> Full Name (Last, First, Middle Initial) Safeway #0298	<b>Transaction ID:</b> 21b-36-00461-00784 <b>Date of Disbursement</b>																				
Mailing Address 2800 SE Hawthorne	<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>1</td><td>0</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	4		2	0	0	8												
City Portland State OR Zip Code 97214 Purpose of Disbursement Office supplies Candidate Name	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>5.49</td> </tr> </table>	5.49																			
5.49																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type  <b>[MEMO ITEM]</b>																				

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

776.49

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 182 / 481

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Ian Foster

Mailing Address 2435 Lyman Ave.

City Medford State OR Zip Code 97504

Purpose of Disbursement  
reimbursement - see memo

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** 21b-36-00462-0000

Date of Disbursement

/   /

Amount of Each Disbursement this Period

113.18

**B.**

Full Name (Last, First, Middle Initial)

Office Depot #0940

Mailing Address 3565 Crater Lake Hwy.

City Medford State OR Zip Code 97504

Purpose of Disbursement  
Office supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** 21b-36-00462-00785

Date of Disbursement

/   /

Amount of Each Disbursement this Period

70.35

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

Fred Meyer - Medford

Mailing Address 1301 Center Dr.

City Medford State OR Zip Code 97501

Purpose of Disbursement  
Office supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** 21b-36-00462-00786

Date of Disbursement

/   /

Amount of Each Disbursement this Period

42.83

**[MEMO ITEM]**

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

113.18

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 183 / 481

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Jonathan Panikoff Mailing Address 174 S. Shore Ave.	<b>Transaction ID:</b> 21b-36-00464-0000 <b>Date of Disbursement</b> <div> <div>10</div> <div>24</div> <div>2008</div> </div>
City Groton State CT Zip Code 06340 Purpose of Disbursement reimbursement - see memo Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>393.59</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Safeway - Salem Mailing Address 3285 Commercial City Salem State OR Zip Code 97302 Purpose of Disbursement Volunteer food Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 21b-36-00464-00793 <b>Date of Disbursement</b> <div>10 24 2008</div> <b>Amount of Each Disbursement this Period</b> <div>57.92</div> <p><b>[MEMO ITEM]</b></p>
<b>C.</b> Full Name (Last, First, Middle Initial) Office Depot-Salem #0855 Mailing Address 2945 Liberty Rd. S. City Salem State OR Zip Code 97302 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 21b-36-00464-00796 <b>Date of Disbursement</b> <div>10 24 2008</div> <b>Amount of Each Disbursement this Period</b> <div>95.67</div> <p><b>[MEMO ITEM]</b></p>

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

**393.59**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 184 / 481

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) US Airways	<b>Transaction ID:</b> 21b-36-00464-00791 <b>Date of Disbursement</b>
Mailing Address 2345 Crystal Dr.	<div> <div>10</div> <div>24</div> <div>2008</div> </div>
City Arlington State VA Zip Code 22227	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Airfare	<div>240.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Kimberly J Forrest	<b>Transaction ID:</b> 21b-36-00465-0000 <b>Date of Disbursement</b>
Mailing Address 5220 W. Amazon Dr.	<div> <div>10</div> <div>24</div> <div>2008</div> </div>
City Eugene State OR Zip Code 97405	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement reimbursement - see memo	<div>60.41</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Office Depot #2716	<b>Transaction ID:</b> 21b-36-00465-00798 <b>Date of Disbursement</b>
Mailing Address 2175 West 11th Ave.	<div> <div>10</div> <div>24</div> <div>2008</div> </div>
City Eugene State OR Zip Code 97402	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Office supplies	<div>60.41</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>

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

60.41

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



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 185 / 481

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Mandate Media

Mailing Address 2014 SE 39th Ave.

City State Zip Code  
Portland OR 97214

Purpose of Disbursement  
Website

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

**Transaction ID:** 21b-36-00466-00800

Date of Disbursement

/   /

Amount of Each Disbursement this Period

800.00

**B.**

Full Name (Last, First, Middle Initial)

SmartSource

Mailing Address 15075 SW Koll Pkwy., Ste G

City State Zip Code  
Beaverton OR 97006

Purpose of Disbursement  
Computer rental

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

**Transaction ID:** 21b-36-00469-00803

Date of Disbursement

/   /

Amount of Each Disbursement this Period

272.95

**C.**

Full Name (Last, First, Middle Initial)

SmartSource

Mailing Address 15075 SW Koll Pkwy., Ste G

City State Zip Code  
Beaverton OR 97006

Purpose of Disbursement  
Computer rental

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

**Transaction ID:** 21b-36-00469-00804

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1854.00

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

2926.95

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 186 / 481

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Progressive Patriots Fund	<b>Transaction ID:</b> 21b-00-00747-00747 <b>Date of Disbursement</b>																				
Mailing Address PO Box 628008	<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>1</td><td>0</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	4		2	0	0	8												
City Middleton State WI Zip Code 53562	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement In-kind/Staff member Candidate Name	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) American Express	<b>Transaction ID:</b> 21b-34-00370-00397 <b>Date of Disbursement</b>																				
Mailing Address PO Box 53852	<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>1</td><td>0</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	8		2	0	0	8												
City Phoenix State AZ Zip Code 85072-3852	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Credit Card Processing Fees Candidate Name	<table border="1"> <tr> <td colspan="10">2.76</td> </tr> </table>	2.76																			
2.76																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Comcast	<b>Transaction ID:</b> 21b-35-00370-00397 <b>Date of Disbursement</b>																				
Mailing Address PO Box 34227	<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>1</td><td>0</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	8		2	0	0	8												
City Seattle State WA Zip Code 98124-1227	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Cable/Internet Candidate Name	<table border="1"> <tr> <td colspan="10">200.00</td> </tr> </table>	200.00																			
200.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

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

1202.76

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 187 / 481

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Kimberly J Forrest Mailing Address 5220 W. Amazon Dr.	<b>Transaction ID:</b> 21b-36-00471-0000 <b>Date of Disbursement</b> <div> <div>10</div> <div>28</div> <div>2008</div> </div>
City Eugene State OR Zip Code 97405 Purpose of Disbursement reimbursement - see memo Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>85.15</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Rapid Refill Ink (Eugene) Mailing Address 830 Willamette St. City Eugene State OR Zip Code 97401 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 21b-36-00471-00815 <b>Date of Disbursement</b> <div>10282008</div> <b>Amount of Each Disbursement this Period</b> <div>49.80</div> <b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Safeway #4288 Mailing Address 145 E. 18th St. City Eugene State OR Zip Code 97401 Purpose of Disbursement Volunteer food Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 21b-36-00471-00816 <b>Date of Disbursement</b> <div>10282008</div> <b>Amount of Each Disbursement this Period</b> <div>35.35</div> <b>[MEMO ITEM]</b>

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

**85.15**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 188 / 481

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)  
Jared A Mason-Gere

Mailing Address 670 Gilbert St.

City Eugene State OR Zip Code 97402

Purpose of Disbursement  
reimbursement - see memo

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: 21b-36-00472-0000  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

1427.42

**B.**

Full Name (Last, First, Middle Initial)  
Jared A Mason-Gere

Mailing Address 670 Gilbert St.

City Eugene State OR Zip Code 97402

Purpose of Disbursement  
Mileage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: 21b-36-00472-00826  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

33.60

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)  
Kindred Keepsakes

Mailing Address 2087 Lake Isle Dr.

City Eugene State OR Zip Code 97401

Purpose of Disbursement  
Office supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: 21b-36-00472-00819  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

129.20

[MEMO ITEM]

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

1427.42

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 189 / 481

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b>	Full Name (Last, First, Middle Initial) Office Depot-Eugene	<b>Transaction ID:</b> 21b-36-00472-00820 Date of Disbursement																				
	Mailing Address 2859 Chad Dr.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		2	8		2	0	0	8													
	City Eugene State OR Zip Code 97408	Amount of Each Disbursement this Period																				
	Purpose of Disbursement Office supplies	<table border="1"> <tr> <td colspan="10">136.99</td> </tr> </table>	136.99																			
136.99																						
	Candidate Name	Category/ Type																				
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																				
	State: District:	<input type="checkbox"/> Other (specify) ▼																				
	[MEMO ITEM]																					
<b>B.</b>	Full Name (Last, First, Middle Initial) Office Max	<b>Transaction ID:</b> 21b-36-00472-00821 Date of Disbursement																				
	Mailing Address 85 Division Blvd.	<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>1</td><td>0</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		2	8		2	0	0	8													
	City Eugene State OR Zip Code 97404	Amount of Each Disbursement this Period																				
	Purpose of Disbursement Office supplies	<table border="1"> <tr> <td colspan="10">23.99</td> </tr> </table>	23.99																			
23.99																						
	Candidate Name	Category/ Type																				
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																				
	State: District:	<input type="checkbox"/> Other (specify) ▼																				
	[MEMO ITEM]																					
<b>C.</b>	Full Name (Last, First, Middle Initial) GEP Computer Services	<b>Transaction ID:</b> 21b-36-00472-00822 Date of Disbursement																				
	Mailing Address PO Box 51171	<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>1</td><td>0</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		2	8		2	0	0	8													
	City Eugene State OR Zip Code 97405	Amount of Each Disbursement this Period																				
	Purpose of Disbursement Computers	<table border="1"> <tr> <td colspan="10">300.00</td> </tr> </table>	300.00																			
300.00																						
	Candidate Name	Category/ Type																				
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																				
	State: District:	<input type="checkbox"/> Other (specify) ▼																				
	[MEMO ITEM]																					

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 190 / 481

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)  
Rite Aid #5366 - Corvallis

Mailing Address 922 NW Circle Blvd.

City Corvallis State OR Zip Code 97330

Purpose of Disbursement  
Office supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: 21b-36-00472-00823  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

18.11

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)  
Jared A Mason-Gere

Mailing Address 670 Gilbert St.

City Eugene State OR Zip Code 97402

Purpose of Disbursement  
Mileage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: 21b-36-00472-00818  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

34.00

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)  
Fred Meyer - Salem

Mailing Address 2855 Broadway NE

City Salem State OR Zip Code 97303

Purpose of Disbursement  
Office refreshments

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: 21b-36-00472-00825  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

19.97

[MEMO ITEM]

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)  
Douglas County Democratic Central Comm., #306

Mailing Address PO Box 931

City State Zip Code  
Roseburg OR 97470

Purpose of Disbursement  
Meals

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** 21b-36-00472-00834

Date of Disbursement

/   /

Amount of Each Disbursement this Period

37.00

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)  
Jared A Mason-Gere

Mailing Address 670 Gilbert St.

City State Zip Code  
Eugene OR 97402

Purpose of Disbursement  
Mileage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** 21b-36-00472-00827

Date of Disbursement

/   /

Amount of Each Disbursement this Period

160.80

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)  
Jared A Mason-Gere

Mailing Address 670 Gilbert St.

City State Zip Code  
Eugene OR 97402

Purpose of Disbursement  
Mileage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** 21b-36-00472-00828

Date of Disbursement

/   /

Amount of Each Disbursement this Period

56.00

**[MEMO ITEM]**

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 192 / 481

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Full City Coffee	<b>Transaction ID:</b> 21b-36-00472-00829 <b>Date of Disbursement</b>																				
Mailing Address 295 E. 13th	<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>1</td><td>0</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	8		2	0	0	8												
City Eugene State OR Zip Code 97401	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Office refreshments	<table border="1"> <tr> <td>45.00</td> </tr> </table>	45.00																			
45.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>[MEMO ITEM]</b>																					
<b>B.</b> Full Name (Last, First, Middle Initial) Jared A Mason-Gere	<b>Transaction ID:</b> 21b-36-00472-00830 <b>Date of Disbursement</b>																				
Mailing Address 670 Gilbert St.	<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>1</td><td>0</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	8		2	0	0	8												
City Eugene State OR Zip Code 97402	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Mileage	<table border="1"> <tr> <td>34.40</td> </tr> </table>	34.40																			
34.40																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>[MEMO ITEM]</b>																					
<b>C.</b> Full Name (Last, First, Middle Initial) Jared A Mason-Gere	<b>Transaction ID:</b> 21b-36-00472-00832 <b>Date of Disbursement</b>																				
Mailing Address 670 Gilbert St.	<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>1</td><td>0</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	8		2	0	0	8												
City Eugene State OR Zip Code 97402	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Mileage	<table border="1"> <tr> <td>351.54</td> </tr> </table>	351.54																			
351.54																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>[MEMO ITEM]</b>																					

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

0.00

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



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 193 / 481

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Jared A Mason-Gere Mailing Address 670 Gilbert St.	<b>Transaction ID:</b> 21b-36-00472-00835 <b>Date of Disbursement</b> <div> <div>10</div> <div>28</div> <div>2008</div> </div>
City Eugene State OR Zip Code 97402 Purpose of Disbursement Mileage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>34.83</div> <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Radioshack-Eugene Mailing Address 239 Valley River Center City Eugene State OR Zip Code 97401 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 21b-36-00472-00824 <b>Date of Disbursement</b> <div> <div>10</div> <div>28</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>11.99</div> <b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Shannon McKinley Mailing Address 636 Hemsread Ave. City Rockville Center State NY Zip Code 11570 Purpose of Disbursement reimbursement - see memo Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 21b-36-00473-0000 <b>Date of Disbursement</b> <div> <div>10</div> <div>28</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>123.18</div>

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

**123.18**

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

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 194 / 481

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Shopko #098	<b>Transaction ID:</b> 21b-36-00473-00840 <b>Date of Disbursement</b>																				
Mailing Address 2815 Chad Dr.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	8		2	0	0	8												
City Eugene State OR Zip Code 97401	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Office supplies Candidate Name	<table border="1"> <tr> <td>33.99</td> </tr> </table>	33.99																			
33.99																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	<b>[MEMO ITEM]</b>																				
<b>B.</b> Full Name (Last, First, Middle Initial) Cartridge World	<b>Transaction ID:</b> 21b-36-00473-00839 <b>Date of Disbursement</b>																				
Mailing Address 1055 NW Newport Ave.	<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>1</td><td>0</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	8		2	0	0	8												
City Bend State OR Zip Code 97701	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Office supplies Candidate Name	<table border="1"> <tr> <td>36.00</td> </tr> </table>	36.00																			
36.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	<b>[MEMO ITEM]</b>																				
<b>C.</b> Full Name (Last, First, Middle Initial) Safeway - Bend	<b>Transaction ID:</b> 21b-36-00473-00837 <b>Date of Disbursement</b>																				
Mailing Address 2650 NE Hwy. 20	<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>1</td><td>0</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	8		2	0	0	8												
City Bend State OR Zip Code 97701	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Volunteer food Candidate Name	<table border="1"> <tr> <td>14.31</td> </tr> </table>	14.31																			
14.31																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	<b>[MEMO ITEM]</b>																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**0.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 195 / 481

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Shannon McKinley	<b>Transaction ID:</b> 21b-36-00473-00838 <b>Date of Disbursement</b>																				
Mailing Address 636 Hemsread Ave.	<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>1</td><td>0</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	8		2	0	0	8												
City Rockville Center State NY Zip Code 11570	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Mileage	<table border="1"> <tr> <td>38.88</td> </tr> </table>	38.88																			
38.88																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>[MEMO ITEM]</b>																					
<b>B.</b> Full Name (Last, First, Middle Initial) Rudi Patitucci	<b>Transaction ID:</b> 21b-36-00474-0000 <b>Date of Disbursement</b>																				
Mailing Address 3533 Walnut Ave.	<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>1</td><td>0</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	8		2	0	0	8												
City Evanston State IL Zip Code 60091	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement reimbursement - see memo	<table border="1"> <tr> <td>339.97</td> </tr> </table>	339.97																			
339.97																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Office Depot #2671	<b>Transaction ID:</b> 21b-36-00474-00843 <b>Date of Disbursement</b>																				
Mailing Address 3188 N. Hwy. 97	<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>1</td><td>0</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	8		2	0	0	8												
City Bend State OR Zip Code 97701	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Office supplies	<table border="1"> <tr> <td>127.96</td> </tr> </table>	127.96																			
127.96																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>[MEMO ITEM]</b>																					

**SUBTOTAL** of Disbursements This Page (optional) .....

339.97

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 196 / 481

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Office Depot #2671	<b>Transaction ID:</b> 21b-36-00474-00842 <b>Date of Disbursement</b>																				
Mailing Address 3188 N. Hwy. 97	<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>1</td><td>0</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	8		2	0	0	8												
City Bend State OR Zip Code 97701	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Office supplies	<table border="1"> <tr> <td>34.99</td> </tr> </table>	34.99																			
34.99																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) RadioShack - 01-3725 - Bend	<b>Transaction ID:</b> 21b-36-00474-00844 <b>Date of Disbursement</b>																				
Mailing Address 1620 NE 3rd St.	<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>1</td><td>0</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	8		2	0	0	8												
City Bend State OR Zip Code 97701	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Office supplies	<table border="1"> <tr> <td>30.97</td> </tr> </table>	30.97																			
30.97																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Rudi Patitucci	<b>Transaction ID:</b> 21b-36-00474-00847 <b>Date of Disbursement</b>																				
Mailing Address 3533 Walnut Ave.	<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>1</td><td>0</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	8		2	0	0	8												
City Evanston State IL Zip Code 60091	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Mileage	<table border="1"> <tr> <td>38.88</td> </tr> </table>	38.88																			
38.88																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"> <tr> <td>0.00</td> </tr> </table>	0.00																			
0.00																					
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"> <tr> <td></td> </tr> </table>																				

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 197 / 481

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) USPS</p> <p>Mailing Address CMRS-Pitney-Bowes PO Box 4766</p> <p>City Los Angeles State CA Zip Code 90096-4766</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 21b-36-00474-00845</p> <p><b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 8 / 2 0 0 8</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>12.60</div> </p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Safeway - Bend</p> <p>Mailing Address 2650 NE Hwy. 20</p> <p>City Bend State OR Zip Code 97701</p> <p>Purpose of Disbursement Volunteer food</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 21b-36-00474-00846</p> <p><b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 8 / 2 0 0 8</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>48.40</div> </p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Rudi Patitucci</p> <p>Mailing Address 3533 Walnut Ave.</p> <p>City Evanston State IL Zip Code 60091</p> <p>Purpose of Disbursement Mileage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 21b-36-00474-00848</p> <p><b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 8 / 2 0 0 8</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>46.17</div> </p> <p><b>[MEMO ITEM]</b></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**0.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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PAGE 198 / 481

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Jonathan Shapiro	<b>Transaction ID:</b> 21b-34-00269-0000 <b>Date of Disbursement</b>																				
Mailing Address 3737 NE Alameda St	<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>1</td><td>0</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	9		2	0	0	8												
City Portland State OR Zip Code 97212	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Reimbursement-See memo	<table border="1"> <tr> <td>65.00</td> </tr> </table>	65.00																			
65.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) iStock International	<b>Transaction ID:</b> 21b-34-00269-00276 <b>Date of Disbursement</b>																				
Mailing Address 1240 20th Ave SE, Ste. 200	<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>1</td><td>0</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	9		2	0	0	8												
City Calgary, Alberta State Zip Code T261M-8	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Stock photos	<table border="1"> <tr> <td>65.00</td> </tr> </table>	65.00																			
65.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Stapleslink Business Advantage	<b>Transaction ID:</b> 21b-34-00278-00285 <b>Date of Disbursement</b>																				
Mailing Address Dept DET PO Box 83689	<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>1</td><td>0</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		3	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		3	1		2	0	0	8												
City Chicago State IL Zip Code 60696	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Office supplies	<table border="1"> <tr> <td>920.26</td> </tr> </table>	920.26																			
920.26																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

985.26

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 199 / 481

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852	<b>Transaction ID:</b> 21b-34-00371-00398 <b>Date of Disbursement</b> <div> <div>10</div> <div>31</div> <div>2008</div> </div>
City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Credit Card Processing Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>1.98</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Appropriate Development Group III LLC Mailing Address 4109 NE 19th Ave. #B City Portland State OR Zip Code 97211 Purpose of Disbursement Rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 21b-35-00371-00398 <b>Date of Disbursement</b> <div> <div>10</div> <div>31</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1138.75</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Eastern Western Mailing Address PO Box 42310 City Portland State OR Zip Code 97242-2310 Purpose of Disbursement Rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 21b-35-00373-00400 <b>Date of Disbursement</b> <div> <div>10</div> <div>31</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>500.00</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**1640.73**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)  
Henselman Realty & Management

Mailing Address 107 E. Main St., Ste. 23

City Medford State OR Zip Code 97501

Purpose of Disbursement  
Rent

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 21b-35-00374-00401

Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

256.67

**B.**

Full Name (Last, First, Middle Initial)  
Automatic Data Processing, Inc. (Easypay)

Mailing Address 4099 SE International Way, Ste. 20

City Milwaukie State OR Zip Code 97222

Purpose of Disbursement  
Payroll fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 21b-35-00412-00439

Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

110.84

**C.**

Full Name (Last, First, Middle Initial)  
Bank of America

Mailing Address 1001 SW Fifth Ave.

City Portland State OR Zip Code 97204

Purpose of Disbursement  
Bank charges

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 21b-17-00218-00228

Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

10.00

**SUBTOTAL** of Disbursements This Page (optional) .....

377.51

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 201 / 481

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)  
Jackson County Democratic Central Comm., #314

Mailing Address PO Box 4474

City Medford State OR Zip Code 97501

Purpose of Disbursement  
Telephone

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 21b-36-00544-00921  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

609.32

**B.**

Full Name (Last, First, Middle Initial)  
Jonathan Panikoff

Mailing Address 174 S. Shore Ave.

City Groton State CT Zip Code 06340

Purpose of Disbursement  
reimbursement - see memo

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 21b-36-00546-0000  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

120.75

**C.**

Full Name (Last, First, Middle Initial)  
Woodstock Pizza Parlor

Mailing Address 1045 NW Kings Blvd.

City Corvallis State OR Zip Code 97330

Purpose of Disbursement  
Volunteer food

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 21b-36-00546-00924  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

120.75

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

730.07

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 202 / 481

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Jonathan Pugsley	<b>Transaction ID:</b> 21b-36-00547-0000 <b>Date of Disbursement</b>
Mailing Address 7439 NW Mountain View	<div> <div>11</div> <div>02</div> <div>2008</div> </div>
City Corvallis State OR Zip Code 97330	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement reimbursement - see memo	<div>224.10</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) USPS	<b>Transaction ID:</b> 21b-36-00547-00929 <b>Date of Disbursement</b>
Mailing Address CMRS-Pitney-Bowes PO Box 4766	<div> <div>11</div> <div>02</div> <div>2008</div> </div>
City Los Angeles State CA Zip Code 90096-4766	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Postage	<div>52.85</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Detour Cafe	<b>Transaction ID:</b> 21b-36-00547-00926 <b>Date of Disbursement</b>
Mailing Address 3035 SE Division	<div> <div>11</div> <div>02</div> <div>2008</div> </div>
City Portland State OR Zip Code 97202	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Volunteer food	<div>100.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

224.10

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 203 / 481

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) USPS</p> <p>Mailing Address CMRS-Pitney-Bowes PO Box 4766</p> <p>City Los Angeles State CA Zip Code 90096-4766</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 21b-36-00547-00925  <b>Date of Disbursement</b>  <div> <div>11</div> <div>02</div> <div>2008</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>21.25</div> </p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Safeway - Salem</p> <p>Mailing Address 3285 Commercial</p> <p>City Salem State OR Zip Code 97302</p> <p>Purpose of Disbursement Volunteer food</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 21b-36-00547-00931  <b>Date of Disbursement</b>  <div> <div>11</div> <div>02</div> <div>2008</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>50.00</div> </p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address 1001 SW Fifth Ave.</p> <p>City Portland State OR Zip Code 97204</p> <p>Purpose of Disbursement Bank charges</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 21b-34-00386-00417  <b>Date of Disbursement</b>  <div> <div>11</div> <div>03</div> <div>2008</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>3045.13</div> </p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**3045.13**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 204 / 481

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 1001 SW Fifth Ave.

City Portland State OR Zip Code 97204

Purpose of Disbursement

Bank charges

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 21b-16-07999-11700

Date of Disbursement

11 / 03 / 2008

Amount of Each Disbursement this Period

1439.31

**B.**

Full Name (Last, First, Middle Initial)

Amber Cruz

Mailing Address 5705 Woodside Dr. SE

City Salem State OR Zip Code 97306

Purpose of Disbursement  
reimbursement - see memo

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 21b-36-00556-0000

Date of Disbursement

11 / 03 / 2008

Amount of Each Disbursement this Period

40.90

**C.**

Full Name (Last, First, Middle Initial)

Straight from New York Pizza

Mailing Address 233 Liberty St. NE

City Salem State OR Zip Code 97301

Purpose of Disbursement  
Volunteer food

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 21b-36-00556-00953

Date of Disbursement

11 / 03 / 2008

Amount of Each Disbursement this Period

20.00

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

1480.21

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 205 / 481

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)  
Great Harvest Bread - Salem

Mailing Address 339 Court St., NE

City State Zip Code  
Salem OR 97301

Purpose of Disbursement  
Volunteer food

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 21b-36-00556-00957  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

20.90

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)  
Chris Edmonds

Mailing Address 1768 16th St.

City State Zip Code  
West Linn OR 97068

Purpose of Disbursement  
reimbursement - see memo

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 21b-36-00563-0000  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

21.84

**C.**

Full Name (Last, First, Middle Initial)  
Grocery Outlet

Mailing Address 2750 River Rd.

City State Zip Code  
Eugene OR 97401

Purpose of Disbursement  
Volunteer food

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 21b-36-00563-00979  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

12.56

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

21.84

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 206 / 481

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Grocery Outlet - Oregon City	<b>Transaction ID:</b> 21b-36-00563-00976 <b>Date of Disbursement</b>																				
Mailing Address 878 Molalla Ave.	<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>1</td><td>1</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	3		2	0	0	8												
City Oregon City State OR Zip Code 97405	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Volunteer food	<table border="1"> <tr> <td colspan="10">3.99</td> </tr> </table>	3.99																			
3.99																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Plaid Pantry #113	<b>Transaction ID:</b> 21b-36-00563-00977 <b>Date of Disbursement</b>																				
Mailing Address 1841 Mollala Ave.	<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>1</td><td>1</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	3		2	0	0	8												
City Oregon City State OR Zip Code 97045	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Volunteer food	<table border="1"> <tr> <td colspan="10">5.29</td> </tr> </table>	5.29																			
5.29																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Daniel Ranellone	<b>Transaction ID:</b> 21b-36-00564-0000 <b>Date of Disbursement</b>																				
Mailing Address 206 Jay St.	<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>1</td><td>1</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	3		2	0	0	8												
City Albany State NY Zip Code 12210	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement reimbursement - see memo	<table border="1"> <tr> <td colspan="10">45.18</td> </tr> </table>	45.18																			
45.18																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

45.18

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 207 / 481

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)  
USPS

Mailing Address CMRS-Pitney-Bowes  
PO Box 4766

City Los Angeles State CA Zip Code 90096-4766

Purpose of Disbursement  
Postage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 21b-36-00564-00984  
Date of Disbursement

11 / 03 / 2008

Amount of Each Disbursement this Period

9.23

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)  
USPS

Mailing Address CMRS-Pitney-Bowes  
PO Box 4766

City Los Angeles State CA Zip Code 90096-4766

Purpose of Disbursement  
Postage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 21b-36-00564-00985  
Date of Disbursement

11 / 03 / 2008

Amount of Each Disbursement this Period

1.00

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)  
Fred Meyer - Newport

Mailing Address 150 NE 20th

City Newport State OR Zip Code 97365

Purpose of Disbursement  
Volunteer food

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 21b-36-00564-00983  
Date of Disbursement

11 / 03 / 2008

Amount of Each Disbursement this Period

17.96

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 208 / 481

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Pizza Schmizza	<b>Transaction ID:</b> 21b-36-00564-00982 <b>Date of Disbursement</b>
Mailing Address 1422 NE Broadway	<div> <div><small>M</small>1<div><small>M</small></div></div> <div>/</div> <div><small>D</small>03<div><small>D</small></div></div> <div>/</div> <div><small>Y</small>2008<div><small>Y</small></div></div> <div><small>Y</small></div> </div>
City Portland State OR Zip Code 97232	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Volunteer food	<div>16.99</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Jared A Mason-Gere	<b>Transaction ID:</b> 21b-36-00570-0000 <b>Date of Disbursement</b>
Mailing Address 670 Gilbert St.	<div> <div><small>M</small>1<div><small>M</small></div></div> <div>/</div> <div><small>D</small>03<div><small>D</small></div></div> <div>/</div> <div><small>Y</small>2008<div><small>Y</small></div></div> <div><small>Y</small></div> </div>
City Eugene State OR Zip Code 97402	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement reimbursement - see memo	<div>200.07</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
<b>C.</b> Full Name (Last, First, Middle Initial) Jared A Mason-Gere	<b>Transaction ID:</b> 21b-36-00570-01005 <b>Date of Disbursement</b>
Mailing Address 670 Gilbert St.	<div> <div><small>M</small>1<div><small>M</small></div></div> <div>/</div> <div><small>D</small>03<div><small>D</small></div></div> <div>/</div> <div><small>Y</small>2008<div><small>Y</small></div></div> <div><small>Y</small></div> </div>
City Eugene State OR Zip Code 97402	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Mileage	<div>200.07</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

200.07

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Jayme Rabenberg	<b>Transaction ID:</b> 21b-36-00571-0000 <b>Date of Disbursement</b>
Mailing Address 1340 SE Tacoma	<div> <div><sup>M</sup>1</div> <div><sup>M</sup>1</div> <div>/</div> <div><sup>D</sup>0</div> <div><sup>D</sup>3</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>8</div> </div>
City Portland State OR Zip Code 97202	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement reimbursement - see memo Candidate Name	<div>62.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Starbucks #00442	<b>Transaction ID:</b> 21b-36-00571-01009 <b>Date of Disbursement</b>
Mailing Address 18320 NW Evergreen Pkwy.	<div> <div><sup>M</sup>1</div> <div><sup>M</sup>1</div> <div>/</div> <div><sup>D</sup>0</div> <div><sup>D</sup>3</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>8</div> </div>
City Hillsboro State OR Zip Code 97006	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Volunteer food Candidate Name	<div>24.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Straight from New York Pizza	<b>Transaction ID:</b> 21b-36-00571-01007 <b>Date of Disbursement</b>
Mailing Address 233 Liberty St. NE	<div> <div><sup>M</sup>1</div> <div><sup>M</sup>1</div> <div>/</div> <div><sup>D</sup>0</div> <div><sup>D</sup>3</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>8</div> </div>
City Salem State OR Zip Code 97301	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Volunteer food Candidate Name	<div>38.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

62.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Jeffrey Blum Mailing Address 117 Jeffrey Ln.	<b>Transaction ID:</b> 21b-36-00572-0000 <b>Date of Disbursement</b> <div> <div>11</div> <div>03</div> <div>2008</div> </div>
City Newington State CT Zip Code 06111 Purpose of Disbursement reimbursement - see memo Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>584.22</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Grocery Outlet - Oregon City Mailing Address 878 Molalla Ave. City Oregon City State OR Zip Code 97405 Purpose of Disbursement Volunteer food Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 21b-36-00572-01024 <b>Date of Disbursement</b> <div> <div>11</div> <div>03</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>48.47</div> <b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Fred Meyer - Newport Mailing Address 150 NE 20th City Newport State OR Zip Code 97365 Purpose of Disbursement Office Refreshments Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 21b-36-00572-01016 <b>Date of Disbursement</b> <div> <div>11</div> <div>03</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>43.51</div> <b>[MEMO ITEM]</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

584.22

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Jeffrey Blum Mailing Address 117 Jeffrey Ln.	<b>Transaction ID:</b> 21b-36-00572-01026 <b>Date of Disbursement</b> <div> <div>11</div> <div>03</div> <div>2008</div> </div>
City Newington State CT Zip Code 06111 Purpose of Disbursement Mileage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>492.24</div> <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) John McNally Mailing Address 2031 Peavy Rd. City Dallas State TX Zip Code 75228 Purpose of Disbursement reimbursement - see memo Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 21b-36-00574-0000 <b>Date of Disbursement</b> <div> <div>11</div> <div>03</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>680.72</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Scanners Photocopy - Newport Mailing Address 715 SW Hurbert St. #A City Newport State OR Zip Code 97365 Purpose of Disbursement Copies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 21b-36-00574-01040 <b>Date of Disbursement</b> <div> <div>11</div> <div>03</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2.00</div> <b>[MEMO ITEM]</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

**680.72**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) John McNally	<b>Transaction ID:</b> 21b-36-00574-01045 <b>Date of Disbursement</b>																				
Mailing Address 2031 Peavy Rd.	<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>1</td><td>1</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	3		2	0	0	8												
City Dallas State TX Zip Code 75228	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Mileage	<table border="1"> <tr> <td>678.72</td> </tr> </table>	678.72																			
678.72																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>[MEMO ITEM]</b>																					
<b>B.</b> Full Name (Last, First, Middle Initial) Kaitlin Gaffney	<b>Transaction ID:</b> 21b-36-00576-0000 <b>Date of Disbursement</b>																				
Mailing Address 2345 NE Sandy Blvd. #22	<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>1</td><td>1</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	3		2	0	0	8												
City Portland State OR Zip Code 97232	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement reimbursement - see memo	<table border="1"> <tr> <td>37.66</td> </tr> </table>	37.66																			
37.66																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Fred Meyer - Hawthorne	<b>Transaction ID:</b> 21b-36-00576-01047 <b>Date of Disbursement</b>																				
Mailing Address 3805 SE Hawthorne Blvd.	<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>1</td><td>1</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	3		2	0	0	8												
City Portland State OR Zip Code 97214	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Volunteer food	<table border="1"> <tr> <td>37.66</td> </tr> </table>	37.66																			
37.66																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>[MEMO ITEM]</b>																					

**SUBTOTAL** of Disbursements This Page (optional) .....

37.66

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Katie Woodruff	<b>Transaction ID:</b> 21b-36-00578-0000 <b>Date of Disbursement</b>
Mailing Address 4653 McKinley Pkwy.	<div> <div><sup>M</sup>1</div> <div><sup>M</sup></div> <div>/</div> <div><sup>D</sup>0</div> <div><sup>D</sup>3</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>8</div> </div>
City Hamburg State NY Zip Code 14075	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement reimbursement - see memo Candidate Name	<div>1.93</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) USPS	<b>Transaction ID:</b> 21b-36-00578-01054 <b>Date of Disbursement</b>
Mailing Address CMRS-Pitney-Bowes PO Box 4766	<div> <div><sup>M</sup>1</div> <div><sup>M</sup></div> <div>/</div> <div><sup>D</sup>0</div> <div><sup>D</sup>3</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>8</div> </div>
City Los Angeles State CA Zip Code 90096-4766	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Postage Candidate Name	<div>1.93</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Margaret M Hoffmann	<b>Transaction ID:</b> 21b-36-00581-0000 <b>Date of Disbursement</b>
Mailing Address 118 NW King Ave. #43	<div> <div><sup>M</sup>1</div> <div><sup>M</sup></div> <div>/</div> <div><sup>D</sup>0</div> <div><sup>D</sup>3</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>8</div> </div>
City Portland State OR Zip Code 97210	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement reimbursement - see memo Candidate Name	<div>350.32</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**352.25**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Clay's Smokehouse	<b>Transaction ID:</b> 21b-36-00581-01063 <b>Date of Disbursement</b>
Mailing Address 2932 SE Division	<div> <div><small>M</small>1</div> <div><small>M</small></div> <div>/</div> <div><small>D</small>0</div> <div><small>D</small>3</div> <div>/</div> <div><small>Y</small>2</div> <div><small>Y</small>0</div> <div><small>Y</small>0</div> <div><small>Y</small>8</div> </div>
City Portland State OR Zip Code 97202	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Volunteer food	<div>52.25</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) Double Tree Hotels	<b>Transaction ID:</b> 21b-36-00581-01061 <b>Date of Disbursement</b>
Mailing Address 1000 NE Multnomah St.	<div> <div><small>M</small>1</div> <div><small>M</small></div> <div>/</div> <div><small>D</small>0</div> <div><small>D</small>3</div> <div>/</div> <div><small>Y</small>2</div> <div><small>Y</small>0</div> <div><small>Y</small>0</div> <div><small>Y</small>8</div> </div>
City Portland State OR Zip Code 97232	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Lodging	<div>219.32</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) Hot Lips Pizza	<b>Transaction ID:</b> 21b-36-00581-01062 <b>Date of Disbursement</b>
Mailing Address 1901 SW 6th	<div> <div><small>M</small>1</div> <div><small>M</small></div> <div>/</div> <div><small>D</small>0</div> <div><small>D</small>3</div> <div>/</div> <div><small>Y</small>2</div> <div><small>Y</small>0</div> <div><small>Y</small>0</div> <div><small>Y</small>8</div> </div>
City Portland State OR Zip Code 97201	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Volunteer food	<div>78.75</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
Disbursement For: <input 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 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 215 / 481

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Michael Banyas	<b>Transaction ID:</b> 21b-36-00583-0000 <b>Date of Disbursement</b>
Mailing Address 4701 Willard Ave., #607	<div> <div><sup>M</sup>1</div> <div><sup>M</sup></div> <div>/</div> <div><sup>D</sup>0</div> <div><sup>D</sup>3</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>8</div> </div>
City Chevy Chase State MD Zip Code 20815	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement reimbursement - see memo Candidate Name	<div>18.96</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Safeway #4288	<b>Transaction ID:</b> 21b-36-00583-01066 <b>Date of Disbursement</b>
Mailing Address 145 E. 18th St.	<div> <div><sup>M</sup>1</div> <div><sup>M</sup></div> <div>/</div> <div><sup>D</sup>0</div> <div><sup>D</sup>3</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>8</div> </div>
City Eugene State OR Zip Code 97401	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Volunteer food Candidate Name	<div>18.96</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Sam E Sadle	<b>Transaction ID:</b> 21b-36-00588-0000 <b>Date of Disbursement</b>
Mailing Address 2725 SW West Point	<div> <div><sup>M</sup>1</div> <div><sup>M</sup></div> <div>/</div> <div><sup>D</sup>0</div> <div><sup>D</sup>3</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>8</div> </div>
City Portland State OR Zip Code 97225	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement reimbursement - see memo Candidate Name	<div>83.99</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

102.95

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Pizza Hut	<b>Transaction ID:</b> 21b-36-00588-01083 <b>Date of Disbursement</b>
Mailing Address 2124 SE Powell Blvd.	<div> <div><sup>M</sup>1</div> <div><sup>M</sup>1</div> <div>/</div> <div><sup>D</sup>0</div> <div><sup>D</sup>3</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>8</div> </div>
City Portland State OR Zip Code 97202	Amount of Each Disbursement this Period
Purpose of Disbursement Volunteer food Candidate Name	<div>17.99</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div> <b>[MEMO ITEM]</b> </div>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) Sam E Sadle	<b>Transaction ID:</b> 21b-36-00588-01089 <b>Date of Disbursement</b>
Mailing Address 2725 SW West Point	<div> <div><sup>M</sup>1</div> <div><sup>M</sup>1</div> <div>/</div> <div><sup>D</sup>0</div> <div><sup>D</sup>3</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>8</div> </div>
City Portland State OR Zip Code 97225	Amount of Each Disbursement this Period
Purpose of Disbursement Mileage Candidate Name	<div>66.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div> <b>[MEMO ITEM]</b> </div>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) Sara Couch	<b>Transaction ID:</b> 21b-36-00590-0000 <b>Date of Disbursement</b>
Mailing Address 829 Harrison Ave.	<div> <div><sup>M</sup>1</div> <div><sup>M</sup>1</div> <div>/</div> <div><sup>D</sup>0</div> <div><sup>D</sup>3</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>8</div> </div>
City Schenectady State NY Zip Code 12309	Amount of Each Disbursement this Period
Purpose of Disbursement reimbursement - see memo Candidate Name	<div>156.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) .....

156.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Bellagio	<b>Transaction ID:</b> 21b-36-00590-01092 <b>Date of Disbursement</b>
Mailing Address 8835 SW Tualatin-Sherwood Rd.	<div> <div>11</div> <div>03</div> <div>2008</div> </div>
City Tualatin State OR Zip Code 97062	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Volunteer food	<div>78.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Bellagio	<b>Transaction ID:</b> 21b-36-00590-01093 <b>Date of Disbursement</b>
Mailing Address 8835 SW Tualatin-Sherwood Rd.	<div> <div>11</div> <div>03</div> <div>2008</div> </div>
City Tualatin State OR Zip Code 97062	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Volunteer food	<div>78.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Authorize.Net	<b>Transaction ID:</b> 21b-34-00387-00418 <b>Date of Disbursement</b>
Mailing Address 915 South 500 East, Ste. 200	<div> <div>11</div> <div>04</div> <div>2008</div> </div>
City American Fork State UT Zip Code 84003	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Bank charges	<div>3364.33</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	

**SUBTOTAL** of Disbursements This Page (optional) .....

**3364.33**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Authorize.Net	<b>Transaction ID:</b> 21b-34-00388-00419 <b>Date of Disbursement</b>
Mailing Address 915 South 500 East, Ste. 200	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 4 / 2 0 0 8</div> </div>
City American Fork State UT Zip Code 84003	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Bank charges	<div>24.40</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Bank of America	<b>Transaction ID:</b> 21b-34-00390-00421 <b>Date of Disbursement</b>
Mailing Address 1001 SW Fifth Ave.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 4 / 2 0 0 8</div> </div>
City Portland State OR Zip Code 97204	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Bank charges	<div>596.57</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Taylor Street Investments	<b>Transaction ID:</b> 21b-16-07849-11467 <b>Date of Disbursement</b>
Mailing Address PO Box 324	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 4 / 2 0 0 8</div> </div>
City Medina State WA Zip Code 98039	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Rent	<div>2976.29</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

3597.26

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Taylor Street Investments	<b>Transaction ID:</b> 21b-16-07849-11468 <b>Date of Disbursement</b>
Mailing Address PO Box 324	<div> <div>11</div> <div>04</div> <div>2008</div> </div>
City Medina State WA Zip Code 98039	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Rent	<div>1600.00</div>
Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Authorize.Net	<b>Transaction ID:</b> 21b-16-08000-11701 <b>Date of Disbursement</b>
Mailing Address 915 South 500 East, Ste. 200	<div> <div>11</div> <div>04</div> <div>2008</div> </div>
City American Fork State UT Zip Code 84003	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Bank charges	<div>103.40</div>
Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) American Express	<b>Transaction ID:</b> 21b-16-08001-11702 <b>Date of Disbursement</b>
Mailing Address PO Box 53852	<div> <div>11</div> <div>05</div> <div>2008</div> </div>
City Phoenix State AZ Zip Code 85072-3852	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Bank Charges	<div>107.05</div>
Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**1810.45**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)  
Ryan M. Whalen

Mailing Address 107-40 Queens Blvd., Apt. 3M

City Forest Hills State NY Zip Code 11375

Purpose of Disbursement  
reimbursement - see memo

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 21b-36-00595-0000  
Date of Disbursement

11 / 05 / 2008

Amount of Each Disbursement this Period

358.84

**B.**

Full Name (Last, First, Middle Initial)  
FedEx Kinko's - Portland

Mailing Address 221 SW Alder St.

City Portland State OR Zip Code 97204

Purpose of Disbursement  
Copies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 21b-36-00595-01100  
Date of Disbursement

11 / 05 / 2008

Amount of Each Disbursement this Period

358.84

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)  
Matthew Oxenford

Mailing Address 2637 N. Richmond St.

City Arlington State VA Zip Code 22207

Purpose of Disbursement  
Reimbursement - See memo

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 21b-34-00293-0000  
Date of Disbursement

11 / 06 / 2008

Amount of Each Disbursement this Period

620.03

**SUBTOTAL** of Disbursements This Page (optional) .....

978.87

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Portland Central Thriftlodge</p> <p>Mailing Address 949 E. Burnside</p> <p>City Portland State OR Zip Code 97214</p> <p>Purpose of Disbursement Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 21b-34-00293-00301</p> <p>Date of Disbursement  <div> <div>11</div> <div>06</div> <div>2008</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>620.03</div> </p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Kell's Irish Pub</p> <p>Mailing Address 112 SW 2nd Ave.</p> <p>City Portland State OR Zip Code 97204</p> <p>Purpose of Disbursement Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 21b-34-00294-00302</p> <p>Date of Disbursement  <div> <div>11</div> <div>06</div> <div>2008</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>1000.00</div> </p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address 1001 SW Fifth Ave.</p> <p>City Portland State OR Zip Code 97204</p> <p>Purpose of Disbursement Check order</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 21b-36-00685-01205</p> <p>Date of Disbursement  <div> <div>11</div> <div>06</div> <div>2008</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>100.00</div> </p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**1100.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Automatic Data Processing, Inc. (Easypay)	<b>Transaction ID:</b> 21b-35-00483-00511 <b>Date of Disbursement</b>																				
Mailing Address 4099 SE International Way, Ste. 20	<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>1</td><td>1</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	7		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	7		2	0	0	8												
City Milwaukee State OR Zip Code 97222	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Payroll fees Candidate Name	<table border="1"> <tr> <td colspan="10">158.36</td> </tr> </table>	158.36																			
158.36																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Stapleslink Business Advantage	<b>Transaction ID:</b> 21b-34-00302-00310 <b>Date of Disbursement</b>																				
Mailing Address Dept DET PO Box 83689	<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>1</td><td>1</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	0		2	0	0	8												
City Chicago State IL Zip Code 60696	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Office supplies Candidate Name	<table border="1"> <tr> <td colspan="10">261.17</td> </tr> </table>	261.17																			
261.17																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Qwest/Business Services	<b>Transaction ID:</b> 21b-16-07883-11534 <b>Date of Disbursement</b>																				
Mailing Address Business Services PO Box 856169	<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>1</td><td>1</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	0		2	0	0	8												
City Louisville State KY Zip Code 40285-6169	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Telephone Candidate Name	<table border="1"> <tr> <td colspan="10">322.03</td> </tr> </table>	322.03																			
322.03																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**741.56**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 223 / 481

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

A.

Full Name (Last, First, Middle Initial)  
Voter Activation Network

Mailing Address 54 Regent St.

City State Zip Code  
Cambridge MA 02140Purpose of Disbursement  
email service

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 21b-16-07885-11537

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	0	/	2	0	0	8

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)  
Taylor Street Investments

Mailing Address PO Box 324

City State Zip Code  
Medina WA 98039Purpose of Disbursement  
Utilities

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 21b-16-07886-11538

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	0	/	2	0	0	8

Amount of Each Disbursement this Period

237.00

C.

Full Name (Last, First, Middle Initial)  
Taylor Street Investments

Mailing Address PO Box 324

City State Zip Code  
Medina WA 98039Purpose of Disbursement  
Utilities

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 21b-16-07886-11539

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	0	/	2	0	0	8

Amount of Each Disbursement this Period

237.00

SUBTOTAL of Disbursements This Page (optional) .....

5474.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 224 / 481

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Qwest</p> <p>Mailing Address 70 W. 4th St., Floor 10</p> <p>City St. Paul State MN Zip Code 55102</p> <p>Purpose of Disbursement Telephone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 21b-36-00690-01214</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="-978.94"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Verizon Conferencing</p> <p>Mailing Address PO Box 70129</p> <p>City Chicago State IL Zip Code 60673-0129</p> <p>Purpose of Disbursement Conference calls</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 21b-34-00331-00339</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="250.19"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) DHL Express Inc.</p> <p>Mailing Address PO Box 60000-File 30692</p> <p>City San Francisco State CA Zip Code 94160</p> <p>Purpose of Disbursement Shipping</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 21b-34-00332-00340</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="106.88"/></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**-621.87**

**TOTAL** This Period (last page this line number only) .....



A. Form/Schedule : **SB21b**

Check returned/duplicate payment

Transaction ID : **21b-36-00690-01214**

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 226 / 481

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Xerox Corporation Mailing Address PO Box 827598	<b>Transaction ID:</b> 21b-34-00334-00344 <b>Date of Disbursement</b> <div> <div>11</div> <div>12</div> <div>2008</div> </div>
City Philadelphia State PA Zip Code 19182-7598 Purpose of Disbursement Copier Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>797.54</div>
<b>B.</b> Full Name (Last, First, Middle Initial) CDW Direct, LLC Mailing Address PO Box 75723 City Chicago State IL Zip Code 60675 Purpose of Disbursement Printer supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 21b-34-00335-00345 <b>Date of Disbursement</b> <div> <div>11</div> <div>12</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>8.93</div>
<b>C.</b> Full Name (Last, First, Middle Initial) CDW Direct, LLC Mailing Address PO Box 75723 City Chicago State IL Zip Code 60675 Purpose of Disbursement Cable/DSL equipment Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 21b-34-00335-00346 <b>Date of Disbursement</b> <div> <div>11</div> <div>12</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>70.50</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**876.97**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 227 / 481

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) CDW Direct, LLC	<b>Transaction ID:</b> 21b-34-00335-00347 <b>Date of Disbursement</b>																				
Mailing Address PO Box 75723	<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>1</td><td>1</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	2		2	0	0	8												
City Chicago State IL Zip Code 60675	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Cable/DSL equipment Candidate Name	<table border="1"> <tr> <td colspan="10">70.50</td> </tr> </table>	70.50																			
70.50																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) CDW Direct, LLC	<b>Transaction ID:</b> 21b-34-00335-00348 <b>Date of Disbursement</b>																				
Mailing Address PO Box 75723	<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>1</td><td>1</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	2		2	0	0	8												
City Chicago State IL Zip Code 60675	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Printer supplies Candidate Name	<table border="1"> <tr> <td colspan="10">207.87</td> </tr> </table>	207.87																			
207.87																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) CDW Direct, LLC	<b>Transaction ID:</b> 21b-34-00335-00349 <b>Date of Disbursement</b>																				
Mailing Address PO Box 75723	<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>1</td><td>1</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	2		2	0	0	8												
City Chicago State IL Zip Code 60675	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Printer supplies Candidate Name	<table border="1"> <tr> <td colspan="10">207.87</td> </tr> </table>	207.87																			
207.87																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**486.24**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 228 / 481

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) CDW Direct, LLC <hr/> Mailing Address PO Box 75723	<b>Transaction ID:</b> 21b-34-00335-00350 <b>Date of Disbursement</b> <div> <div>11</div> <div>12</div> <div>2008</div> </div>
<div> <div>City Chicago</div> <div>State IL</div> <div>Zip Code 60675</div> </div> <div> <div>Purpose of Disbursement Printer supplies</div> <div>Candidate Name</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>State: District:</div> </div> <div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>Category/ Type</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>207.87</div>
<b>B.</b> Full Name (Last, First, Middle Initial) CDW Direct, LLC <hr/> Mailing Address PO Box 75723	<b>Transaction ID:</b> 21b-34-00335-00351 <b>Date of Disbursement</b> <div> <div>11</div> <div>12</div> <div>2008</div> </div>
<div> <div>City Chicago</div> <div>State IL</div> <div>Zip Code 60675</div> </div> <div> <div>Purpose of Disbursement Printer supplies</div> <div>Candidate Name</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>State: District:</div> </div> <div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>Category/ Type</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>207.87</div>
<b>C.</b> Full Name (Last, First, Middle Initial) CDW Direct, LLC <hr/> Mailing Address PO Box 75723	<b>Transaction ID:</b> 21b-34-00335-00352 <b>Date of Disbursement</b> <div> <div>11</div> <div>12</div> <div>2008</div> </div>
<div> <div>City Chicago</div> <div>State IL</div> <div>Zip Code 60675</div> </div> <div> <div>Purpose of Disbursement Computer equipment</div> <div>Candidate Name</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>State: District:</div> </div> <div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>Category/ Type</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>774.19</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**1189.93**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 229 / 481

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) CDW Direct, LLC	<b>Transaction ID:</b> 21b-34-00335-00353 <b>Date of Disbursement</b>
Mailing Address PO Box 75723	<div> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>1 1 / 1 2 / 2 0 0 8</div> </div>
City Chicago State IL Zip Code 60675	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Computer equipment Candidate Name	<div> <div>9225.91</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) CDW Direct, LLC	<b>Transaction ID:</b> 21b-34-00335-00354 <b>Date of Disbursement</b>
Mailing Address PO Box 75723	<div> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>1 1 / 1 2 / 2 0 0 8</div> </div>
City Chicago State IL Zip Code 60675	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Computer equipment Candidate Name	<div> <div>3849.74</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) CDW Direct, LLC	<b>Transaction ID:</b> 21b-34-00335-00355 <b>Date of Disbursement</b>
Mailing Address PO Box 75723	<div> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>1 1 / 1 2 / 2 0 0 8</div> </div>
City Chicago State IL Zip Code 60675	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Computer equipment Candidate Name	<div> <div>1539.70</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**14615.35**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 230 / 481

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Cynthia D. Moody	<b>Transaction ID:</b> 21b-36-00658-0000 <b>Date of Disbursement</b>
Mailing Address 4145 SW Greenleaf Dr.	<div> <div><sup>M</sup>1</div> <div><sup>M</sup>1</div> <div>/</div> <div><sup>D</sup>1</div> <div><sup>D</sup>2</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>8</div> </div>
City Portland State OR Zip Code 97221	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Reimbursement - See memo	<div>487.14</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Henninger	<b>Transaction ID:</b> 21b-36-00658-01165 <b>Date of Disbursement</b>
Mailing Address 2601-A Wilson Blvd	<div> <div><sup>M</sup>1</div> <div><sup>M</sup>1</div> <div>/</div> <div><sup>D</sup>1</div> <div><sup>D</sup>2</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>8</div> </div>
City Arlington State VA Zip Code 22201	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Computer services	<div>487.14</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Qwest	<b>Transaction ID:</b> 21b-16-07937-11604 <b>Date of Disbursement</b>
Mailing Address PO Box 91155	<div> <div><sup>M</sup>1</div> <div><sup>M</sup>1</div> <div>/</div> <div><sup>D</sup>1</div> <div><sup>D</sup>4</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>8</div> </div>
City Seattle State WA Zip Code 98111-9255	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Telephone	<div>483.36</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

970.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 231 / 481

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address 1001 SW Fifth Ave.</p> <p>City Portland State OR Zip Code 97204</p> <p>Purpose of Disbursement Credit card payment - See memos</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 21b-16-07940-0000</p> <p>Date of Disbursement 11 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 5456.43</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address 1001 SW Fifth Ave.</p> <p>City Portland State OR Zip Code 97204</p> <p>Purpose of Disbursement Bank charges</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 21b-16-07940-11616</p> <p>Date of Disbursement 11 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 40.00</p> <p>[MEMO ITEM]</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Portland Hilton</p> <p>Mailing Address 921 SW 6th Ave.</p> <p>City Portland State OR Zip Code 97204</p> <p>Purpose of Disbursement Fundraising/Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 21b-16-07940-11610</p> <p>Date of Disbursement 11 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 5499.99</p> <p>[MEMO ITEM]</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

5456.43

**TOTAL** This Period (last page this line number only) .....

C. Form/Schedule : **SB21b**

Generic State Party fundraising - not on behalf of any candidate

Transaction ID : **21b-16-07940-11610**



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Whole Foods	<b>Transaction ID:</b> 21b-16-07940-11612 <b>Date of Disbursement</b>
Mailing Address 1210 NW Couch St.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 1 4 / 2 0 0 8</div> </div>
City Portland State OR Zip Code 97209	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Flowers	<div> <div></div> <div>14.99</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Pressflex LLC	<b>Transaction ID:</b> 21b-16-07940-11614 <b>Date of Disbursement</b>
Mailing Address 160 Woodland Rd.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 1 4 / 2 0 0 8</div> </div>
City Montreat State NC Zip Code 28757	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Fundraising/Online promotion	<div> <div></div> <div>130.00</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Hyatt Regency Tech Center	<b>Transaction ID:</b> 21b-16-07940-11615 <b>Date of Disbursement</b>
Mailing Address 7800 Tufts Ave.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 1 4 / 2 0 0 8</div> </div>
City Denver State CO Zip Code 80237	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div> <div></div> <div>-228.55</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

B. Form/Schedule : **SB21b**

Generic State Party fundraising - not on behalf of any candidate

Transaction ID : **21b-16-07940-11614**

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)  
Cintas Document Management

Mailing Address PO Box 633842

City State Zip Code  
Cincinnati OH 45263

Purpose of Disbursement  
Document Management

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 21b-35-00496-00525  
**Date of Disbursement**

/   /

Amount of Each Disbursement this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)  
Jordan Burke

Mailing Address 47 Woodland Rd

City State Zip Code  
Cape Elizabeth ME 04107

Purpose of Disbursement  
Reimbursement - See memo

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 21b-35-00497-0000  
**Date of Disbursement**

/   /

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Apple Store, Pioneer Place

Mailing Address 700 SW 5th Ave.

City State Zip Code  
Portland OR 97204

Purpose of Disbursement  
Computer

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 21b-35-00497-00526  
**Date of Disbursement**

/   /

Amount of Each Disbursement this Period

1000.00

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

1400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 236 / 481

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)  
Staples Business Advantage

Mailing Address Dept. DET 2368  
PO Box 83689

City Chicago State IL Zip Code 60696-3689

Purpose of Disbursement  
Office supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 21b-35-00498-00527  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

261.17

**B.**

Full Name (Last, First, Middle Initial)  
Witham & Dickey

Mailing Address PO Box 4625

City Portland State OR Zip Code 97208

Purpose of Disbursement  
Brochure

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 21b-34-00360-00385  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

3100.20

**C.**

Full Name (Last, First, Middle Initial)  
Bank of America

Mailing Address 1001 SW Fifth Ave.

City Portland State OR Zip Code 97204

Purpose of Disbursement  
Bank charges

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 21b-34-00396-00429  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

295.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3656.37

**TOTAL** This Period (last page this line number only) .....

B. Form/Schedule : **SB21b**

Not a public communication

Transaction ID : **21b-34-00360-00385**

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) John Springer	<b>Transaction ID:</b> 21b-35-00501-0000 <b>Date of Disbursement</b>
Mailing Address 7915 SE Hawthorne Blvd.	<div> <div><sup>M</sup>1</div> <div><sup>M</sup>1</div> <div>/</div> <div><sup>D</sup>2</div> <div><sup>D</sup>0</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>8</div> </div>
City Portland State OR Zip Code 97215	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Reimbursement - See memo Candidate Name	<div>240.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Free Geek	<b>Transaction ID:</b> 21b-35-00501-00531 <b>Date of Disbursement</b>
Mailing Address 1731 SE 10th St.	<div> <div><sup>M</sup>1</div> <div><sup>M</sup>1</div> <div>/</div> <div><sup>D</sup>2</div> <div><sup>D</sup>0</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>8</div> </div>
City Portland State OR Zip Code 97214	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Computers Candidate Name	<div>240.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Bank of America	<b>Transaction ID:</b> 21b-16-07998-11699 <b>Date of Disbursement</b>
Mailing Address 1001 SW Fifth Ave.	<div> <div><sup>M</sup>1</div> <div><sup>M</sup>1</div> <div>/</div> <div><sup>D</sup>2</div> <div><sup>D</sup>0</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>8</div> </div>
City Portland State OR Zip Code 97204	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Bank charges Candidate Name	<div>994.33</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

1234.33

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 239 / 481

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Qwest/Business Services

Mailing Address Business Services  
PO Box 856169

City Louisville State KY Zip Code 40285-6169

Purpose of Disbursement  
Telephone

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 21b-16-07978-11662

Date of Disbursement

/   /

Amount of Each Disbursement this Period

203.08

**B.**

Full Name (Last, First, Middle Initial)

Qwest/Business Services

Mailing Address Business Services  
PO Box 856169

City Louisville State KY Zip Code 40285-6169

Purpose of Disbursement  
Telephone

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 21b-16-07978-11666

Date of Disbursement

/   /

Amount of Each Disbursement this Period

335.80

**C.**

Full Name (Last, First, Middle Initial)

Qwest/Business Services

Mailing Address Business Services  
PO Box 856169

City Louisville State KY Zip Code 40285-6169

Purpose of Disbursement  
Telephone

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 21b-16-07980-11665

Date of Disbursement

/   /

Amount of Each Disbursement this Period

-203.08

**SUBTOTAL** of Disbursements This Page (optional) .....

335.80

**TOTAL** This Period (last page this line number only) .....

A. Form/Schedule : **SB21b**  
Transaction ID : **21b-16-07978-11662**

Replaces check 9518, dated 9/22/08 never rec'd. by Qwest

C. Form/Schedule : **SB21b**  
Transaction ID : **21b-16-07980-11665**

Stop payment as check not rec'd by Qwest



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Rudi Patitucci Mailing Address 3533 Walnut Ave.	<b>Transaction ID:</b> 21b-36-00675-0000 <b>Date of Disbursement</b> <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>1</td><td>1</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		2	4		2	0	0	8	
M	M	/	D	D	/	Y	Y	Y	Y													
1	1		2	4		2	0	0	8													
City Evanston State IL Zip Code 60091 Purpose of Disbursement Reimbursement - see memo Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>65.51</td> </tr> </table> <b>Category/Type</b> <table border="1"> <tr> <td></td> </tr> </table>	65.51																				
65.51																						
<b>B.</b> Full Name (Last, First, Middle Initial) Safeway - Bend Mailing Address 2650 NE Hwy. 20 City Bend State OR Zip Code 97701 Purpose of Disbursement Water Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 21b-36-00675-01182 <b>Date of Disbursement</b> <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>1</td><td>1</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>11.64</td> </tr> </table> <b>[MEMO ITEM]</b>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		2	4		2	0	0	8	11.64
M	M	/	D	D	/	Y	Y	Y	Y													
1	1		2	4		2	0	0	8													
11.64																						
<b>C.</b> Full Name (Last, First, Middle Initial) Rudi Patitucci Mailing Address 3533 Walnut Ave. City Evanston State IL Zip Code 60091 Purpose of Disbursement Mileage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 21b-36-00675-01183 <b>Date of Disbursement</b> <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>1</td><td>1</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>53.87</td> </tr> </table> <b>[MEMO ITEM]</b>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		2	4		2	0	0	8	53.87
M	M	/	D	D	/	Y	Y	Y	Y													
1	1		2	4		2	0	0	8													
53.87																						

**SUBTOTAL** of Disbursements This Page (optional) .....

65.51

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 242 / 481

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)  
Benjamin Hardy

Mailing Address 2517 Grove Circle, Apt. 5

City Little Rock State AR Zip Code 72205

Purpose of Disbursement  
Reimbursement - see memo

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 21b-36-00676-0000  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

27.99

**B.**

Full Name (Last, First, Middle Initial)  
Pizza Hut

Mailing Address 2124 SE Powell Blvd.

City Portland State OR Zip Code 97202

Purpose of Disbursement  
Meals

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 21b-36-00676-01184  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

27.99

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)  
Nathaniel Applefield

Mailing Address 1430 SE 29th Ave.

City Portland State OR Zip Code 97214

Purpose of Disbursement  
Reimbursement - see memo

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 21b-36-00677-0000  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

463.16

**SUBTOTAL** of Disbursements This Page (optional) .....

491.15

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)  
Hideaway Inn

Mailing Address 443 14th St.

City Astoria State OR Zip Code 97103

Purpose of Disbursement  
Lodging

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 21b-36-00677-01186  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

66.00

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)  
Enterprise Rent-A-Car

Mailing Address 445 SW Pine

City Portland State OR Zip Code 97204

Purpose of Disbursement  
Car rental

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 21b-36-00677-01185  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

261.54

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)  
Newport City Center Motel

Mailing Address 538 SE Coast Hwy.

City Newport State OR Zip Code 97365

Purpose of Disbursement  
Lodging

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 21b-36-00677-01187  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

38.62

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 244 / 481

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Rogue	<b>Transaction ID:</b> 21b-36-00677-01189 <b>Date of Disbursement</b>
Mailing Address 748 SW Bay Blvd.	<div> <div><sup>M</sup>1</div> <div><sup>M</sup></div> <div>/</div> <div><sup>D</sup>2</div> <div><sup>D</sup>4</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>8</div> </div>
City Newport State OR Zip Code 97365	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Meals	<div>58.00</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Ft. George Brewery & Pub	<b>Transaction ID:</b> 21b-36-00677-01188 <b>Date of Disbursement</b>
Mailing Address 1483 Duane St.	<div> <div><sup>M</sup>1</div> <div><sup>M</sup></div> <div>/</div> <div><sup>D</sup>2</div> <div><sup>D</sup>4</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>8</div> </div>
City Astoria State OR Zip Code 97103	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Meals	<div>39.00</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Jonathan Pugsley	<b>Transaction ID:</b> 21b-36-00678-0000 <b>Date of Disbursement</b>
Mailing Address 7439 NW Mountain View	<div> <div><sup>M</sup>1</div> <div><sup>M</sup></div> <div>/</div> <div><sup>D</sup>2</div> <div><sup>D</sup>4</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>8</div> </div>
City Corvallis State OR Zip Code 97330	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Reimbursement - see memo	<div>77.75</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	

**SUBTOTAL** of Disbursements This Page (optional) .....

77.75

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 245 / 481

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

City Limits

Mailing Address 5800 Hwy. 99 West

City Corvallis State OR Zip Code 97330

Purpose of Disbursement  
Fuel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 21b-36-00678-01191

Date of Disbursement

11 / 24 / 2008

Amount of Each Disbursement this Period

48.80

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

Downtown Dream and Crowbar

Mailing Address 214 Second St.

City Corvallis State OR Zip Code 97333

Purpose of Disbursement  
Telephone

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 21b-36-00678-01195

Date of Disbursement

11 / 24 / 2008

Amount of Each Disbursement this Period

28.95

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

135624.46

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☒ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

**A.** Full Name (Last, First, Middle Initial)  
New Jersey Democratic State Committee

Mailing Address 196 West State Street

City State Zip Code  
Trenton NJ 08608

Purpose of Disbursement  
Transfer to Affiliated Committee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 22-39-00026-00026

Date of Disbursement

/   /

Amount of Each Disbursement this Period

750.00

**B.** Full Name (Last, First, Middle Initial)  
North Carolina Democratic Party Federal

Mailing Address 220 Hillsborough Street

City State Zip Code  
Raleigh NC 27603

Purpose of Disbursement  
Transfer to Affiliated Committee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 22-39-00027-00027

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

**C.** Full Name (Last, First, Middle Initial)  
Georgia Federal Elections Committee

Mailing Address 1100 Spring Street NW Suite 408

City State Zip Code  
Atlanta GA 30309

Purpose of Disbursement  
Transfer to Affiliated Committee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 22-39-00031-00031

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1865.84

**SUBTOTAL** of Disbursements This Page (optional) .....

7615.84

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 247 / 481

☐ 21b ☒ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)  
CT Democratic State Central Committee

Mailing Address 179 Allyn Street, Ste. 301

City State Zip Code  
Hartford CT 06103

Purpose of Disbursement  
Transfer to Affiliated Committee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 22-39-00035-00035

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1550.00

**B.**

Full Name (Last, First, Middle Initial)  
Utah State Democratic Committee

Mailing Address 455 South 300 East, Ste. 301

City State Zip Code  
Salt Lake City UT 84111

Purpose of Disbursement  
Transfer to Affiliated Committee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 22-39-00037-00037

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3.64

**SUBTOTAL** of Disbursements This Page (optional) .....

1553.64

**TOTAL** This Period (last page this line number only) .....

9169.48

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 248 / 481

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Bank of America	<b>Transaction ID:</b> 30b-16-07804-0000 <b>Date of Disbursement</b>
Mailing Address 1001 SW Fifth Ave.	<div> <div>10</div> <div>17</div> <div>2008</div> </div>
City Portland State OR Zip Code 97204	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Credit card payment-See memos Candidate Name	<div>1155.80</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Don's Buttons	<b>Transaction ID:</b> 30b-16-07804-11411 <b>Date of Disbursement</b>
Mailing Address 3906 W. Morrow Dr.	<div> <div>10</div> <div>17</div> <div>2008</div> </div>
City Glendale State AZ Zip Code 85308	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Buttons Candidate Name	<div>370.33</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Democraticstuff.com	<b>Transaction ID:</b> 30b-16-07804-11412 <b>Date of Disbursement</b>
Mailing Address 1000 Progress St.	<div> <div>10</div> <div>17</div> <div>2008</div> </div>
City Greenville State OH Zip Code 45331	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Buttons/Bumper stickers Candidate Name	<div>61.29</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

1155.80

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 249 / 481

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

A.

Full Name (Last, First, Middle Initial)

Dr. Don's Buttons

Mailing Address 3906 W. Morrow Dr.

City State Zip Code  
Glendale AZ 85308Purpose of Disbursement  
Buttons

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 30b-16-07804-11406

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	7		2	0	0	8

Amount of Each Disbursement this Period

724.18

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Automatic Data Processing, Inc. (Easypay)

Mailing Address 4099 SE International Way, Ste. 20

City State Zip Code  
Milwaukie OR 97222Purpose of Disbursement  
Payroll fees

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 30b-20-03046-03825

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	7		2	0	0	8

Amount of Each Disbursement this Period

81.68

C.

Full Name (Last, First, Middle Initial)

Automatic Data Processing, Inc. (Easypay)

Mailing Address 4099 SE International Way, Ste. 20

City State Zip Code  
Milwaukie OR 97222Purpose of Disbursement  
Payroll

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 30b-20-03054-03833

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	7		2	0	0	8

Amount of Each Disbursement this Period

409.00

SUBTOTAL of Disbursements This Page (optional) .....

490.68

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Automatic Data Processing, Inc. (Easypay)	<b>Transaction ID:</b> 30b-20-03054-03834 <b>Date of Disbursement</b>
Mailing Address 4099 SE International Way, Ste. 20	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 7 / 2 0 0 8</div> </div>
City Milwaukie State OR Zip Code 97222	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll	<div>122.70</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Automatic Data Processing, Inc. (Easypay)	<b>Transaction ID:</b> 30b-20-03054-03835 <b>Date of Disbursement</b>
Mailing Address 4099 SE International Way, Ste. 20	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 7 / 2 0 0 8</div> </div>
City Milwaukie State OR Zip Code 97222	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll	<div>60.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Automatic Data Processing, Inc. (Easypay)	<b>Transaction ID:</b> 30b-20-03054-03836 <b>Date of Disbursement</b>
Mailing Address 4099 SE International Way, Ste. 20	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 7 / 2 0 0 8</div> </div>
City Milwaukie State OR Zip Code 97222	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll	<div>30.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

212.70

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Amanda J Hess

Mailing Address 9856 Wellington Lane

City State Zip Code  
Woodbury MN 55125

Purpose of Disbursement  
reimbursement - see memo

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 30b-36-00406-0000

Date of Disbursement

/   /

Amount of Each Disbursement this Period

40.31

**B.**

Full Name (Last, First, Middle Initial)

Center 76

Mailing Address 2595 97th St.

City State Zip Code  
Clackamas OR 97045

Purpose of Disbursement  
Fuel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 30b-36-00406-00637

Date of Disbursement

/   /

Amount of Each Disbursement this Period

30.31

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

Oregon City Chevron

Mailing Address 1002 McLoughlin

City State Zip Code  
Oregon City OR 97045

Purpose of Disbursement  
Fuel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 30b-36-00406-00636

Date of Disbursement

/   /

Amount of Each Disbursement this Period

10.00

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

40.31

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Joel Corcoran

Mailing Address 3908 SE Woodward St.

City Portland State OR Zip Code 97202

Purpose of Disbursement  
reimbursement - see memo

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 30b-36-00412-0000

Date of Disbursement

10 / 20 / 2008

Amount of Each Disbursement this Period

404.39

**B.**

Full Name (Last, First, Middle Initial)

Alan Sather

Mailing Address 3701 SW Western Blvd.

City Corvallis State OR Zip Code 97333

Purpose of Disbursement  
Parking

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 30b-36-00412-00653

Date of Disbursement

10 / 20 / 2008

Amount of Each Disbursement this Period

10.00

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

Joel Corcoran

Mailing Address 3908 SE Woodward St.

City Portland State OR Zip Code 97202

Purpose of Disbursement  
Mileage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 30b-36-00412-00646

Date of Disbursement

10 / 20 / 2008

Amount of Each Disbursement this Period

6.08

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

404.39

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Joel Corcoran

Mailing Address 3908 SE Woodward St.

City Portland State OR Zip Code 97202

Purpose of Disbursement  
Mileage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 30b-36-00412-00647

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4.05

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

Joel Corcoran

Mailing Address 3908 SE Woodward St.

City Portland State OR Zip Code 97202

Purpose of Disbursement  
Mileage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 30b-36-00412-00648

Date of Disbursement

/   /

Amount of Each Disbursement this Period

43.34

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

Joel Corcoran

Mailing Address 3908 SE Woodward St.

City Portland State OR Zip Code 97202

Purpose of Disbursement  
Travel per diem

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 30b-36-00412-00649

Date of Disbursement

/   /

Amount of Each Disbursement this Period

15.00

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Joel Corcoran	<b>Transaction ID:</b> 30b-36-00412-00650 <b>Date of Disbursement</b>
Mailing Address 3908 SE Woodward St.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 0 / 2 0 0 8</div> </div>
City Portland State OR Zip Code 97202	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Mileage	<div>300.92</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Susie Ralls	<b>Transaction ID:</b> 30b-36-00412-00652 <b>Date of Disbursement</b>
Mailing Address 2074 Musket St.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 0 / 2 0 0 8</div> </div>
City Eugene State OR Zip Code 97408	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Parking	<div>25.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Enterprise Rental - Beaverton	<b>Transaction ID:</b> 30b-36-00415-00658 <b>Date of Disbursement</b>
Mailing Address 10625 SW Canyon Rd.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 1 / 2 0 0 8</div> </div>
City Beaverton State OR Zip Code 97005	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Car rental	<div>15000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	

**SUBTOTAL** of Disbursements This Page (optional) .....

15000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

**A.** Full Name (Last, First, Middle Initial)  
Automatic Data Processing, Inc.

Mailing Address 71 Hanover Rd.

City State Zip Code  
Florham Park NJ 07932

Purpose of Disbursement

Payroll taxes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 30b-20-03069-03857

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
10 22 2008

Amount of Each Disbursement this Period

87.47

**B.** Full Name (Last, First, Middle Initial)  
The Compass Media Group, Inc.

Mailing Address 1415 N. Dayton, Ste. 1S

City State Zip Code  
Chicago IL 60622

Purpose of Disbursement

Volunteer Exempt Mail - Merkley

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 30b-37-00073-00078

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
10 23 2008

Amount of Each Disbursement this Period

29298.46

**C.** Full Name (Last, First, Middle Initial)  
Clinton Knorpp

Mailing Address #4 Windsor Rd

City State Zip Code  
Amarillo TX 79124

Purpose of Disbursement

reimbursement - see memo

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 30b-36-00422-0000

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
10 23 2008

Amount of Each Disbursement this Period

285.57

**SUBTOTAL** of Disbursements This Page (optional) .....

29671.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Clinton Knorpp	<b>Transaction ID:</b> 30b-36-00422-00685 <b>Date of Disbursement</b>
Mailing Address #4 Windsor Rd	<div> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>1 0 / 2 3 / 2 0 0 8</div> </div>
City Amarillo State TX Zip Code 79124	<b>Amount of Each Disbursement this Period</b> <div>254.00</div>
Purpose of Disbursement Mileage Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) Arco #04188	<b>Transaction ID:</b> 30b-36-00422-00675 <b>Date of Disbursement</b>
Mailing Address 10966 SE McLoughlin	<div> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>1 0 / 2 3 / 2 0 0 8</div> </div>
City Milwaukie State OR Zip Code 97222	<b>Amount of Each Disbursement this Period</b> <div>31.57</div>
Purpose of Disbursement Auto fuel Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) Hiram Asmuth	<b>Transaction ID:</b> 30b-36-00423-0000 <b>Date of Disbursement</b>
Mailing Address 7927 SE Rhine	<div> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>1 0 / 2 3 / 2 0 0 8</div> </div>
City Portland State OR Zip Code 97206	<b>Amount of Each Disbursement this Period</b> <div>4.00</div>
Purpose of Disbursement reimbursement - see memo Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) .....

4.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Weber Shell	<b>Transaction ID:</b> 30b-36-00423-00689 <b>Date of Disbursement</b>
Mailing Address 10120 SW Capitol	<div> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>1 0 / 2 3 / 2 0 0 8</div> </div>
City Portland State OR Zip Code 97210	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Auto Fuel Candidate Name	<div> <div>4.00</div> <div>[MEMO ITEM]</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Farley Griner	<b>Transaction ID:</b> 30b-36-00424-0000 <b>Date of Disbursement</b>
Mailing Address 2334 SE 26th Ave.	<div> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>1 0 / 2 3 / 2 0 0 8</div> </div>
City Portland State OR Zip Code 97214	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement reimbursement - see memo Candidate Name	<div> <div>57.20</div> <div>[MEMO ITEM]</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Farley Griner	<b>Transaction ID:</b> 30b-36-00424-00693 <b>Date of Disbursement</b>
Mailing Address 2334 SE 26th Ave.	<div> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>1 0 / 2 3 / 2 0 0 8</div> </div>
City Portland State OR Zip Code 97214	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Mileage Candidate Name	<div> <div>7.20</div> <div>[MEMO ITEM]</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

57.20

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Verizon Mailing Address PO Box 30001	<b>Transaction ID:</b> 30b-36-00424-00692 <b>Date of Disbursement</b> <div> <div>10</div> <div>23</div> <div>2008</div> </div>
City Inglewood State CA Zip Code 90313-0001 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>50.00</div> <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Amber Cruz Mailing Address 5705 Woodside Dr. SE City Salem State OR Zip Code 97306 Purpose of Disbursement reimbursement - see memo Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-36-00425-0000 <b>Date of Disbursement</b> <div> <div>10</div> <div>23</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>50.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) AT&T Mailing Address PO Box 1027 City Vienna State VA Zip Code 22183 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-36-00425-00695 <b>Date of Disbursement</b> <div> <div>10</div> <div>23</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>50.00</div> <b>[MEMO ITEM]</b>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

50.00

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)  
Qwest

Mailing Address PO Box 91155

City State Zip Code  
Seattle WA 98111-9255

Purpose of Disbursement  
Telephone

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 30b-34-00254-00261  
Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
1 0 / 2 4 / 2 0 0 8

Amount of Each Disbursement this Period

361.53

**B.**

Full Name (Last, First, Middle Initial)  
Witham & Dickey

Mailing Address PO Box 4625

City State Zip Code  
Portland OR 97208

Purpose of Disbursement  
GOTV Literature

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 30b-34-00256-00263  
Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
1 0 / 2 4 / 2 0 0 8

Amount of Each Disbursement this Period

29839.00

**C.**

Full Name (Last, First, Middle Initial)  
Matthew Cleinman

Mailing Address 240 NW 20th Ave., Apt. 7

City State Zip Code  
Portland OR 97209

Purpose of Disbursement  
reimbursement - see memo

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 30b-36-00427-0000  
Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
1 0 / 2 4 / 2 0 0 8

Amount of Each Disbursement this Period

50.00

**SUBTOTAL** of Disbursements This Page (optional) .....

30250.53

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) T Mobile Mailing Address PO Box 790047	<b>Transaction ID:</b> 30b-36-00427-00700 <b>Date of Disbursement</b> <div> <div>10</div> <div>24</div> <div>2008</div> </div>
City St. Louis State MO Zip Code 63179-0047 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>50.00</div> <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Justin Cox Mailing Address 625 E. 40th Ave. City Eugene State OR Zip Code 97405 Purpose of Disbursement reimbursement - see memo Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-36-00429-0000 <b>Date of Disbursement</b> <div> <div>10</div> <div>24</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2.29</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Safeway #1629 Mailing Address 1265 Center St. City Salem State OR Zip Code 97301 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-36-00429-00711 <b>Date of Disbursement</b> <div> <div>10</div> <div>24</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2.29</div> <b>[MEMO ITEM]</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

2.29

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b>	Full Name (Last, First, Middle Initial) Nathaniel Applefield	<b>Transaction ID:</b> 30b-36-00430-0000 <b>Date of Disbursement</b>
	Mailing Address 1430 SE 29th Ave.	<div> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>10 / 24 / 2008</div> </div>
	City Portland State OR Zip Code 97214	<b>Amount of Each Disbursement this Period</b>
	Purpose of Disbursement reimbursement - see memo Candidate Name <div>Category/Type</div>	<div>248.42</div>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b>	Full Name (Last, First, Middle Initial) Enterprise Rent-A-Car of Oregon	<b>Transaction ID:</b> 30b-36-00430-00719 <b>Date of Disbursement</b>
	Mailing Address 2740 NE Sandy Blvd.	<div> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>10 / 24 / 2008</div> </div>
	City Portland State OR Zip Code 97232	<b>Amount of Each Disbursement this Period</b>
	Purpose of Disbursement Rental car Candidate Name <div>Category/Type</div>	<div>197.96</div>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>
<b>C.</b>	Full Name (Last, First, Middle Initial) Welches Gas Station	<b>Transaction ID:</b> 30b-36-00430-00720 <b>Date of Disbursement</b>
	Mailing Address 68280 Hwy 26	<div> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>10 / 24 / 2008</div> </div>
	City Welches State OR Zip Code 97545	<b>Amount of Each Disbursement this Period</b>
	Purpose of Disbursement Auto fuel Candidate Name <div>Category/Type</div>	<div>30.46</div>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

248.42

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Ron's Oil	<b>Transaction ID:</b> 30b-36-00430-00721 <b>Date of Disbursement</b>
Mailing Address 2337 S. Hwy. 97	<div> <div>10</div> <div>24</div> <div>2008</div> </div>
City Redmond State OR Zip Code 97756	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Auto fuel	<div>20.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Kaitlin Gaffney	<b>Transaction ID:</b> 30b-36-00435-0000 <b>Date of Disbursement</b>
Mailing Address 2345 NE Sandy Blvd. #22	<div> <div>10</div> <div>24</div> <div>2008</div> </div>
City Portland State OR Zip Code 97232	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement reimbursement - see memo	<div>141.48</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) 76/Circle K	<b>Transaction ID:</b> 30b-36-00435-00726 <b>Date of Disbursement</b>
Mailing Address 2020 E Burnside	<div> <div>10</div> <div>24</div> <div>2008</div> </div>
City Portland State OR Zip Code 97214	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Auto fuel	<div>20.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

141.48

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)  
Enterprise Rent-A-Car of Oregon

Mailing Address 2740 NE Sandy Blvd.

City Portland State OR Zip Code 97232

Purpose of Disbursement  
Rental car

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 30b-36-00435-00731

Date of Disbursement

/   /

Amount of Each Disbursement this Period

103.48

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)  
USPS

Mailing Address CMRS-Pitney-Bowes  
PO Box 4766

City Los Angeles State CA Zip Code 90096-4766

Purpose of Disbursement  
Shipping

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 30b-36-00435-00727

Date of Disbursement

/   /

Amount of Each Disbursement this Period

18.00

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)  
Sara A Bean Duncan

Mailing Address 750 E. 15th, Apt. 8

City Eugene State OR Zip Code 97401

Purpose of Disbursement  
reimbursement - see memo

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 30b-36-00436-0000

Date of Disbursement

/   /

Amount of Each Disbursement this Period

88.00

**SUBTOTAL** of Disbursements This Page (optional) .....

88.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Sara A Bean Duncan	<b>Transaction ID:</b> 30b-36-00436-00733 <b>Date of Disbursement</b>
Mailing Address 750 E. 15th, Apt. 8	<div> <div>10</div> <div>24</div> <div>2008</div> </div>
City Eugene State OR Zip Code 97401	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Mileage	<div>38.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Verizon	<b>Transaction ID:</b> 30b-36-00436-00732 <b>Date of Disbursement</b>
Mailing Address PO Box 30001	<div> <div>10</div> <div>24</div> <div>2008</div> </div>
City Inglewood State CA Zip Code 90313-0001	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Telephone	<div>50.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Jared A Mason-Gere	<b>Transaction ID:</b> 30b-36-00437-0000 <b>Date of Disbursement</b>
Mailing Address 670 Gilbert St.	<div> <div>10</div> <div>24</div> <div>2008</div> </div>
City Eugene State OR Zip Code 97402	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement reimbursement - see memo	<div>50.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	

**SUBTOTAL** of Disbursements This Page (optional) .....

50.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b>	Full Name (Last, First, Middle Initial) AT&T	<b>Transaction ID:</b> 30b-36-00437-00734 Date of Disbursement
	Mailing Address PO Box 1027	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 4 / 2 0 0 8</div> </div>
	City Vienna State VA Zip Code 22183	Amount of Each Disbursement this Period
	<div> <div>Purpose of Disbursement Telephone</div> <div>Candidate Name</div> </div> <div>Category/ Type</div>	<div>50.00</div>
	<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>[MEMO ITEM]</b>
<b>B.</b>	Full Name (Last, First, Middle Initial) Carolyn Lee	<b>Transaction ID:</b> 30b-36-00439-0000 Date of Disbursement
	Mailing Address 12026 15th Ave. NE, #405	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 4 / 2 0 0 8</div> </div>
	City Seattle State WA Zip Code 98125	Amount of Each Disbursement this Period
	<div> <div>Purpose of Disbursement reimbursement - see memo</div> <div>Candidate Name</div> </div> <div>Category/ Type</div>	<div>50.00</div>
	<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	
<b>C.</b>	Full Name (Last, First, Middle Initial) AT&T	<b>Transaction ID:</b> 30b-36-00439-00742 Date of Disbursement
	Mailing Address PO Box 1027	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 4 / 2 0 0 8</div> </div>
	City Vienna State VA Zip Code 22183	Amount of Each Disbursement this Period
	<div> <div>Purpose of Disbursement Telephone</div> <div>Candidate Name</div> </div> <div>Category/ Type</div>	<div>50.00</div>
	<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>[MEMO ITEM]</b>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

50.00

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Daniel Ranellone Mailing Address 206 Jay St.	<b>Transaction ID:</b> 30b-36-00442-0000 <b>Date of Disbursement</b> <div> <div>10</div> <div>24</div> <div>2008</div> </div>
City Albany State NY Zip Code 12210 Purpose of Disbursement reimbursement - see memo Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>50.00</div> <div>Category/Type</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Verizon Mailing Address PO Box 30001 City Inglewood State CA Zip Code 90313-0001 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-36-00442-00751 <b>Date of Disbursement</b> <div>10</div> <div>24</div> <div>2008</div> <b>Amount of Each Disbursement this Period</b> <div>50.00</div> <div>Category/Type</div> <p><b>[MEMO ITEM]</b></p>
<b>C.</b> Full Name (Last, First, Middle Initial) Augustina Mourelatos Mailing Address 5257 SE 67th City Portland State OR Zip Code 97206 Purpose of Disbursement reimbursement - see memo Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-36-00443-0000 <b>Date of Disbursement</b> <div>10</div> <div>24</div> <div>2008</div> <b>Amount of Each Disbursement this Period</b> <div>50.00</div> <div>Category/Type</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**100.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b>	<p>Full Name (Last, First, Middle Initial) AT&amp;T</p> <p>Mailing Address PO Box 1027</p> <p>City Vienna State VA Zip Code 22183</p> <p>Purpose of Disbursement Telephone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 30b-36-00443-00755</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 4 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>50.00</div> </p> <p><b>[MEMO ITEM]</b></p>
<b>B.</b>	<p>Full Name (Last, First, Middle Initial) Justin Thiltgen</p> <p>Mailing Address 901 Ridgewood Way</p> <p>City Madison State WI Zip Code 53713</p> <p>Purpose of Disbursement reimbursement - see memo</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 30b-36-00444-0000</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 4 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>49.86</div> </p>
<b>C.</b>	<p>Full Name (Last, First, Middle Initial) Fred Meyer - Hawthorne</p> <p>Mailing Address 3805 SE Hawthorne Blvd.</p> <p>City Portland State OR Zip Code 97214</p> <p>Purpose of Disbursement Volunteer food</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 30b-36-00444-00759</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 4 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>49.86</div> </p> <p><b>[MEMO ITEM]</b></p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**49.86**

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) AT&T Mailing Address PO Box 1027	<b>Transaction ID:</b> 30b-36-00446-00761 <b>Date of Disbursement</b> <div> <div>10</div> <div>24</div> <div>2008</div> </div>
City Vienna State VA Zip Code 22183 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>90.54</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Cardinal Services, Inc. Mailing Address 405 Lincoln St. City Eugene State OR Zip Code 97401 Purpose of Disbursement Canvass services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-36-00449-00765 <b>Date of Disbursement</b> <div> <div>10</div> <div>24</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>9220.36</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Jonathan Pugsley Mailing Address 7439 NW Mountain View City Corvallis State OR Zip Code 97330 Purpose of Disbursement reimbursement - see memo Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-36-00452-0000 <b>Date of Disbursement</b> <div> <div>10</div> <div>24</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>100.00</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**9410.90**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)  
Verizon

Mailing Address PO Box 30001

City Inglewood State CA Zip Code 90313-0001

Purpose of Disbursement  
Telephone

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 30b-36-00452-00768  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)  
Verizon

Mailing Address PO Box 30001

City Inglewood State CA Zip Code 90313-0001

Purpose of Disbursement  
Telephone

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 30b-36-00452-00769  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)  
Powell Phones

Mailing Address 607 NW 22nd Ave.

City Portland State OR Zip Code 97210

Purpose of Disbursement  
GOTV calls

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: 30b-36-00458-00776  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

17490.02

**SUBTOTAL** of Disbursements This Page (optional) .....

17490.02

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Ian Foster Mailing Address 2435 Lyman Ave.	<b>Transaction ID:</b> 30b-36-00462-0000 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 4 / 2 0 0 8</div> </div>
City Medford State OR Zip Code 97504 Purpose of Disbursement reimbursement - see memo Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>68.64</div> <div>Category/Type</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Ian Foster Mailing Address 2435 Lyman Ave.	<b>Transaction ID:</b> 30b-36-00462-00788 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 4 / 2 0 0 8</div> </div>
City Medford State OR Zip Code 97504 Purpose of Disbursement Mileage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>18.64</div> <div>Category/Type</div>
<b>C.</b> Full Name (Last, First, Middle Initial) AT&T Mailing Address PO Box 1027	<b>Transaction ID:</b> 30b-36-00462-00787 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 4 / 2 0 0 8</div> </div>
City Vienna State VA Zip Code 22183 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>50.00</div> <div>Category/Type</div>

[MEMO ITEM]

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

68.64

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)  
Jayme Rabenberg

Mailing Address 1340 SE Tacoma

City Portland State OR Zip Code 97202

Purpose of Disbursement  
reimbursement - see memo

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 30b-36-00463-0000  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
AT&T

Mailing Address PO Box 1027

City Vienna State VA Zip Code 22183

Purpose of Disbursement  
Telephone

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 30b-36-00463-00789  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)  
AT&T

Mailing Address PO Box 1027

City Vienna State VA Zip Code 22183

Purpose of Disbursement  
Telephone

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 30b-36-00463-00790  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Jonathan Panikoff Mailing Address 174 S. Shore Ave.	<b>Transaction ID:</b> 30b-36-00464-0000 <b>Date of Disbursement</b> <div> <div>10</div> <div>24</div> <div>2008</div> </div>
City Groton State CT Zip Code 06340 Purpose of Disbursement reimbursement - see memo Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>212.25</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Shell - Salem Mailing Address 2955 Commercial City Salem State OR Zip Code 97305 Purpose of Disbursement Auto Fuel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-36-00464-00792 <b>Date of Disbursement</b> <div>10 24 2008</div> <b>Amount of Each Disbursement this Period</b> <div>43.45</div> <p><b>[MEMO ITEM]</b></p>
<b>C.</b> Full Name (Last, First, Middle Initial) Arco - Salem Mailing Address 805 Commercial St. City Salem State OR Zip Code 97302 Purpose of Disbursement Auto Fuel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-36-00464-00794 <b>Date of Disbursement</b> <div>10 24 2008</div> <b>Amount of Each Disbursement this Period</b> <div>62.05</div> <p><b>[MEMO ITEM]</b></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**212.25**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Arco - Salem Mailing Address 805 Commercial St.	<b>Transaction ID:</b> 30b-36-00464-00795 <b>Date of Disbursement</b> <div> <div>10</div> <div>24</div> <div>2008</div> </div>
City Salem State OR Zip Code 97302 Purpose of Disbursement Auto Fuel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>49.45</div> <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Chevron - Portland Mailing Address Twilliger Blvd.	<b>Transaction ID:</b> 30b-36-00464-00797 <b>Date of Disbursement</b> <div> <div>10</div> <div>24</div> <div>2008</div> </div>
City Portland State OR Zip Code 97204 Purpose of Disbursement Auto Fuel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>57.30</div> <b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Kimberly J Forrest Mailing Address 5220 W. Amazon Dr.	<b>Transaction ID:</b> 30b-36-00465-0000 <b>Date of Disbursement</b> <div> <div>10</div> <div>24</div> <div>2008</div> </div>
City Eugene State OR Zip Code 97405 Purpose of Disbursement reimbursement - see memo Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>50.00</div>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**50.00**

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)  
Verizon

Mailing Address PO Box 30001

City Inglewood State CA Zip Code 90313-0001

Purpose of Disbursement  
Telephone

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 30b-36-00465-00799

Date of Disbursement

/   /

Amount of Each Disbursement this Period

50.00

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)  
Sara A Bean Duncan

Mailing Address 750 E. 15th, Apt. 8

City Eugene State OR Zip Code 97401

Purpose of Disbursement  
Mileage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 30b-36-00467-00801

Date of Disbursement

/   /

Amount of Each Disbursement this Period

114.00

**C.**

Full Name (Last, First, Middle Initial)  
Sara Couch

Mailing Address 829 Harrison Ave.

City Schenectady State NY Zip Code 12309

Purpose of Disbursement  
reimbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 30b-36-00468-0000

Date of Disbursement

/   /

Amount of Each Disbursement this Period

50.00

**SUBTOTAL** of Disbursements This Page (optional) .....

164.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)  
Verizon

Mailing Address PO Box 30001

City Inglewood State CA Zip Code 90313-0001

Purpose of Disbursement  
Telephone

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 30b-36-00468-00802  
Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
1 0 / 2 4 / 2 0 0 8

Amount of Each Disbursement this Period

50.00

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)  
The Compass Media Group, Inc.

Mailing Address 1415 N. Dayton, Ste. 1S

City Chicago State IL Zip Code 60622

Purpose of Disbursement  
Volunteer Exempt Mail - Merkley

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 30b-37-00083-00108  
Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
1 0 / 2 8 / 2 0 0 8

Amount of Each Disbursement this Period

128328.40

**C.**

Full Name (Last, First, Middle Initial)  
Joel Corcoran

Mailing Address 3908 SE Woodward St.

City Portland State OR Zip Code 97202

Purpose of Disbursement  
Mileage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 30b-36-00470-00805  
Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
1 0 / 2 8 / 2 0 0 8

Amount of Each Disbursement this Period

92.34

**SUBTOTAL** of Disbursements This Page (optional) .....

128420.74

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Joel Corcoran	<b>Transaction ID:</b> 30b-36-00470-00806 <b>Date of Disbursement</b>
Mailing Address 3908 SE Woodward St.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 8 / 2 0 0 8</div> </div>
City Portland State OR Zip Code 97202	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Travel per diem Candidate Name	<div> <div>30.00</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) Joel Corcoran	<b>Transaction ID:</b> 30b-36-00470-00807 <b>Date of Disbursement</b>
Mailing Address 3908 SE Woodward St.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 8 / 2 0 0 8</div> </div>
City Portland State OR Zip Code 97202	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Mileage Candidate Name	<div> <div>100.04</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) Joel Corcoran	<b>Transaction ID:</b> 30b-36-00470-00808 <b>Date of Disbursement</b>
Mailing Address 3908 SE Woodward St.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 8 / 2 0 0 8</div> </div>
City Portland State OR Zip Code 97202	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Travel per diem Candidate Name	<div> <div>30.00</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) .....

**160.04**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Joel Corcoran	<b>Transaction ID:</b> 30b-36-00470-00809 <b>Date of Disbursement</b>
Mailing Address 3908 SE Woodward St.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 8 / 2 0 0 8</div> </div>
City Portland State OR Zip Code 97202	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Mileage Candidate Name	<div>170.91</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Joel Corcoran	<b>Transaction ID:</b> 30b-36-00470-00810 <b>Date of Disbursement</b>
Mailing Address 3908 SE Woodward St.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 8 / 2 0 0 8</div> </div>
City Portland State OR Zip Code 97202	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Travel per diem Candidate Name	<div>30.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Joel Corcoran	<b>Transaction ID:</b> 30b-36-00470-00811 <b>Date of Disbursement</b>
Mailing Address 3908 SE Woodward St.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 8 / 2 0 0 8</div> </div>
City Portland State OR Zip Code 97202	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Mileage Candidate Name	<div>20.25</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

221.16

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Joel Corcoran	<b>Transaction ID:</b> 30b-36-00470-00812 <b>Date of Disbursement</b>
Mailing Address 3908 SE Woodward St.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 8 / 2 0 0 8</div> </div>
City Portland State OR Zip Code 97202	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Mileage	<div>17.01</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Joel Corcoran	<b>Transaction ID:</b> 30b-36-00470-00813 <b>Date of Disbursement</b>
Mailing Address 3908 SE Woodward St.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 8 / 2 0 0 8</div> </div>
City Portland State OR Zip Code 97202	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Mileage	<div>215.46</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Joel Corcoran	<b>Transaction ID:</b> 30b-36-00470-00814 <b>Date of Disbursement</b>
Mailing Address 3908 SE Woodward St.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 8 / 2 0 0 8</div> </div>
City Portland State OR Zip Code 97202	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Travel per diem	<div>30.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

262.47

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Kimberly J Forrest Mailing Address 5220 W. Amazon Dr.	<b>Transaction ID:</b> 30b-36-00471-0000 <b>Date of Disbursement</b> <div> <div>10</div> <div>28</div> <div>2008</div> </div>
City Eugene State OR Zip Code 97405 Purpose of Disbursement reimbursement - see memo Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>50.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Verizon Mailing Address PO Box 30001 City Inglewood State CA Zip Code 90313-0001 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-36-00471-00817 <b>Date of Disbursement</b> <div>10282008</div> <b>Amount of Each Disbursement this Period</b> <div>50.00</div> <p><b>[MEMO ITEM]</b></p>
<b>C.</b> Full Name (Last, First, Middle Initial) Jared A Mason-Gere Mailing Address 670 Gilbert St. City Eugene State OR Zip Code 97402 Purpose of Disbursement reimbursement - see memo Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-36-00472-0000 <b>Date of Disbursement</b> <div>10282008</div> <b>Amount of Each Disbursement this Period</b> <div>198.40</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**248.40**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) AT&T	<b>Transaction ID:</b> 30b-36-00472-00833 <b>Date of Disbursement</b>
Mailing Address PO Box 1027	<div> <div>10</div> <div>28</div> <div>2008</div> </div>
City Vienna State VA Zip Code 22183	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Telephone	<div>50.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Jared A Mason-Gere	<b>Transaction ID:</b> 30b-36-00472-00831 <b>Date of Disbursement</b>
Mailing Address 670 Gilbert St.	<div> <div>10</div> <div>28</div> <div>2008</div> </div>
City Eugene State OR Zip Code 97402	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Mileage	<div>148.40</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Shannon McKinley	<b>Transaction ID:</b> 30b-36-00473-0000 <b>Date of Disbursement</b>
Mailing Address 636 Hemsread Ave.	<div> <div>10</div> <div>28</div> <div>2008</div> </div>
City Rockville Center State NY Zip Code 11570	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement reimbursement - see memo	<div>50.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	

**SUBTOTAL** of Disbursements This Page (optional) .....

50.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Verizon Mailing Address PO Box 30001	<b>Transaction ID:</b> 30b-36-00473-00836 <b>Date of Disbursement</b> <div> <div>10</div> <div>28</div> <div>2008</div> </div>
City Inglewood State CA Zip Code 90313-0001 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>50.00</div> <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Rudi Patitucci Mailing Address 3533 Walnut Ave. City Evanston State IL Zip Code 60091 Purpose of Disbursement reimbursement - see memo Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-36-00474-0000 <b>Date of Disbursement</b> <div> <div>10</div> <div>28</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>50.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) AT&T Mailing Address PO Box 1027 City Vienna State VA Zip Code 22183 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-36-00474-00841 <b>Date of Disbursement</b> <div> <div>10</div> <div>28</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>50.00</div> <b>[MEMO ITEM]</b>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

50.00

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)  
Activate

Mailing Address 2000 M St. NW

City Washington State DC Zip Code 20036

Purpose of Disbursement  
GOTV calls

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 30b-37-00084-00109  
Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
10 29 2008

Amount of Each Disbursement this Period

12000.00

**B.**

Full Name (Last, First, Middle Initial)  
The Compass Media Group, Inc.

Mailing Address 1415 N. Dayton, Ste. 1S

City Chicago State IL Zip Code 60622

Purpose of Disbursement  
Volunteer Exempt Mail-Merkley

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 30b-36-00477-00851  
Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
10 29 2008

Amount of Each Disbursement this Period

36452.71

**C.**

Full Name (Last, First, Middle Initial)  
Activate

Mailing Address 2000 M St. NW

City Washington State DC Zip Code 20036

Purpose of Disbursement  
GOTV calls

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 30b-34-00277-00284  
Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
10 30 2008

Amount of Each Disbursement this Period

50000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

98452.71

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)  
The Compass Media Group, Inc.

Mailing Address 1415 N. Dayton, Ste. 1S

City Chicago State IL Zip Code 60622

Purpose of Disbursement  
Volunteer Exempt Mail - Merkley

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 30b-37-00086-00111

Date of Disbursement

/   /

Amount of Each Disbursement this Period

27175.40

**B.**

Full Name (Last, First, Middle Initial)  
Automatic Data Processing, Inc.

Mailing Address 71 Hanover Rd.

City Florham Park State NJ Zip Code 07932

Purpose of Disbursement  
Payroll fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 30b-36-00662-01169

Date of Disbursement

/   /

Amount of Each Disbursement this Period

157.80

**C.**

Full Name (Last, First, Middle Initial)  
Benenson Strategy Group

Mailing Address 14 East 60th St.

City New York State NY Zip Code 10022

Purpose of Disbursement  
Poll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 30b-36-00667-01174

Date of Disbursement

/   /

Amount of Each Disbursement this Period

20080.00

**SUBTOTAL** of Disbursements This Page (optional) .....

47413.20

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) The Compass Media Group, Inc.	<b>Transaction ID:</b> 30b-36-00478-00852 <b>Date of Disbursement</b>
Mailing Address 1415 N. Dayton, Ste. 1S	<div> <div><sup>M</sup>1</div> <div><sup>M</sup>0</div> <div>/</div> <div><sup>D</sup>3</div> <div><sup>D</sup>0</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>8</div> </div>
City Chicago State IL Zip Code 60622	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Volunteer Exempt Mail-Merkley Candidate Name	<div>46831.40</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Activate	<b>Transaction ID:</b> 30b-36-00479-00853 <b>Date of Disbursement</b>
Mailing Address 2000 M St. NW	<div> <div><sup>M</sup>1</div> <div><sup>M</sup>0</div> <div>/</div> <div><sup>D</sup>3</div> <div><sup>D</sup>0</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>8</div> </div>
City Washington State DC Zip Code 20036	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement GOTV calls Candidate Name	<div>10000.00</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Providence Health Plans	<b>Transaction ID:</b> 30b-36-00480-00854 <b>Date of Disbursement</b>
Mailing Address PO Box 5728	<div> <div><sup>M</sup>1</div> <div><sup>M</sup>0</div> <div>/</div> <div><sup>D</sup>3</div> <div><sup>D</sup>0</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>8</div> </div>
City Portland State OR Zip Code 97228-5728	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Health insurance Candidate Name	<div>18016.00</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

74847.40

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

**A.** Full Name (Last, First, Middle Initial)  
The Compass Media Group, Inc.

Mailing Address 1415 N. Dayton, Ste. 1S

City Chicago State IL Zip Code 60622

Purpose of Disbursement  
Volunteer Exempt Mail-Merkley

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 30b-36-00481-00855  
**Date of Disbursement**

M  M /  D  D /  Y  Y  Y  Y  
1 0 / 3 0 / 2 0 0 8

Amount of Each Disbursement this Period

55428.56

**B.** Full Name (Last, First, Middle Initial)  
Diana Aguilar

Mailing Address 85 Prall Lane

City Eugene State OR Zip Code 97405

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 30b-35-00377-00404  
**Date of Disbursement**

M  M /  D  D /  Y  Y  Y  Y  
1 0 / 3 1 / 2 0 0 8

Amount of Each Disbursement this Period

926.65

**C.** Full Name (Last, First, Middle Initial)  
Jesse Bontecou

Mailing Address 1525 SE Reedway Ct

City Portland State OR Zip Code 97202

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 30b-35-00378-00405  
**Date of Disbursement**

M  M /  D  D /  Y  Y  Y  Y  
1 0 / 3 1 / 2 0 0 8

Amount of Each Disbursement this Period

1698.56

**SUBTOTAL** of Disbursements This Page (optional) .....

58053.77

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Cyreena Boston	<b>Transaction ID:</b> 30b-35-00379-00406 <b>Date of Disbursement</b>
Mailing Address 8513 NE Wygant St.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 0 8</div> </div>
City Portland State OR Zip Code 97220	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll	<div>1344.30</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Jordan Burke	<b>Transaction ID:</b> 30b-35-00380-00407 <b>Date of Disbursement</b>
Mailing Address 47 Woodland Rd	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 0 8</div> </div>
City Cape Elizabeth State ME Zip Code 04107	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll	<div>1300.11</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Stuart K Dotson	<b>Transaction ID:</b> 30b-35-00381-00408 <b>Date of Disbursement</b>
Mailing Address 8814 Wigwam Ct.A	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 0 8</div> </div>
City Santee State CA Zip Code 92071	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll	<div>953.59</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

3598.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b>	Full Name (Last, First, Middle Initial) Nicholas Fenster	<b>Transaction ID:</b> 30b-35-00382-00409 <b>Date of Disbursement</b>
	Mailing Address 5136 SE 52nd Ave.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 0 8</div> </div>
	City Portland State OR Zip Code 97206	<b>Amount of Each Disbursement this Period</b>
	<div> <div>Purpose of Disbursement Payroll</div> <div>Candidate Name</div> <div>Category/ Type</div> </div>	<div>968.61</div>
	<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	
<b>B.</b>	Full Name (Last, First, Middle Initial) Julia Fox	<b>Transaction ID:</b> 30b-35-00383-00410 <b>Date of Disbursement</b>
	Mailing Address 178 Westland Dr	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 0 8</div> </div>
	City West Hartford State CT Zip Code 06107	<b>Amount of Each Disbursement this Period</b>
	<div> <div>Purpose of Disbursement Payroll</div> <div>Candidate Name</div> <div>Category/ Type</div> </div>	<div>1300.11</div>
	<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	
<b>C.</b>	Full Name (Last, First, Middle Initial) Oren Frey	<b>Transaction ID:</b> 30b-35-00384-00411 <b>Date of Disbursement</b>
	Mailing Address 928 SE 49th Avenue, #2	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 0 8</div> </div>
	City Portland State OR Zip Code 97215	<b>Amount of Each Disbursement this Period</b>
	<div> <div>Purpose of Disbursement Payroll</div> <div>Candidate Name</div> <div>Category/ Type</div> </div>	<div>953.60</div>
	<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	

**SUBTOTAL** of Disbursements This Page (optional) .....

**3222.32**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Kevin Glenn	<b>Transaction ID:</b> 30b-35-00385-00412 <b>Date of Disbursement</b>
Mailing Address 4342 Collins Way	<div> <div>10</div> <div>31</div> <div>2008</div> </div>
City Lake Oswego State OR Zip Code 97035	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll	<div>752.40</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Curtis L Haley	<b>Transaction ID:</b> 30b-35-00386-00413 <b>Date of Disbursement</b>
Mailing Address 533 Roper Rd.	<div> <div>10</div> <div>31</div> <div>2008</div> </div>
City Eugene State OR Zip Code 97402	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll	<div>926.64</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Alejandro Hoekstra	<b>Transaction ID:</b> 30b-35-00388-00415 <b>Date of Disbursement</b>
Mailing Address 5825 W. Modoc Ave	<div> <div>10</div> <div>31</div> <div>2008</div> </div>
City Visalia State CA Zip Code 93291	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll	<div>926.65</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

2605.69

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Eric Litmer

Mailing Address 8 Deep Brook Harbor Rd

City Suffield State CT Zip Code 06078

Purpose of Disbursement

Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 30b-35-00389-00416

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
1 0 / 3 1 / 2 0 0 8

Amount of Each Disbursement this Period

914.71

**B.**

Full Name (Last, First, Middle Initial)

Patrick New

Mailing Address 870 Southampton

City Auburn Hills State MI Zip Code 48326

Purpose of Disbursement

Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 30b-35-00390-00417

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
1 0 / 3 1 / 2 0 0 8

Amount of Each Disbursement this Period

953.60

**C.**

Full Name (Last, First, Middle Initial)

Matthew Oxenford

Mailing Address 2637 N. Richmond St.

City Arlington State VA Zip Code 22207

Purpose of Disbursement

Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 30b-35-00391-00418

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
1 0 / 3 1 / 2 0 0 8

Amount of Each Disbursement this Period

926.65

**SUBTOTAL** of Disbursements This Page (optional) .....

2794.96

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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for each category of the  
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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Caryn R Pipinich	<b>Transaction ID:</b> 30b-35-00392-00419 <b>Date of Disbursement</b>
Mailing Address 6200 30th Ave. NE	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 0 8</div> </div>
City State Zip Code Seattle WA 98115	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll	<div>899.69</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) James Richards	<b>Transaction ID:</b> 30b-35-00393-00420 <b>Date of Disbursement</b>
Mailing Address 1617 Ridgeview Dr	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 0 8</div> </div>
City State Zip Code Charleston WV 25314	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll	<div>953.60</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Adrian B Rosolie	<b>Transaction ID:</b> 30b-35-00394-00421 <b>Date of Disbursement</b>
Mailing Address 2866 NE Dunckley	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 0 8</div> </div>
City State Zip Code Portland OR 97212	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll	<div>1133.27</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

2986.56

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Ty R Schwoeffermann Mailing Address 1410 SE 52nd St.	<b>Transaction ID:</b> 30b-35-00395-00422 <b>Date of Disbursement</b> <div> <div>10</div> <div>31</div> <div>2008</div> </div>
City Portland State OR Zip Code 97215 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>1133.27</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Sean Mann Mailing Address 6351 Wellesley Ct. City San Diego State CA Zip Code 92122 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-35-00396-00423 <b>Date of Disbursement</b> <div> <div>10</div> <div>31</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>926.64</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Tony Marks Mailing Address 3409 29th St. NW, #2 City Washington State DC Zip Code 20008 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-35-00397-00424 <b>Date of Disbursement</b> <div> <div>10</div> <div>31</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>129.18</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**2189.09**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Jonathan Shapiro	<b>Transaction ID:</b> 30b-35-00398-00425 <b>Date of Disbursement</b>
Mailing Address 3737 NE Alameda St	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 0 8</div> </div>
City Portland State OR Zip Code 97212	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll	<div>2033.82</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Madeline A Blount	<b>Transaction ID:</b> 30b-35-00399-00426 <b>Date of Disbursement</b>
Mailing Address 01610 SW Radcliffe Rd.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 0 8</div> </div>
City Portland State OR Zip Code 97219	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll	<div>953.59</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Maxwell S Brown	<b>Transaction ID:</b> 30b-35-00400-00427 <b>Date of Disbursement</b>
Mailing Address 827 167th PL. SW	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 0 8</div> </div>
City Lynnwood State WA Zip Code 98037	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll	<div>981.50</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

3968.91

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Erin Devaney Mailing Address 28 NE 17th Ave	<b>Transaction ID:</b> 30b-35-00402-00429 <b>Date of Disbursement</b> <div> <div>10</div> <div>31</div> <div>2008</div> </div>
City Portland State OR Zip Code 97232 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>926.65</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Noah M Dorson Mailing Address 408 Belmont Ave. East, Apt. 202 City Seattle State WA Zip Code 98102 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-35-00403-00430 <b>Date of Disbursement</b> <div> <div>10</div> <div>31</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>926.64</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Donald Fisher Mailing Address 8477 SW Hemlock St. City Tigard State OR Zip Code 97223 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-35-00404-00431 <b>Date of Disbursement</b> <div> <div>10</div> <div>31</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1537.01</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**3390.30**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Amanda Gibson	<b>Transaction ID:</b> 30b-35-00405-00432 <b>Date of Disbursement</b>
Mailing Address 655 NW Brookview Ct.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 0 8</div> </div>
City McMinnville State OR Zip Code 97128	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll	<div>899.70</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Angela Gutierrez	<b>Transaction ID:</b> 30b-35-00406-00433 <b>Date of Disbursement</b>
Mailing Address 20121 SE Stark, #233	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 0 8</div> </div>
City Portland State OR Zip Code 97233	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll	<div>1153.17</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Caleb Hayes	<b>Transaction ID:</b> 30b-35-00407-00434 <b>Date of Disbursement</b>
Mailing Address 329 Railroad Ave	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 0 8</div> </div>
City Shelton State WA Zip Code 98584	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll	<div>941.66</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

2994.53

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b>	Full Name (Last, First, Middle Initial) Jonathan Manton	<b>Transaction ID:</b> 30b-35-00408-00435 Date of Disbursement
	Mailing Address 476 SW Forest Grove Dr.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 0 8</div> </div>
	City Bend State OR Zip Code 97702	<b>Amount of Each Disbursement this Period</b>
	Purpose of Disbursement	<div> <div></div> <div>953.60</div> </div>
	Payroll	<div> <div></div> <div>Category/ Type</div> </div>
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	
<b>B.</b>	Full Name (Last, First, Middle Initial) Sheeba Suhaskumar	<b>Transaction ID:</b> 30b-35-00409-00436 Date of Disbursement
	Mailing Address 4723 N. Artesian Ave., #2	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 0 8</div> </div>
	City Chicago State IL Zip Code 60625	<b>Amount of Each Disbursement this Period</b>
	Purpose of Disbursement	<div> <div></div> <div>953.59</div> </div>
	Payroll	<div> <div></div> <div>Category/ Type</div> </div>
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	
<b>C.</b>	Full Name (Last, First, Middle Initial) Daniel Tawfik	<b>Transaction ID:</b> 30b-35-00410-00437 Date of Disbursement
	Mailing Address 11520 Marco Pl.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 0 8</div> </div>
	City Los Angeles State CA Zip Code 90066	<b>Amount of Each Disbursement this Period</b>
	Purpose of Disbursement	<div> <div></div> <div>899.69</div> </div>
	Payroll	<div> <div></div> <div>Category/ Type</div> </div>
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

**SUBTOTAL** of Disbursements This Page (optional) .....

**2806.88**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b>	Full Name (Last, First, Middle Initial) Joss C Whittaker			<b>Transaction ID:</b> 30b-35-00411-00438 <b>Date of Disbursement</b> <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>1</td><td>0</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		3	1		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y															
	1	0		3	1		2	0	0	8															
	Mailing Address 2023 E. Sims Way, No.277																								
	City Port Townsend	State WA	Zip Code 98368																						
Purpose of Disbursement Payroll			<input type="text"/> Category/ Type	Amount of Each Disbursement this Period <table border="1"><tr><td colspan="10">953.59</td></tr></table>	953.59																				
953.59																									
Candidate Name																									
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																							
State: District:																									
<b>B.</b>	Full Name (Last, First, Middle Initial) Automatic Data Processing, Inc. (Easypay)			<b>Transaction ID:</b> 30b-35-00413-00440 <b>Date of Disbursement</b> <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>1</td><td>0</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		3	1		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y															
	1	0		3	1		2	0	0	8															
	Mailing Address 4099 SE International Way, Ste. 20																								
	City Milwaukie	State OR	Zip Code 97222																						
Purpose of Disbursement Payroll taxes			<input type="text"/> Category/ Type	Amount of Each Disbursement this Period <table border="1"><tr><td colspan="10">5273.79</td></tr></table>	5273.79																				
5273.79																									
Candidate Name																									
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																							
State: District:																									
<b>C.</b>	Full Name (Last, First, Middle Initial) Automatic Data Processing, Inc. (Easypay)			<b>Transaction ID:</b> 30b-35-00413-00441 <b>Date of Disbursement</b> <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>1</td><td>0</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		3	1		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y															
	1	0		3	1		2	0	0	8															
	Mailing Address 4099 SE International Way, Ste. 20																								
	City Milwaukie	State OR	Zip Code 97222																						
Purpose of Disbursement Payroll			<input type="text"/> Category/ Type	Amount of Each Disbursement this Period <table border="1"><tr><td colspan="10">10909.33</td></tr></table>	10909.33																				
10909.33																									
Candidate Name																									
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																							
State: District:																									

**SUBTOTAL** of Disbursements This Page (optional) .....

17136.71
----------

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Francis W Choi

Mailing Address 1805 S. Azalea Dr.

City Alhambra State CA Zip Code 91801

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 30b-35-00494-00523

Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

953.59

**B.**

Full Name (Last, First, Middle Initial)

Trent Lutz

Mailing Address 2512 NE 50th Ave.

City Portland State OR Zip Code 97213

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 30b-20-03048-03827

Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

2124.44

**C.**

Full Name (Last, First, Middle Initial)

John Springer

Mailing Address 7915 SE Hawthorne Blvd.

City Portland State OR Zip Code 97215

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 30b-20-03049-03828

Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

1423.29

**SUBTOTAL** of Disbursements This Page (optional) .....

4501.32

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 298 / 481

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Cynthia D. Moody	<b>Transaction ID:</b> 30b-20-03050-03829 <b>Date of Disbursement</b>
Mailing Address 4145 SW Greenleaf Dr.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 0 8</div> </div>
City Portland State OR Zip Code 97221	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll	<div> <div></div> <div>2965.00</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Elizabeth Kirk Smith	<b>Transaction ID:</b> 30b-20-03051-03830 <b>Date of Disbursement</b>
Mailing Address 206 NE 29th Ave.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 0 8</div> </div>
City Portland State OR Zip Code 97232	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll	<div> <div></div> <div>1552.02</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Automatic Data Processing, Inc. (Easypay)	<b>Transaction ID:</b> 30b-20-03055-03837 <b>Date of Disbursement</b>
Mailing Address 4099 SE International Way, Ste. 20	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 0 8</div> </div>
City Milwaukie State OR Zip Code 97222	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll taxes	<div> <div></div> <div>4763.98</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**9281.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

**A.** Full Name (Last, First, Middle Initial)  
Automatic Data Processing, Inc. (Easypay)

Mailing Address 4099 SE International Way, Ste. 20

City Milwaukie State OR Zip Code 97222

Purpose of Disbursement

Payroll fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 30b-20-03056-03838

Date of Disbursement

/   /

Amount of Each Disbursement this Period

160.24

**B.** Full Name (Last, First, Middle Initial)  
Automatic Data Processing, Inc. (Easypay)

Mailing Address 4099 SE International Way, Ste. 20

City Milwaukie State OR Zip Code 97222

Purpose of Disbursement

Payroll fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 30b-20-03067-03852

Date of Disbursement

/   /

Amount of Each Disbursement this Period

72.68

**C.** Full Name (Last, First, Middle Initial)  
Automatic Data Processing, Inc. (Easypay)

Mailing Address 4099 SE International Way, Ste. 20

City Milwaukie State OR Zip Code 97222

Purpose of Disbursement

Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 30b-20-03068-03853

Date of Disbursement

/   /

Amount of Each Disbursement this Period

464.18

**SUBTOTAL** of Disbursements This Page (optional) .....

697.10

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)  
Automatic Data Processing, Inc. (Easypay)

Mailing Address 4099 SE International Way, Ste. 20

City State Zip Code  
Milwaukie OR 97222

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 30b-20-03068-03854

Date of Disbursement

/   /

Amount of Each Disbursement this Period

139.25

**B.**

Full Name (Last, First, Middle Initial)  
Automatic Data Processing, Inc. (Easypay)

Mailing Address 4099 SE International Way, Ste. 20

City State Zip Code  
Milwaukie OR 97222

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 30b-20-03068-03855

Date of Disbursement

/   /

Amount of Each Disbursement this Period

60.00

**C.**

Full Name (Last, First, Middle Initial)  
Automatic Data Processing, Inc. (Easypay)

Mailing Address 4099 SE International Way, Ste. 20

City State Zip Code  
Milwaukie OR 97222

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 30b-20-03068-03856

Date of Disbursement

/   /

Amount of Each Disbursement this Period

30.00

**SUBTOTAL** of Disbursements This Page (optional) .....

229.25

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Activate Mailing Address 2000 M St. NW	<b>Transaction ID:</b> 30b-37-00091-00116 <b>Date of Disbursement</b> <div> <div>10</div> <div>31</div> <div>2008</div> </div>
City Washington State DC Zip Code 20036 Purpose of Disbursement GOTV calls Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>10000.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Powell Phones Mailing Address 607 NW 22nd Ave.	<b>Transaction ID:</b> 30b-36-00483-00857 <b>Date of Disbursement</b> <div> <div>10</div> <div>31</div> <div>2008</div> </div>
City Portland State OR Zip Code 97210 Purpose of Disbursement GOTV calls Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>3250.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Nathaniel Applefield Mailing Address 1430 SE 29th Ave.	<b>Transaction ID:</b> 30b-36-00486-00860 <b>Date of Disbursement</b> <div> <div>10</div> <div>31</div> <div>2008</div> </div>
City Portland State OR Zip Code 97214 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>1631.16</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**14881.16**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Hiram Asmuth <hr/> Mailing Address 7927 SE Rhine	<b>Transaction ID:</b> 30b-36-00487-00861 <b>Date of Disbursement</b> <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>1</td><td>0</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		3	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		3	1		2	0	0	8												
City Portland State OR Zip Code 97206 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>255.52</td> </tr> </table>	255.52																			
255.52																					
<b>B.</b> Full Name (Last, First, Middle Initial) Michael Banyas <hr/> Mailing Address 4701 Willard Ave., #607 <hr/> City Chevy Chase State MD Zip Code 20815 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-36-00488-00862 <b>Date of Disbursement</b> <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>1</td><td>0</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		3	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		3	1		2	0	0	8												
<b>C.</b> Full Name (Last, First, Middle Initial) Sara A Bean Duncan <hr/> Mailing Address 750 E. 15th, Apt. 8 <hr/> City Eugene State OR Zip Code 97401 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-36-00489-00863 <b>Date of Disbursement</b> <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>1</td><td>0</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		3	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		3	1		2	0	0	8												

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

1790.32

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)  
Lesley Bennett

Mailing Address 3477 Walling Way

City State Zip Code  
West Linn OR 97068

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 30b-36-00490-00864  
Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
1 0 / 3 1 / 2 0 0 8

Amount of Each Disbursement this Period

1649.02

**B.**

Full Name (Last, First, Middle Initial)  
James Berger

Mailing Address 1499 Massachusetts, #415

City State Zip Code  
Washington DC 20005

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 30b-36-00491-00865  
Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
1 0 / 3 1 / 2 0 0 8

Amount of Each Disbursement this Period

1494.06

**C.**

Full Name (Last, First, Middle Initial)  
Jeffrey Blum

Mailing Address 117 Jeffrey Ln.

City State Zip Code  
Newington CT 06111

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 30b-36-00492-00866  
Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
1 0 / 3 1 / 2 0 0 8

Amount of Each Disbursement this Period

1359.30

**SUBTOTAL** of Disbursements This Page (optional) .....

4502.38

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Mike Bonnit Mailing Address 1200 Villamay Blvd.	<b>Transaction ID:</b> 30b-36-00493-00867 <b>Date of Disbursement</b> <div> <div>10</div> <div>31</div> <div>2008</div> </div>
City Alexandria State VA Zip Code 22307 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>794.35</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Bridget Callahan Mailing Address 2915 Argyle Dr. City Salem State OR Zip Code 97302 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-36-00494-00868 <b>Date of Disbursement</b> <div> <div>10</div> <div>31</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>740.46</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Matthew Cleinman Mailing Address 240 NW 20th Ave., Apt. 7 City Portland State OR Zip Code 97209 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-36-00495-00869 <b>Date of Disbursement</b> <div> <div>10</div> <div>31</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>794.35</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**2329.16**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Britton Conroy	<b>Transaction ID:</b> 30b-36-00496-00870 <b>Date of Disbursement</b>
Mailing Address 7750 NW Oxbow Dr.	<div> <div>10</div> <div>31</div> <div>2008</div> </div>
City Corvallis State OR Zip Code 97330	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll	<div>1024.31</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Joel Corcoran	<b>Transaction ID:</b> 30b-36-00497-00871 <b>Date of Disbursement</b>
Mailing Address 3908 SE Woodward St.	<div> <div>10</div> <div>31</div> <div>2008</div> </div>
City Portland State OR Zip Code 97202	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll	<div>941.65</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Sara Couch	<b>Transaction ID:</b> 30b-36-00498-00872 <b>Date of Disbursement</b>
Mailing Address 829 Harrison Ave.	<div> <div>10</div> <div>31</div> <div>2008</div> </div>
City Schenectady State NY Zip Code 12309	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll	<div>740.46</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

2706.42

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 306 / 481

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Justin Cox Mailing Address 625 E. 40th Ave.	<b>Transaction ID:</b> 30b-36-00499-00873 <b>Date of Disbursement</b> <div> <div>10</div> <div>31</div> <div>2008</div> </div>
City Eugene State OR Zip Code 97405 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>794.35</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Amber Cruz Mailing Address 5705 Woodside Dr. SE City Salem State OR Zip Code 97306 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-36-00500-00874 <b>Date of Disbursement</b> <div> <div>10</div> <div>31</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>767.40</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Bradley J Dunn Mailing Address 638 SE 27th Ave. City Portland State OR Zip Code 97214 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-36-00501-00875 <b>Date of Disbursement</b> <div> <div>10</div> <div>31</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>968.61</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**2530.36**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Chris Edmonds	<b>Transaction ID:</b> 30b-36-00502-00876 <b>Date of Disbursement</b>																				
Mailing Address 1768 16th St.	<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>1</td><td>0</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		3	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		3	1		2	0	0	8												
City West Linn State OR Zip Code 97068	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Payroll	<table border="1"> <tr> <td colspan="10">836.56</td> </tr> </table>	836.56																			
836.56																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Kayti Fan	<b>Transaction ID:</b> 30b-36-00503-00877 <b>Date of Disbursement</b>																				
Mailing Address 1745 T St. Basement	<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>1</td><td>0</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		3	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		3	1		2	0	0	8												
City Washington State DC Zip Code 20009	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Payroll	<table border="1"> <tr> <td colspan="10">620.70</td> </tr> </table>	620.70																			
620.70																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Kimberly J Forrest	<b>Transaction ID:</b> 30b-36-00504-00878 <b>Date of Disbursement</b>																				
Mailing Address 5220 W. Amazon Dr.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		3	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		3	1		2	0	0	8												
City Eugene State OR Zip Code 97405	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Payroll	<table border="1"> <tr> <td colspan="10">968.61</td> </tr> </table>	968.61																			
968.61																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

2425.87

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Ian Foster	<b>Transaction ID:</b> 30b-36-00505-00879 <b>Date of Disbursement</b>																				
Mailing Address 2435 Lyman Ave.	<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>1</td><td>0</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		3	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		3	1		2	0	0	8												
City Medford State OR Zip Code 97504	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Payroll	<table border="1"> <tr> <td colspan="10">968.60</td> </tr> </table>	968.60																			
968.60																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Kaitlin Gaffney	<b>Transaction ID:</b> 30b-36-00506-00880 <b>Date of Disbursement</b>																				
Mailing Address 2345 NE Sandy Blvd. #22	<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>1</td><td>0</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		3	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		3	1		2	0	0	8												
City Portland State OR Zip Code 97232	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Payroll	<table border="1"> <tr> <td colspan="10">1272.95</td> </tr> </table>	1272.95																			
1272.95																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Farley Griner	<b>Transaction ID:</b> 30b-36-00507-00881 <b>Date of Disbursement</b>																				
Mailing Address 2334 SE 26th Ave.	<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>1</td><td>0</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		3	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		3	1		2	0	0	8												
City Portland State OR Zip Code 97214	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Payroll	<table border="1"> <tr> <td colspan="10">968.61</td> </tr> </table>	968.61																			
968.61																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**3210.16**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Benjamin Hardy Mailing Address 2517 Grove Circle, Apt. 5	<b>Transaction ID:</b> 30b-36-00508-00882 <b>Date of Disbursement</b> <div> <div>10</div> <div>31</div> <div>2008</div> </div>
City Little Rock State AR Zip Code 72205 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>794.35</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Daniel Hartman Mailing Address 575 Stone Hedge Pl. City Mountain Top State PA Zip Code 18707 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-36-00509-00883 <b>Date of Disbursement</b> <div> <div>10</div> <div>31</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>968.60</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Katherine Heald Mailing Address 1705 SE 24th Ave. City Portland State OR Zip Code 97214 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-36-00510-00884 <b>Date of Disbursement</b> <div> <div>10</div> <div>31</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1037.24</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**2800.19**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Amanda J Hess

Mailing Address 9856 Wellington Lane

City Woodbury State MN Zip Code 55125

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 30b-36-00511-00885

Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

767.40

**B.**

Full Name (Last, First, Middle Initial)

Margaret M Hoffmann

Mailing Address 118 NW King Ave. #43

City Portland State OR Zip Code 97210

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 30b-36-00512-00886

Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

2402.33

**C.**

Full Name (Last, First, Middle Initial)

Paul K Hoover

Mailing Address 2940 SE Bybee Blvd.

City Portland State OR Zip Code 97202

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 30b-36-00513-00887

Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

1051.26

**SUBTOTAL** of Disbursements This Page (optional) .....

4220.99

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Hayes Ingraham Mailing Address 638 SE 27th	<b>Transaction ID:</b> 30b-36-00514-00888 <b>Date of Disbursement</b> <div> <div>10</div> <div>31</div> <div>2008</div> </div>
City Portland State OR Zip Code 97214 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>914.71</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Waasil Kareem Mailing Address 20372 SW Tremont Way City Beaverton State OR Zip Code 97007 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-36-00515-00889 <b>Date of Disbursement</b> <div> <div>10</div> <div>31</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>776.94</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Elizabeth M Kelley Mailing Address 7036 N. Wall Ave. City Portland State OR Zip Code 97203 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-36-00516-00890 <b>Date of Disbursement</b> <div> <div>10</div> <div>31</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2246.15</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**3937.80**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Clinton Knorpp <hr/> Mailing Address #4 Windsor Rd <hr/> City Amarillo State TX Zip Code 79124 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-36-00517-00891 <b>Date of Disbursement</b> <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>1</td><td>0</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		3	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		3	1		2	0	0	8												
<hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">1272.94</div>																					
<b>B.</b> Full Name (Last, First, Middle Initial) Eric A Koszyk <hr/> Mailing Address 600-1/2 E. Howell St. <hr/> City Seattle State WA Zip Code 98122 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-36-00518-00892 <b>Date of Disbursement</b> <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>1</td><td>0</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		3	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		3	1		2	0	0	8												
<hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">941.65</div>																					
<b>C.</b> Full Name (Last, First, Middle Initial) Nicholas Kutryb <hr/> Mailing Address 7036 N. Wall Ave <hr/> City Portland State OR Zip Code 97203 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-36-00519-00893 <b>Date of Disbursement</b> <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>1</td><td>0</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		3	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		3	1		2	0	0	8												
<hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">1272.95</div>																					

**SUBTOTAL** of Disbursements This Page (optional) .....

**3487.54**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Carolyn Lee	<b>Transaction ID:</b> 30b-36-00520-00894 <b>Date of Disbursement</b>
Mailing Address 12026 15th Ave. NE, #405	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 0 8</div> </div>
City State Zip Code Seattle WA 98125	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll	<div>941.66</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Josh Lustig	<b>Transaction ID:</b> 30b-36-00521-00895 <b>Date of Disbursement</b>
Mailing Address 40 South Central Ave.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 0 8</div> </div>
City State Zip Code Medford OR 97501	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll	<div>794.35</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Andrew M Maggi	<b>Transaction ID:</b> 30b-36-00522-00896 <b>Date of Disbursement</b>
Mailing Address 8007 N. Denver Apt.2	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 0 8</div> </div>
City State Zip Code Portland OR 97217	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll	<div>794.35</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

2530.36

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)  
Jared A Mason-Gere

Mailing Address 670 Gilbert St.

City Eugene State OR Zip Code 97402

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 30b-36-00523-00897  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

1313.17

**B.**

Full Name (Last, First, Middle Initial)  
Shannon McKinley

Mailing Address 636 Hemsread Ave.

City Rockville Center State NY Zip Code 11570

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 30b-36-00524-00898  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

794.35

**C.**

Full Name (Last, First, Middle Initial)  
John McNally

Mailing Address 2031 Peavy Rd.

City Dallas State TX Zip Code 75228

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 30b-36-00525-00899  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

941.65

**SUBTOTAL** of Disbursements This Page (optional) .....

3049.17

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Shawna Meechan Mailing Address 8603 SW 49th Ave.	<b>Transaction ID:</b> 30b-36-00526-00900 <b>Date of Disbursement</b> <div> <div>10</div> <div>31</div> <div>2008</div> </div>
City Portland State OR Zip Code 97219 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>836.56</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Nicklaus Misiti Mailing Address 2429 Swett Rd. City Lyndonville State NY Zip Code 14098 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-36-00527-00901 <b>Date of Disbursement</b> <div> <div>10</div> <div>31</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>854.53</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Augustina Mourelatos Mailing Address 5257 SE 67th City Portland State OR Zip Code 97206 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-36-00528-00902 <b>Date of Disbursement</b> <div> <div>10</div> <div>31</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>950.64</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**2641.73**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b>	Full Name (Last, First, Middle Initial) Sheila O'Keefe	<b>Transaction ID:</b> 30b-36-00529-00903 <b>Date of Disbursement</b>
	Mailing Address 3112 NW Johnson	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 0 8</div> </div>
	City Corvallis State OR Zip Code 97330	<b>Amount of Each Disbursement this Period</b>
	<div> <div>Purpose of Disbursement Payroll</div> <div>Candidate Name</div> <div>Category/ Type</div> </div>	<div>881.48</div>
	<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	
<b>B.</b>	Full Name (Last, First, Middle Initial) Jonathan Panikoff	<b>Transaction ID:</b> 30b-36-00530-00904 <b>Date of Disbursement</b>
	Mailing Address 174 S. Shore Ave.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 0 8</div> </div>
	City Groton State CT Zip Code 06340	<b>Amount of Each Disbursement this Period</b>
	<div> <div>Purpose of Disbursement Payroll</div> <div>Candidate Name</div> <div>Category/ Type</div> </div>	<div>1142.85</div>
	<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	
<b>C.</b>	Full Name (Last, First, Middle Initial) Rudi Patitucci	<b>Transaction ID:</b> 30b-36-00531-00905 <b>Date of Disbursement</b>
	Mailing Address 3533 Walnut Ave.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 0 8</div> </div>
	City Evanston State IL Zip Code 60091	<b>Amount of Each Disbursement this Period</b>
	<div> <div>Purpose of Disbursement Payroll</div> <div>Candidate Name</div> <div>Category/ Type</div> </div>	<div>968.60</div>
	<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	

**SUBTOTAL** of Disbursements This Page (optional) .....

2992.93

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Jonathan Pugsley	<b>Transaction ID:</b> 30b-36-00532-00906 <b>Date of Disbursement</b>
Mailing Address 7439 NW Mountain View	<div> <div>10</div> <div>31</div> <div>2008</div> </div>
City Corvallis State OR Zip Code 97330	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll	<div>2144.93</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Jayme Rabenberg	<b>Transaction ID:</b> 30b-36-00533-00907 <b>Date of Disbursement</b>
Mailing Address 1340 SE Tacoma	<div> <div>10</div> <div>31</div> <div>2008</div> </div>
City Portland State OR Zip Code 97202	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll	<div>941.65</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Daniel Ranellone	<b>Transaction ID:</b> 30b-36-00534-00908 <b>Date of Disbursement</b>
Mailing Address 206 Jay St.	<div> <div>10</div> <div>31</div> <div>2008</div> </div>
City Albany State NY Zip Code 12210	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll	<div>794.35</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**3880.93**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Sam E Sadle	<b>Transaction ID:</b> 30b-36-00535-00909 <b>Date of Disbursement</b>
Mailing Address 2725 SW West Point	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 0 8</div> </div>
City Portland State OR Zip Code 97225	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll	<div>767.40</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Marc Siegel	<b>Transaction ID:</b> 30b-36-00536-00910 <b>Date of Disbursement</b>
Mailing Address 2017 N. McClellan St.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 0 8</div> </div>
City Portland State OR Zip Code 97217	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll	<div>1520.14</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Geoffrey T Stuckart	<b>Transaction ID:</b> 30b-36-00537-00911 <b>Date of Disbursement</b>
Mailing Address 4315 SE Oak St.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 0 8</div> </div>
City Portland State OR Zip Code 97215	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll	<div>1647.05</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**3934.59**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Justin Thiltgen	<b>Transaction ID:</b> 30b-36-00538-00912 <b>Date of Disbursement</b>
Mailing Address 901 Ridgewood Way	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 0 8</div> </div>
City Madison State WI Zip Code 53713	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll	<div>1762.44</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Courtney C Thompson	<b>Transaction ID:</b> 30b-36-00539-00913 <b>Date of Disbursement</b>
Mailing Address 1708 Meadows Dr.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 0 8</div> </div>
City Lake Oswego State OR Zip Code 97034	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll	<div>915.30</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Ryan M. Whalen	<b>Transaction ID:</b> 30b-36-00540-00914 <b>Date of Disbursement</b>
Mailing Address 107-40 Queens Blvd., Apt. 3M	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 0 8</div> </div>
City Forest Hills State NY Zip Code 11375	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll	<div>1696.29</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**4374.03**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Katie Woodruff	<b>Transaction ID:</b> 30b-36-00541-00915 <b>Date of Disbursement</b>
Mailing Address 4653 McKinley Pkwy.	<div> <div><sup>M</sup>10</div> <div>/</div> <div><sup>D</sup>31</div> <div>/</div> <div><sup>Y</sup>2008</div> </div>
City Hamburg State NY Zip Code 14075	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll	<div>794.35</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Automatic Data Processing, Inc. (Easypay)	<b>Transaction ID:</b> 30b-36-00543-00917 <b>Date of Disbursement</b>
Mailing Address 4099 SE International Way, Ste. 20	<div> <div><sup>M</sup>10</div> <div>/</div> <div><sup>D</sup>31</div> <div>/</div> <div><sup>Y</sup>2008</div> </div>
City Milwaukee State OR Zip Code 97222	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll taxes	<div>9050.80</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Automatic Data Processing, Inc. (Easypay)	<b>Transaction ID:</b> 30b-36-00543-00918 <b>Date of Disbursement</b>
Mailing Address 4099 SE International Way, Ste. 20	<div> <div><sup>M</sup>10</div> <div>/</div> <div><sup>D</sup>31</div> <div>/</div> <div><sup>Y</sup>2008</div> </div>
City Milwaukee State OR Zip Code 97222	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll taxes	<div>19151.33</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**28996.48**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Amanda J Hess	<b>Transaction ID:</b> 30b-36-00545-0000 <b>Date of Disbursement</b>
Mailing Address 9856 Wellington Lane	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 2 / 2 0 0 8</div> </div>
City Woodbury State MN Zip Code 55125	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement reimbursement - see memo Candidate Name	<div>76.93</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) T Mobile	<b>Transaction ID:</b> 30b-36-00545-00922 <b>Date of Disbursement</b>
Mailing Address PO Box 790047	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 2 / 2 0 0 8</div> </div>
City St. Louis State MO Zip Code 63179-0047	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Telephone Candidate Name	<div>76.93</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Jonathan Panikoff	<b>Transaction ID:</b> 30b-36-00546-0000 <b>Date of Disbursement</b>
Mailing Address 174 S. Shore Ave.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 2 / 2 0 0 8</div> </div>
City Groton State CT Zip Code 06340	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement reimbursement - see memo Candidate Name	<div>558.50</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**635.43**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b>	Full Name (Last, First, Middle Initial) AT&T	<b>Transaction ID:</b> 30b-36-00546-00923 Date of Disbursement
	Mailing Address PO Box 1027	<div> <div><sup>M</sup>1</div> <div><sup>M</sup>1</div> <div>/</div> <div><sup>D</sup>0</div> <div><sup>D</sup>2</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>8</div> </div>
	City Vienna State VA Zip Code 22183	Amount of Each Disbursement this Period
	<div> <div>Purpose of Disbursement</div> <div>Telephone</div> <div>Candidate Name</div> </div> <div> <div>Category/Type</div> </div>	<div>15.00</div>
	<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>State: District:</div> </div> <div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> </div>	<b>[MEMO ITEM]</b>
<b>B.</b>	Full Name (Last, First, Middle Initial) Verizon	<b>Transaction ID:</b> 30b-36-00546-00935 Date of Disbursement
	Mailing Address PO Box 30001	<div> <div><sup>M</sup>1</div> <div><sup>M</sup>1</div> <div>/</div> <div><sup>D</sup>0</div> <div><sup>D</sup>2</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>8</div> </div>
	City Inglewood State CA Zip Code 90313-0001	Amount of Each Disbursement this Period
	<div> <div>Purpose of Disbursement</div> <div>Telephone</div> <div>Candidate Name</div> </div> <div> <div>Category/Type</div> </div>	<div>543.50</div>
	<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>State: District:</div> </div> <div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> </div>	<b>[MEMO ITEM]</b>
<b>C.</b>	Full Name (Last, First, Middle Initial) Jonathan Pugsley	<b>Transaction ID:</b> 30b-36-00547-0000 Date of Disbursement
	Mailing Address 7439 NW Mountain View	<div> <div><sup>M</sup>1</div> <div><sup>M</sup>1</div> <div>/</div> <div><sup>D</sup>0</div> <div><sup>D</sup>2</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>8</div> </div>
	City Corvallis State OR Zip Code 97330	Amount of Each Disbursement this Period
	<div> <div>Purpose of Disbursement reimbursement - see memo</div> <div>Candidate Name</div> </div> <div> <div>Category/Type</div> </div>	<div>2154.69</div>
	<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>State: District:</div> </div> <div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> </div>	

**SUBTOTAL** of Disbursements This Page (optional) .....

2154.69

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Safeway - Corvallis	<b>Transaction ID:</b> 30b-36-00547-00927 <b>Date of Disbursement</b>
Mailing Address 450 SW 3rd Ave.	<div> <div><sup>M</sup>1</div> <div><sup>M</sup></div> <div>/</div> <div><sup>D</sup>0</div> <div><sup>D</sup>2</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>8</div> </div>
City Corvallis State OR Zip Code 97333	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Mileage	<div>45.74</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Shell - Woodburn	<b>Transaction ID:</b> 30b-36-00547-00928 <b>Date of Disbursement</b>
Mailing Address 100 Arney Rd.	<div> <div><sup>M</sup>1</div> <div><sup>M</sup></div> <div>/</div> <div><sup>D</sup>0</div> <div><sup>D</sup>2</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>8</div> </div>
City Woodburn State OR Zip Code 97071	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Auto fuel	<div>59.00</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Arco	<b>Transaction ID:</b> 30b-36-00547-00930 <b>Date of Disbursement</b>
Mailing Address 3110 E. Pacific Blvd.	<div> <div><sup>M</sup>1</div> <div><sup>M</sup></div> <div>/</div> <div><sup>D</sup>0</div> <div><sup>D</sup>2</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>8</div> </div>
City Albany State OR Zip Code 97321	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Auto Fuel cards	<div>1049.95</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Safeway - Salem	<b>Transaction ID:</b> 30b-36-00547-00932 <b>Date of Disbursement</b>
Mailing Address 3285 Commercial	<div> <div><sup>M</sup>1</div> <div><sup>M</sup>1</div> <div>/</div> <div><sup>D</sup>0</div> <div><sup>D</sup>2</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>8</div> </div>
City Salem State OR Zip Code 97302	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Gift cards	<div>1000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) Winning Mark	<b>Transaction ID:</b> 30b-36-00550-00945 <b>Date of Disbursement</b>
Mailing Address 1220 SW Morrison St., #910	<div> <div><sup>M</sup>1</div> <div><sup>M</sup>1</div> <div>/</div> <div><sup>D</sup>0</div> <div><sup>D</sup>2</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>8</div> </div>
City Portland State OR Zip Code 97205	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Exempt Slate Cards	<div>10500.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Cardinal Services, Inc.	<b>Transaction ID:</b> 30b-36-00551-00946 <b>Date of Disbursement</b>
Mailing Address 405 Lincoln St.	<div> <div><sup>M</sup>1</div> <div><sup>M</sup>1</div> <div>/</div> <div><sup>D</sup>0</div> <div><sup>D</sup>2</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>8</div> </div>
City Eugene State OR Zip Code 97401	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Canvass services	<div>1023.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

11523.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b>	Full Name (Last, First, Middle Initial) Cardinal Services, Inc.	<b>Transaction ID:</b> 30b-36-00551-00947 <b>Date of Disbursement</b>
	Mailing Address 405 Lincoln St.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 2 / 2 0 0 8</div> </div>
	City Eugene State OR Zip Code 97401	<b>Amount of Each Disbursement this Period</b>
	<div> <div>Purpose of Disbursement Canvass services</div> <div>Candidate Name</div> </div> <div>Category/Type</div>	<div>23840.22</div>
	<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>State: District:</div> </div> <div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> </div>	
<b>B.</b>	Full Name (Last, First, Middle Initial) Automatic Data Processing, Inc.	<b>Transaction ID:</b> 30b-36-00661-01168 <b>Date of Disbursement</b>
	Mailing Address 71 Hanover Rd.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 3 / 2 0 0 8</div> </div>
	City Florham Park State NJ Zip Code 07932	<b>Amount of Each Disbursement this Period</b>
	<div> <div>Purpose of Disbursement Payroll taxes</div> <div>Candidate Name</div> </div> <div>Category/Type</div>	<div>130.75</div>
	<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>State: District:</div> </div> <div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> </div>	
<b>C.</b>	Full Name (Last, First, Middle Initial) Activate	<b>Transaction ID:</b> 30b-36-00688-01210 <b>Date of Disbursement</b>
	Mailing Address 2000 M St. NW	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 3 / 2 0 0 8</div> </div>
	City Washington State DC Zip Code 20036	<b>Amount of Each Disbursement this Period</b>
	<div> <div>Purpose of Disbursement GOTV calls</div> <div>Candidate Name</div> </div> <div>Category/Type</div>	<div>5000.00</div>
	<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>State: District:</div> </div> <div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> </div>	

**SUBTOTAL** of Disbursements This Page (optional) .....

**28970.97**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)  
The Compass Media Group, Inc.

Mailing Address 1415 N. Dayton, Ste. 1S

City Chicago State IL Zip Code 60622

Purpose of Disbursement  
Volunteer Exempt Mail-Merkley

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 30b-36-00553-00949

Date of Disbursement

/   /

Amount of Each Disbursement this Period

30097.00

**B.**

Full Name (Last, First, Middle Initial)  
Cardinal Services, Inc.

Mailing Address 405 Lincoln St.

City Eugene State OR Zip Code 97401

Purpose of Disbursement  
Canvass services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 30b-36-00554-00950

Date of Disbursement

/   /

Amount of Each Disbursement this Period

27292.15

**C.**

Full Name (Last, First, Middle Initial)  
Cardinal Services, Inc.

Mailing Address 405 Lincoln St.

City Eugene State OR Zip Code 97401

Purpose of Disbursement  
Canvass services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 30b-36-00555-00951

Date of Disbursement

/   /

Amount of Each Disbursement this Period

958.52

**SUBTOTAL** of Disbursements This Page (optional) .....

58347.67

**TOTAL** This Period (last page this line number only) .....

A. Form/Schedule : **SB30b**

Overpayment. See refund on 11/14/2008

Transaction ID : **30b-36-00553-00949**

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)  
Augustina Mourelatos

Mailing Address 5257 SE 67th

City Portland State OR Zip Code 97206

Purpose of Disbursement  
reimbursement - see memo

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 30b-36-00558-0000

Date of Disbursement

/   /

Amount of Each Disbursement this Period

289.61

**B.**

Full Name (Last, First, Middle Initial)  
AT&T

Mailing Address PO Box 1027

City Vienna State VA Zip Code 22183

Purpose of Disbursement  
Telephone

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 30b-36-00558-00960

Date of Disbursement

/   /

Amount of Each Disbursement this Period

50.00

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)  
Augustina Mourelatos

Mailing Address 5257 SE 67th

City Portland State OR Zip Code 97206

Purpose of Disbursement  
Mileage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 30b-36-00558-00961

Date of Disbursement

/   /

Amount of Each Disbursement this Period

164.56

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

289.61

**TOTAL** This Period (last page this line number only) .....



	21b		22		23		24		25		26
	27		28a		28b		28c		29		x 30b

NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

11 / 03 / 2008

**[MEMO ITEM]**

Three digital displays are shown side-by-side. The first display shows '11' with 'M' above each digit. The second display shows '03' with 'D' above each digit. The third display shows '2008' with 'Y' above each digit. They are separated by slashes.

**[MEMO ITEM]**

12.05

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)  
Carolyn Lee

Mailing Address 12026 15th Ave. NE, #405

City State Zip Code  
Seattle WA 98125

Purpose of Disbursement  
reimbursement - see memo

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 30b-36-00562-0000

Date of Disbursement

/   /

Amount of Each Disbursement this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)  
AT&T

Mailing Address PO Box 1027

City State Zip Code  
Vienna VA 22183

Purpose of Disbursement  
Telephone

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 30b-36-00562-00967

Date of Disbursement

/   /

Amount of Each Disbursement this Period

50.00

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)  
Chris Edmonds

Mailing Address 1768 16th St.

City State Zip Code  
West Linn OR 97068

Purpose of Disbursement  
reimbursement - see memo

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 30b-36-00563-0000

Date of Disbursement

/   /

Amount of Each Disbursement this Period

195.82

**SUBTOTAL** of Disbursements This Page (optional) .....

245.82

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Verizon Mailing Address PO Box 30001	<b>Transaction ID:</b> 30b-36-00563-00980 <b>Date of Disbursement</b> <div> <div>11</div> <div>03</div> <div>2008</div> </div>
City Inglewood State CA Zip Code 90313-0001 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>50.00</div> <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Chris Edmonds Mailing Address 1768 16th St. City West Linn State OR Zip Code 97068 Purpose of Disbursement Mileage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-36-00563-00981 <b>Date of Disbursement</b> <div> <div>11</div> <div>03</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>145.82</div> <b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Daniel Ranellone Mailing Address 206 Jay St. City Albany State NY Zip Code 12210 Purpose of Disbursement reimbursement - see memo Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-36-00564-0000 <b>Date of Disbursement</b> <div> <div>11</div> <div>03</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>50.00</div>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

50.00

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)  
Verizon

Mailing Address PO Box 30001

City Inglewood State CA Zip Code 90313-0001

Purpose of Disbursement  
Telephone

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 30b-36-00564-00988  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)  
Farley Griner

Mailing Address 2334 SE 26th Ave.

City Portland State OR Zip Code 97214

Purpose of Disbursement  
reimbursement - see memo

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 30b-36-00566-0000  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

66.24

**C.**

Full Name (Last, First, Middle Initial)  
Farley Griner

Mailing Address 2334 SE 26th Ave.

City Portland State OR Zip Code 97214

Purpose of Disbursement  
Mileage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 30b-36-00566-00993  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

16.24

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

66.24

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Verizon Mailing Address PO Box 30001	<b>Transaction ID:</b> 30b-36-00566-00992 <b>Date of Disbursement</b> <div> <div>11</div> <div>03</div> <div>2008</div> </div>
City Inglewood State CA Zip Code 90313-0001 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>50.00</div> <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Hayes Ingraham Mailing Address 638 SE 27th City Portland State OR Zip Code 97214 Purpose of Disbursement reimbursement - see memo Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-36-00567-0000 <b>Date of Disbursement</b> <div>11</div> <div>03</div> <div>2008</div> <b>Amount of Each Disbursement this Period</b> <div>339.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Hayes Ingraham Mailing Address 638 SE 27th City Portland State OR Zip Code 97214 Purpose of Disbursement Mileage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-36-00567-00996 <b>Date of Disbursement</b> <div>11</div> <div>03</div> <div>2008</div> <b>Amount of Each Disbursement this Period</b> <div>189.00</div> <b>[MEMO ITEM]</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

**339.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)  
AT&T

Mailing Address PO Box 1027

City State Zip Code  
Vienna VA 22183

Purpose of Disbursement  
Telephone

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 30b-36-00567-00997  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

150.00

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)  
Jacob Bolotin

Mailing Address 155 NW Kings Blvd  
The Gem #403

City State Zip Code  
Corvallis OR 97330

Purpose of Disbursement  
reimbursement - see memo

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 30b-36-00568-0000  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)  
Verizon

Mailing Address PO Box 30001

City State Zip Code  
Inglewood CA 90313-0001

Purpose of Disbursement  
Telephone

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 30b-36-00568-00998  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

50.00

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

50.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 335 / 481

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)  
James Berger

Mailing Address 1499 Massachusetts, #415

City Washington State DC Zip Code 20005

Purpose of Disbursement  
reimbursement - see memo

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 30b-36-00569-0000  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

221.75

**B.**

Full Name (Last, First, Middle Initial)  
James Berger

Mailing Address 1499 Massachusetts, #415

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Travel per diem

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 30b-36-00569-01001  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

150.00

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)  
Chevron - Reedsport

Mailing Address 1399 Hwy 101

City Reedsport State OR Zip Code 97467

Purpose of Disbursement  
Auto fuel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 30b-36-00569-01002  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

46.50

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

221.75

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 336 / 481

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Barnett Rd. Chevron Mailing Address 417 Barnett Rd.	<b>Transaction ID:</b> 30b-36-00569-01000 <b>Date of Disbursement</b> <div> <div>11</div> <div>03</div> <div>2008</div> </div>
City Medford State OR Zip Code 97501 Purpose of Disbursement Auto fuel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>25.25</div> <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Jared A Mason-Gere Mailing Address 670 Gilbert St. City Eugene State OR Zip Code 97402 Purpose of Disbursement reimbursement - see memo Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-36-00570-0000 <b>Date of Disbursement</b> <div>11</div> <div>03</div> <div>2008</div> <b>Amount of Each Disbursement this Period</b> <div>50.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) AT&T Mailing Address PO Box 1027 City Vienna State VA Zip Code 22183 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-36-00570-01004 <b>Date of Disbursement</b> <div>11</div> <div>03</div> <div>2008</div> <b>Amount of Each Disbursement this Period</b> <div>50.00</div> <b>[MEMO ITEM]</b>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

50.00

**TOTAL** This Period (last page this line number only) ..... ►



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 337 / 481

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Joel Corcoran	<b>Transaction ID:</b> 30b-36-00573-0000 <b>Date of Disbursement</b>
Mailing Address 3908 SE Woodward St.	<div> <div>MM / DD / YYYY</div> <div>11 / 03 / 2008</div> </div>
City Portland State OR Zip Code 97202	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement reimbursement - see memo	<div> <div>Amount</div> <div>285.18</div> </div>
Candidate Name	<div> <div>Category/Type</div> <div></div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) 76 - Prineville	<b>Transaction ID:</b> 30b-36-00573-01028 <b>Date of Disbursement</b>
Mailing Address 550 NW Third St.	<div> <div>MM / DD / YYYY</div> <div>11 / 03 / 2008</div> </div>
City Prineville State OR Zip Code 97754	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Fuel	<div> <div>Amount</div> <div>25.25</div> </div>
Candidate Name	<div> <div>Category/Type</div> <div></div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Division Street Food	<b>Transaction ID:</b> 30b-36-00573-01031 <b>Date of Disbursement</b>
Mailing Address 2505 SE 39th Ave.	<div> <div>MM / DD / YYYY</div> <div>11 / 03 / 2008</div> </div>
City Portland State OR Zip Code 97202	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Fuel	<div> <div>Amount</div> <div>27.82</div> </div>
Candidate Name	<div> <div>Category/Type</div> <div></div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

285.18

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Joel Corcoran

Mailing Address 3908 SE Woodward St.

City State Zip Code  
Portland OR 97202

Purpose of Disbursement  
Mileage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 30b-36-00573-01029

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
1 1 / 0 3 / 2 0 0 8

Amount of Each Disbursement this Period

57.11

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

Shell - Jackson's Shell Store #521

Mailing Address 2505bSE 39th Ave.

City State Zip Code  
PortlaND OR 97202

Purpose of Disbursement  
Fuel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 30b-36-00573-01027

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
1 1 / 0 3 / 2 0 0 8

Amount of Each Disbursement this Period

25.00

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

Joel Corcoran

Mailing Address 3908 SE Woodward St.

City State Zip Code  
Portland OR 97202

Purpose of Disbursement  
Travel per diem

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 30b-36-00573-01030

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
1 1 / 0 3 / 2 0 0 8

Amount of Each Disbursement this Period

150.00

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) John McNally Mailing Address 2031 Peavy Rd.	<b>Transaction ID:</b> 30b-36-00574-0000 <b>Date of Disbursement</b> <div> <div>11</div> <div>03</div> <div>2008</div> </div>
City Dallas State TX Zip Code 75228 Purpose of Disbursement reimbursement - see memo Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>100.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Verizon Mailing Address PO Box 30001 City Inglewood State CA Zip Code 90313-0001 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-36-00574-01042 <b>Date of Disbursement</b> <div>11032008</div> <b>Amount of Each Disbursement this Period</b> <div>100.00</div> <p><b>[MEMO ITEM]</b></p>
<b>C.</b> Full Name (Last, First, Middle Initial) Justin Thiltgen Mailing Address 901 Ridgewood Way City Madison State WI Zip Code 53713 Purpose of Disbursement reimbursement - see memo Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-36-00575-0000 <b>Date of Disbursement</b> <div>11032008</div> <b>Amount of Each Disbursement this Period</b> <div>50.00</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**150.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Verizon Mailing Address PO Box 30001	<b>Transaction ID:</b> 30b-36-00575-01046 <b>Date of Disbursement</b> <div> <div>11</div> <div>03</div> <div>2008</div> </div>
City Inglewood State CA Zip Code 90313-0001 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>50.00</div> <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Katherine Heald Mailing Address 1705 SE 24th Ave. City Portland State OR Zip Code 97214 Purpose of Disbursement reimbursement - see memo Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-36-00577-0000 <b>Date of Disbursement</b> <div>11</div> <div>03</div> <div>2008</div> <b>Amount of Each Disbursement this Period</b> <div>125.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Verizon Mailing Address PO Box 30001 City Inglewood State CA Zip Code 90313-0001 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-36-00577-01049 <b>Date of Disbursement</b> <div>11</div> <div>03</div> <div>2008</div> <b>Amount of Each Disbursement this Period</b> <div>125.00</div> <b>[MEMO ITEM]</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

**125.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b>	Full Name (Last, First, Middle Initial) Katie Woodruff			Transaction ID: 30b-36-00578-0000 Date of Disbursement MM / DD / YYYY 11 / 03 / 2008	
	Mailing Address 4653 McKinley Pkwy.				
	City Hamburg	State NY	Zip Code 14075	Amount of Each Disbursement this Period 50.00	
	Purpose of Disbursement reimbursement - see memo		Category/ Type		
	Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:					
<b>B.</b>	Full Name (Last, First, Middle Initial) Verizon			Transaction ID: 30b-36-00578-01056 Date of Disbursement MM / DD / YYYY 11 / 03 / 2008	
	Mailing Address PO Box 30001				
	City Inglewood	State CA	Zip Code 90313-0001	Amount of Each Disbursement this Period 50.00	
	Purpose of Disbursement Telephone		Category/ Type		
	Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM]	
State: District:					
<b>C.</b>	Full Name (Last, First, Middle Initial) Kimberly J Forrest			Transaction ID: 30b-36-00579-0000 Date of Disbursement MM / DD / YYYY 11 / 03 / 2008	
	Mailing Address 5220 W. Amazon Dr.				
	City Eugene	State OR	Zip Code 97405	Amount of Each Disbursement this Period 50.00	
	Purpose of Disbursement reimbursement - see memo		Category/ Type		
	Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:					

SUBTOTAL of Disbursements This Page (optional) .....

100.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Verizon Mailing Address PO Box 30001	<b>Transaction ID:</b> 30b-36-00579-01058 <b>Date of Disbursement</b> <div> <div>11</div> <div>03</div> <div>2008</div> </div>
City Inglewood State CA Zip Code 90313-0001 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>50.00</div> <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Michael Banyas Mailing Address 4701 Willard Ave., #607 City Chevy Chase State MD Zip Code 20815 Purpose of Disbursement reimbursement - see memo Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-36-00583-0000 <b>Date of Disbursement</b> <div> <div>11</div> <div>03</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>50.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Verizon Mailing Address PO Box 30001 City Inglewood State CA Zip Code 90313-0001 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-36-00583-01065 <b>Date of Disbursement</b> <div> <div>11</div> <div>03</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>50.00</div> <b>[MEMO ITEM]</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

**50.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b>	Full Name (Last, First, Middle Initial) Nicklaus Misiti		Transaction ID: 30b-36-00586-0000 Date of Disbursement MM / DD / YYYY 11 / 03 / 2008	
	Mailing Address 2429 Swett Rd.			
	City Lyndonville	State NY	Zip Code 14098	Amount of Each Disbursement this Period 303.92
	Purpose of Disbursement reimbursement - see memo		Category/ Type	
	Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:				
<b>B.</b>	Full Name (Last, First, Middle Initial) Sprint		Transaction ID: 30b-36-00586-01074 Date of Disbursement MM / DD / YYYY 11 / 03 / 2008	
	Mailing Address PO Box 79357			
	City City of Industry	State CA	Zip Code 91716-9357	Amount of Each Disbursement this Period 303.92
	Purpose of Disbursement Telephone		Category/ Type	
	Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		[MEMO ITEM]		
<b>C.</b>	Full Name (Last, First, Middle Initial) Ryan M. Whalen		Transaction ID: 30b-36-00587-0000 Date of Disbursement MM / DD / YYYY 11 / 03 / 2008	
	Mailing Address 107-40 Queens Blvd., Apt. 3M			
	City Forest Hills	State NY	Zip Code 11375	Amount of Each Disbursement this Period 50.00
	Purpose of Disbursement reimbursement - see memo		Category/ Type	
	Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:				

SUBTOTAL of Disbursements This Page (optional) .....

353.92

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Verizon Mailing Address PO Box 30001	<b>Transaction ID:</b> 30b-36-00587-01077 <b>Date of Disbursement</b> <div> <div>11</div> <div>03</div> <div>2008</div> </div>
City Inglewood State CA Zip Code 90313-0001 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>50.00</div> <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Sam E Sadle Mailing Address 2725 SW West Point City Portland State OR Zip Code 97225 Purpose of Disbursement reimbursement - see memo Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-36-00588-0000 <b>Date of Disbursement</b> <div> <div>11</div> <div>03</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>860.11</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Cricket Phones Mailing Address PO Box 660091 City Dallas State TX Zip Code 75266 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-36-00588-01088 <b>Date of Disbursement</b> <div> <div>11</div> <div>03</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>417.21</div> <b>[MEMO ITEM]</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

**860.11**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Cricket Phones	<b>Transaction ID:</b> 30b-36-00588-01079 <b>Date of Disbursement</b>
Mailing Address PO Box 660091	<div> <div><sup>M</sup>1</div> <div><sup>M</sup></div> <div>/</div> <div><sup>D</sup>0</div> <div><sup>D</sup>3</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>8</div> </div>
City Dallas State TX Zip Code 75266	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Telephone Candidate Name	<div>35.70</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Cricket Phones	<b>Transaction ID:</b> 30b-36-00588-01087 <b>Date of Disbursement</b>
Mailing Address PO Box 660091	<div> <div><sup>M</sup>1</div> <div><sup>M</sup></div> <div>/</div> <div><sup>D</sup>0</div> <div><sup>D</sup>3</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>8</div> </div>
City Dallas State TX Zip Code 75266	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Telephone Candidate Name	<div>407.20</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Sara A Bean Duncan	<b>Transaction ID:</b> 30b-36-00589-0000 <b>Date of Disbursement</b>
Mailing Address 750 E. 15th, Apt. 8	<div> <div><sup>M</sup>1</div> <div><sup>M</sup></div> <div>/</div> <div><sup>D</sup>0</div> <div><sup>D</sup>3</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>8</div> </div>
City Eugene State OR Zip Code 97401	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement reimbursement - see memo Candidate Name	<div>164.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	

**SUBTOTAL** of Disbursements This Page (optional) .....

164.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Sara A Bean Duncan	<b>Transaction ID:</b> 30b-36-00589-01090 <b>Date of Disbursement</b>																				
Mailing Address 750 E. 15th, Apt. 8	<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>1</td><td>1</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	3		2	0	0	8												
<table border="1"> <tr> <td>City Eugene</td> <td>State OR</td> <td>Zip Code 97401</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Mileage</td> <td rowspan="2"><input type="text"/></td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Eugene	State OR	Zip Code 97401	Purpose of Disbursement Mileage		<input type="text"/>	Candidate Name		<b>Amount of Each Disbursement this Period</b> <input type="text" value="114.00"/>												
City Eugene	State OR	Zip Code 97401																			
Purpose of Disbursement Mileage		<input type="text"/>																			
Candidate Name																					
<table border="1"> <tr> <td>Office Sought:</td> <td>Disbursement For:</td> </tr> <tr> <td> <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President         </td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </td> </tr> <tr> <td>State: District:</td> <td></td> </tr> </table>	Office Sought:	Disbursement For:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:		<b>[MEMO ITEM]</b>														
Office Sought:	Disbursement For:																				
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					
<b>B.</b> Full Name (Last, First, Middle Initial) AT&T	<b>Transaction ID:</b> 30b-36-00589-01091 <b>Date of Disbursement</b>																				
Mailing Address PO Box 1027	<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>1</td><td>1</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	3		2	0	0	8												
<table border="1"> <tr> <td>City Vienna</td> <td>State VA</td> <td>Zip Code 22183</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Telephone</td> <td rowspan="2"><input type="text"/></td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Vienna	State VA	Zip Code 22183	Purpose of Disbursement Telephone		<input type="text"/>	Candidate Name		<b>Amount of Each Disbursement this Period</b> <input type="text" value="50.00"/>												
City Vienna	State VA	Zip Code 22183																			
Purpose of Disbursement Telephone		<input type="text"/>																			
Candidate Name																					
<table border="1"> <tr> <td>Office Sought:</td> <td>Disbursement For:</td> </tr> <tr> <td> <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President         </td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </td> </tr> <tr> <td>State: District:</td> <td></td> </tr> </table>	Office Sought:	Disbursement For:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:		<b>[MEMO ITEM]</b>														
Office Sought:	Disbursement For:																				
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					
<b>C.</b> Full Name (Last, First, Middle Initial) Shawna Meechan	<b>Transaction ID:</b> 30b-36-00591-01094 <b>Date of Disbursement</b>																				
Mailing Address 8603 SW 49th Ave.	<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>1</td><td>1</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	3		2	0	0	8												
<table border="1"> <tr> <td>City Portland</td> <td>State OR</td> <td>Zip Code 97219</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Mileage</td> <td rowspan="2"><input type="text"/></td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Portland	State OR	Zip Code 97219	Purpose of Disbursement Mileage		<input type="text"/>	Candidate Name		<b>Amount of Each Disbursement this Period</b> <input type="text" value="16.20"/>												
City Portland	State OR	Zip Code 97219																			
Purpose of Disbursement Mileage		<input type="text"/>																			
Candidate Name																					
<table border="1"> <tr> <td>Office Sought:</td> <td>Disbursement For:</td> </tr> <tr> <td> <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President         </td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </td> </tr> <tr> <td>State: District:</td> <td></td> </tr> </table>	Office Sought:	Disbursement For:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:																
Office Sought:	Disbursement For:																				
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					

**SUBTOTAL** of Disbursements This Page (optional) .....

**16.20**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Sheila O'Keefe Mailing Address 3112 NW Johnson	<b>Transaction ID:</b> 30b-36-00592-0000 <b>Date of Disbursement</b> <div> <div>11</div> <div>03</div> <div>2008</div> </div>
City Corvallis State OR Zip Code 97330 Purpose of Disbursement reimbursement - see memo Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>150.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Verizon Mailing Address PO Box 30001 City Inglewood State CA Zip Code 90313-0001 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-36-00592-01095 <b>Date of Disbursement</b> <div>11 03 2008</div> <b>Amount of Each Disbursement this Period</b> <div>150.00</div> <b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Activate Mailing Address 2000 M St. NW City Washington State DC Zip Code 20036 Purpose of Disbursement GOTV calls Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-34-00280-00287 <b>Date of Disbursement</b> <div>11 04 2008</div> <b>Amount of Each Disbursement this Period</b> <div>10000.00</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**10150.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 348 / 481

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) The Compass Media Group, Inc.	<b>Transaction ID:</b> 30b-37-00107-00137 <b>Date of Disbursement</b>																				
Mailing Address 1415 N. Dayton, Ste. 1S	<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>1</td><td>1</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	4		2	0	0	8												
City Chicago State IL Zip Code 60622	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Volunteer Exempt Mail - Merkley	<table border="1"> <tr> <td>4</td><td>5</td><td>2</td><td>1</td><td>5</td><td>.</td><td>2</td><td>5</td> </tr> </table>	4	5	2	1	5	.	2	5												
4	5	2	1	5	.	2	5														
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Dennis Worden	<b>Transaction ID:</b> 30b-36-00593-01097 <b>Date of Disbursement</b>																				
Mailing Address 523-11th St., SE	<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>1</td><td>1</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	5		2	0	0	8												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Field Consulting	<table border="1"> <tr> <td>2</td><td>0</td><td>0</td><td>.</td><td>0</td><td>0</td> </tr> </table>	2	0	0	.	0	0														
2	0	0	.	0	0																
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Sheila O'Keefe	<b>Transaction ID:</b> 30b-36-00596-0000 <b>Date of Disbursement</b>																				
Mailing Address 3112 NW Johnson	<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>1</td><td>1</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	5		2	0	0	8												
City Corvallis State OR Zip Code 97330	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement reimbursement - see memo	<table border="1"> <tr> <td>5</td><td>0</td><td>.</td><td>0</td><td>0</td> </tr> </table>	5	0	.	0	0															
5	0	.	0	0																	
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**47265.25**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Verizon Mailing Address PO Box 30001	<b>Transaction ID:</b> 30b-36-00596-01101 <b>Date of Disbursement</b> <div> <div>11</div> <div>05</div> <div>2008</div> </div>
City Inglewood State CA Zip Code 90313-0001 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>50.00</div> <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Progressive Capital Group Mailing Address 888 - 16th St., NW, #680 City Washington State DC Zip Code 20006 Purpose of Disbursement Fundraising Consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-36-00597-01102 <b>Date of Disbursement</b> <div> <div>11</div> <div>05</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>937.50</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Paul Johnson Consulting Services Mailing Address 654 Longleaf Rd. City Schreveport State LA Zip Code 71106 Purpose of Disbursement Campaign/Fundraising consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-36-00598-01103 <b>Date of Disbursement</b> <div> <div>11</div> <div>05</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>25000.00</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**25937.50**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Cynthia D. Moody	<b>Transaction ID:</b> 30b-34-00292-0000 <b>Date of Disbursement</b>
Mailing Address 4145 SW Greenleaf Dr.	<div> <div>11</div> <div>06</div> <div>2008</div> </div>
City Portland State OR Zip Code 97221	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Reimbursement - See memos	<div>2697.69</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Rain Ponchos Plus, LLC	<b>Transaction ID:</b> 30b-34-00292-00300 <b>Date of Disbursement</b>
Mailing Address PO B ox 394	<div> <div>11</div> <div>06</div> <div>2008</div> </div>
City Keller State TX Zip Code 76244	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Ponchos	<div>692.60</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) epromos	<b>Transaction ID:</b> 30b-34-00292-00299 <b>Date of Disbursement</b>
Mailing Address 222 East 44th St., 10th Floor	<div> <div>11</div> <div>06</div> <div>2008</div> </div>
City New York State NY Zip Code 10017	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Flashlights/shipping	<div>2005.09</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

2697.69

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

**A.** Full Name (Last, First, Middle Initial)  
Automatic Data Processing, Inc. (Easypay)

Mailing Address 4099 SE International Way, Ste. 20

City State Zip Code  
Milwaukie OR 97222

Purpose of Disbursement

Payroll fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 30b-36-00686-01208

Date of Disbursement

/   /

Amount of Each Disbursement this Period

157.80

**B.** Full Name (Last, First, Middle Initial)  
Nathaniel Applefield

Mailing Address 1430 SE 29th Ave.

City State Zip Code  
Portland OR 97214

Purpose of Disbursement

Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 30b-36-00599-01104

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1631.15

**C.** Full Name (Last, First, Middle Initial)  
Michael Banyas

Mailing Address 4701 Willard Ave., #607

City State Zip Code  
Chevy Chase MD 20815

Purpose of Disbursement

Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 30b-36-00600-01105

Date of Disbursement

/   /

Amount of Each Disbursement this Period

767.40

**SUBTOTAL** of Disbursements This Page (optional) .....

2556.35

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Sara A Bean Duncan Mailing Address 750 E. 15th, Apt. 8	<b>Transaction ID:</b> 30b-36-00601-01106 <b>Date of Disbursement</b> <div> <div>11</div> <div>06</div> <div>2008</div> </div>
City Eugene State OR Zip Code 97401 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>767.40</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Lesley Bennett Mailing Address 3477 Walling Way City West Linn State OR Zip Code 97068 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-36-00602-01107 <b>Date of Disbursement</b> <div> <div>11</div> <div>06</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1649.02</div>
<b>C.</b> Full Name (Last, First, Middle Initial) James Berger Mailing Address 1499 Massachusetts, #415 City Washington State DC Zip Code 20005 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-36-00603-01108 <b>Date of Disbursement</b> <div> <div>11</div> <div>06</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1494.05</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**3910.47**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Jeffrey Blum Mailing Address 117 Jeffrey Ln.	<b>Transaction ID:</b> 30b-36-00604-01109 <b>Date of Disbursement</b> <div> <div>11</div> <div>06</div> <div>2008</div> </div>
City Newington State CT Zip Code 06111 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>1359.31</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Mike Bonnit Mailing Address 1200 Villamay Blvd. City Alexandria State VA Zip Code 22307 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-36-00605-01110 <b>Date of Disbursement</b> <div> <div>11</div> <div>06</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>794.35</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Bridget Callahan Mailing Address 2915 Argyle Dr. City Salem State OR Zip Code 97302 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-36-00606-01111 <b>Date of Disbursement</b> <div> <div>11</div> <div>06</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>740.46</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**2894.12**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)  
Matthew Cleinman

Mailing Address 240 NW 20th Ave., Apt. 7

City Portland State OR Zip Code 97209

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 30b-36-00607-01112  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

794.35

**B.**

Full Name (Last, First, Middle Initial)  
Britton Conroy

Mailing Address 7750 NW Oxbow Dr.

City Corvallis State OR Zip Code 97330

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 30b-36-00608-01113  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

767.40

**C.**

Full Name (Last, First, Middle Initial)  
Joel Corcoran

Mailing Address 3908 SE Woodward St.

City Portland State OR Zip Code 97202

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 30b-36-00609-01114  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

941.66

**SUBTOTAL** of Disbursements This Page (optional) .....

2503.41

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Sara Couch Mailing Address 829 Harrison Ave.	<b>Transaction ID:</b> 30b-36-00610-01115 <b>Date of Disbursement</b> <div> <div>11</div> <div>06</div> <div>2008</div> </div>
City State Zip Code Schenectady NY 12309 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>740.46</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Justin Cox Mailing Address 625 E. 40th Ave. City State Zip Code Eugene OR 97405 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-36-00611-01116 <b>Date of Disbursement</b> <div> <div>11</div> <div>06</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>794.35</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Amber Cruz Mailing Address 5705 Woodside Dr. SE City State Zip Code Salem OR 97306 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-36-00612-01117 <b>Date of Disbursement</b> <div> <div>11</div> <div>06</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>767.40</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**2302.21**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Bradley J Dunn Mailing Address 638 SE 27th Ave.	<b>Transaction ID:</b> 30b-36-00613-01118 <b>Date of Disbursement</b> <div> <div>11</div> <div>06</div> <div>2008</div> </div>
City Portland State OR Zip Code 97214 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>968.60</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Chris Edmonds Mailing Address 1768 16th St. City West Linn State OR Zip Code 97068 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-36-00614-01119 <b>Date of Disbursement</b> <div> <div>11</div> <div>06</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1010.81</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Kayti Fan Mailing Address 1745 T St. Basement City Washington State DC Zip Code 20009 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-36-00615-01120 <b>Date of Disbursement</b> <div> <div>11</div> <div>06</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>620.71</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**2600.12**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)  
Kimberly J Forrest

Mailing Address 5220 W. Amazon Dr.

City Eugene State OR Zip Code 97405

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 30b-36-00616-01121

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
1 1 / 0 6 / 2 0 0 8

Amount of Each Disbursement this Period

968.60

**B.**

Full Name (Last, First, Middle Initial)  
Ian Foster

Mailing Address 2435 Lyman Ave.

City Medford State OR Zip Code 97504

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 30b-36-00617-01122

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
1 1 / 0 6 / 2 0 0 8

Amount of Each Disbursement this Period

968.61

**C.**

Full Name (Last, First, Middle Initial)  
Kaitlin Gaffney

Mailing Address 2345 NE Sandy Blvd. #22

City Portland State OR Zip Code 97232

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 30b-36-00618-01123

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
1 1 / 0 6 / 2 0 0 8

Amount of Each Disbursement this Period

1272.94

**SUBTOTAL** of Disbursements This Page (optional) .....

3210.15

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Farley Griner	<b>Transaction ID:</b> 30b-36-00619-01124 <b>Date of Disbursement</b>
Mailing Address 2334 SE 26th Ave.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 6 / 2 0 0 8</div> </div>
City Portland State OR Zip Code 97214	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll	<div>968.60</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Benjamin Hardy	<b>Transaction ID:</b> 30b-36-00620-01125 <b>Date of Disbursement</b>
Mailing Address 2517 Grove Circle, Apt. 5	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 6 / 2 0 0 8</div> </div>
City Little Rock State AR Zip Code 72205	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll	<div>794.35</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Daniel Hartman	<b>Transaction ID:</b> 30b-36-00621-01126 <b>Date of Disbursement</b>
Mailing Address 575 Stone Hedge Pl.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 6 / 2 0 0 8</div> </div>
City Mountain Top State PA Zip Code 18707	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll	<div>968.61</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

2731.56

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Katherine Heald Mailing Address 1705 SE 24th Ave.	<b>Transaction ID:</b> 30b-36-00622-01127 <b>Date of Disbursement</b> <div> <div>11</div> <div>06</div> <div>2008</div> </div>
City Portland State OR Zip Code 97214 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>1037.25</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Amanda J Hess Mailing Address 9856 Wellington Lane City Woodbury State MN Zip Code 55125 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-36-00623-01128 <b>Date of Disbursement</b> <div> <div>11</div> <div>06</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>767.40</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Margaret M Hoffmann Mailing Address 118 NW King Ave. #43 City Portland State OR Zip Code 97210 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-36-00624-01129 <b>Date of Disbursement</b> <div> <div>11</div> <div>06</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2402.32</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**4206.97**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Paul K Hoover	<b>Transaction ID:</b> 30b-36-00625-01130 <b>Date of Disbursement</b>
Mailing Address 2940 SE Bybee Blvd.	<div> <div><sup>M</sup>1</div> <div><sup>M</sup>1</div> <div>/</div> <div><sup>D</sup>0</div> <div><sup>D</sup>6</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>8</div> </div>
City Portland State OR Zip Code 97202	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll Candidate Name	<div>794.35</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Hayes Ingraham	<b>Transaction ID:</b> 30b-36-00626-01131 <b>Date of Disbursement</b>
Mailing Address 638 SE 27th	<div> <div><sup>M</sup>1</div> <div><sup>M</sup>1</div> <div>/</div> <div><sup>D</sup>0</div> <div><sup>D</sup>6</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>8</div> </div>
City Portland State OR Zip Code 97214	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll Candidate Name	<div>914.70</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Waasil Kareem	<b>Transaction ID:</b> 30b-36-00627-01132 <b>Date of Disbursement</b>
Mailing Address 20372 SW Tremont Way	<div> <div><sup>M</sup>1</div> <div><sup>M</sup>1</div> <div>/</div> <div><sup>D</sup>0</div> <div><sup>D</sup>6</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>8</div> </div>
City Beaverton State OR Zip Code 97007	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll Candidate Name	<div>776.93</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

2485.98

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Elizabeth M Kelley Mailing Address 7036 N. Wall Ave.	<b>Transaction ID:</b> 30b-36-00628-01133 <b>Date of Disbursement</b> <div> <div>11</div> <div>06</div> <div>2008</div> </div>
City Portland State OR Zip Code 97203 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>2246.15</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Clinton Knorpp Mailing Address #4 Windsor Rd City Amarillo State TX Zip Code 79124 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-36-00629-01134 <b>Date of Disbursement</b> <div> <div>11</div> <div>06</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1272.95</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Eric A Koszyk Mailing Address 600-1/2 E. Howell St. City Seattle State WA Zip Code 98122 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-36-00630-01135 <b>Date of Disbursement</b> <div> <div>11</div> <div>06</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>941.66</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**4460.76**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Nicholas Kutryb Mailing Address 7036 N. Wall Ave	<b>Transaction ID:</b> 30b-36-00631-01136 <b>Date of Disbursement</b> <div> <div>11</div> <div>06</div> <div>2008</div> </div>
City Portland State OR Zip Code 97203 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>1272.94</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Carolyn Lee Mailing Address 12026 15th Ave. NE, #405 City Seattle State WA Zip Code 98125 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-36-00632-01137 <b>Date of Disbursement</b> <div> <div>11</div> <div>06</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>941.65</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Josh Lustig Mailing Address 40 South Central Ave. City Medford State OR Zip Code 97501 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-36-00633-01138 <b>Date of Disbursement</b> <div> <div>11</div> <div>06</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>794.35</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**3008.94**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Andrew M Maggi Mailing Address 8007 N. Denver Apt.2	<b>Transaction ID:</b> 30b-36-00634-01139 <b>Date of Disbursement</b> <div> <div>11</div> <div>06</div> <div>2008</div> </div>
City Portland State OR Zip Code 97217 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>794.35</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Jared A Mason-Gere Mailing Address 670 Gilbert St. City Eugene State OR Zip Code 97402 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-36-00635-01140 <b>Date of Disbursement</b> <div> <div>11</div> <div>06</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1313.16</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Shannon McKinley Mailing Address 636 Hemsread Ave. City Rockville Center State NY Zip Code 11570 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-36-00636-01141 <b>Date of Disbursement</b> <div> <div>11</div> <div>06</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>794.35</div>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**2901.86**

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) John McNally	<b>Transaction ID:</b> 30b-36-00637-01142 <b>Date of Disbursement</b>
Mailing Address 2031 Peavy Rd.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 6 / 2 0 0 8</div> </div>
City Dallas State TX Zip Code 75228	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll	<div>941.66</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Shawna Meechan	<b>Transaction ID:</b> 30b-36-00638-01143 <b>Date of Disbursement</b>
Mailing Address 8603 SW 49th Ave.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 6 / 2 0 0 8</div> </div>
City Portland State OR Zip Code 97219	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll	<div>836.56</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Nicklaus Misiti	<b>Transaction ID:</b> 30b-36-00639-01144 <b>Date of Disbursement</b>
Mailing Address 2429 Swett Rd.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 6 / 2 0 0 8</div> </div>
City Lyndonville State NY Zip Code 14098	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll	<div>767.40</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

2545.62

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Augustina Mourelatos Mailing Address 5257 SE 67th	<b>Transaction ID:</b> 30b-36-00640-01145 <b>Date of Disbursement</b> <div> <div>11</div> <div>06</div> <div>2008</div> </div>
City Portland State OR Zip Code 97206 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>862.94</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Sheila O'Keefe Mailing Address 3112 NW Johnson City Corvallis State OR Zip Code 97330 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-36-00641-01146 <b>Date of Disbursement</b> <div> <div>11</div> <div>06</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>881.47</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Jonathan Panikoff Mailing Address 174 S. Shore Ave. City Groton State CT Zip Code 06340 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-36-00642-01147 <b>Date of Disbursement</b> <div> <div>11</div> <div>06</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1142.85</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**2887.26**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b>	Full Name (Last, First, Middle Initial) Rudi Patitucci	<b>Transaction ID:</b> 30b-36-00643-01148
	Mailing Address 3533 Walnut Ave.	Date of Disbursement <div> <div> <div>M</div> <div>M</div> </div> <div> <div>D</div> <div>D</div> </div> <div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> </div> <div> <div>1</div> <div>1</div> </div> <div> <div>0</div> <div>6</div> </div> <div> <div>2</div> <div>0</div> <div>0</div> <div>8</div> </div>
	City Evanston State IL Zip Code 60091	<b>Amount of Each Disbursement this Period</b>
	<div> <div>Purpose of Disbursement Payroll</div> <div>Candidate Name</div> </div> <div> <div>Category/ Type</div> </div>	<div> <div>968.61</div> </div>
	<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>State: District:</div> </div> <div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> </div>	
<b>B.</b>	Full Name (Last, First, Middle Initial) Jonathan Pugsley	<b>Transaction ID:</b> 30b-36-00644-01149
	Mailing Address 7439 NW Mountain View	Date of Disbursement <div> <div> <div>M</div> <div>M</div> </div> <div> <div>D</div> <div>D</div> </div> <div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> </div> <div> <div>1</div> <div>1</div> </div> <div> <div>0</div> <div>6</div> </div> <div> <div>2</div> <div>0</div> <div>0</div> <div>8</div> </div>
	City Corvallis State OR Zip Code 97330	<b>Amount of Each Disbursement this Period</b>
	<div> <div>Purpose of Disbursement Payroll</div> <div>Candidate Name</div> </div> <div> <div>Category/ Type</div> </div>	<div> <div>2144.92</div> </div>
	<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>State: District:</div> </div> <div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> </div>	
<b>C.</b>	Full Name (Last, First, Middle Initial) Jayme Rabenberg	<b>Transaction ID:</b> 30b-36-00645-01150
	Mailing Address 1340 SE Tacoma	Date of Disbursement <div> <div> <div>M</div> <div>M</div> </div> <div> <div>D</div> <div>D</div> </div> <div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> </div> <div> <div>1</div> <div>1</div> </div> <div> <div>0</div> <div>6</div> </div> <div> <div>2</div> <div>0</div> <div>0</div> <div>8</div> </div>
	City Portland State OR Zip Code 97202	<b>Amount of Each Disbursement this Period</b>
	<div> <div>Purpose of Disbursement Payroll</div> <div>Candidate Name</div> </div> <div> <div>Category/ Type</div> </div>	<div> <div>941.66</div> </div>
	<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>State: District:</div> </div> <div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> </div>	

**SUBTOTAL** of Disbursements This Page (optional) .....

**4055.19**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b>	Full Name (Last, First, Middle Initial) Daniel Ranellone	<b>Transaction ID:</b> 30b-36-00646-01151 <b>Date of Disbursement</b>
	Mailing Address 206 Jay St.	<div> <div><sup>M</sup>1</div> <div><sup>M</sup></div> <div>/</div> <div><sup>D</sup>0</div> <div><sup>D</sup>6</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>8</div> </div>
	City Albany State NY Zip Code 12210	<b>Amount of Each Disbursement this Period</b>
	<div> <div>Purpose of Disbursement Payroll</div> <div>Candidate Name</div> </div> <div>Category/Type</div>	<div>794.35</div>
	<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	
<b>B.</b>	Full Name (Last, First, Middle Initial) Sam E Sadle	<b>Transaction ID:</b> 30b-36-00647-01152 <b>Date of Disbursement</b>
	Mailing Address 2725 SW West Point	<div> <div><sup>M</sup>1</div> <div><sup>M</sup></div> <div>/</div> <div><sup>D</sup>0</div> <div><sup>D</sup>6</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>8</div> </div>
	City Portland State OR Zip Code 97225	<b>Amount of Each Disbursement this Period</b>
	<div> <div>Purpose of Disbursement Payroll</div> <div>Candidate Name</div> </div> <div>Category/Type</div>	<div>767.40</div>
	<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	
<b>C.</b>	Full Name (Last, First, Middle Initial) Marc Siegel	<b>Transaction ID:</b> 30b-36-00648-01153 <b>Date of Disbursement</b>
	Mailing Address 2017 N. McClellan St.	<div> <div><sup>M</sup>1</div> <div><sup>M</sup></div> <div>/</div> <div><sup>D</sup>0</div> <div><sup>D</sup>6</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>8</div> </div>
	City Portland State OR Zip Code 97217	<b>Amount of Each Disbursement this Period</b>
	<div> <div>Purpose of Disbursement Payroll</div> <div>Candidate Name</div> </div> <div>Category/Type</div>	<div>1520.14</div>
	<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	

**SUBTOTAL** of Disbursements This Page (optional) .....

**3081.89**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Geoffrey T Stuckart <hr/> Mailing Address 4315 SE Oak St. <hr/> City Portland State OR Zip Code 97215 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-36-00649-01154 <b>Date of Disbursement</b> <div> <div>11</div> <div>06</div> <div>2008</div> </div>
<div> <div> <div>Category/Type</div> <div></div> </div> </div>	<b>Amount of Each Disbursement this Period</b> <div>1647.04</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Justin Thiltgen <hr/> Mailing Address 901 Ridgewood Way <hr/> City Madison State WI Zip Code 53713 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-36-00650-01155 <b>Date of Disbursement</b> <div> <div>11</div> <div>06</div> <div>2008</div> </div>
<div> <div> <div>Category/Type</div> <div></div> </div> </div>	<b>Amount of Each Disbursement this Period</b> <div>1762.45</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Courtney C Thompson <hr/> Mailing Address 1708 Meadows Dr. <hr/> City Lake Oswego State OR Zip Code 97034 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-36-00651-01156 <b>Date of Disbursement</b> <div> <div>11</div> <div>06</div> <div>2008</div> </div>
<div> <div> <div>Category/Type</div> <div></div> </div> </div>	<b>Amount of Each Disbursement this Period</b> <div>915.31</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**4324.80**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b>	Full Name (Last, First, Middle Initial) Ryan M. Whalen	<b>Transaction ID:</b> 30b-36-00652-01157 <b>Date of Disbursement</b>
	Mailing Address 107-40 Queens Blvd., Apt. 3M	<div> <div><sup>M</sup>1</div> <div><sup>M</sup>1</div> <div>/</div> <div><sup>D</sup>0</div> <div><sup>D</sup>6</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>8</div> </div>
	City Forest Hills State NY Zip Code 11375	<b>Amount of Each Disbursement this Period</b>
	<div> <div>Purpose of Disbursement Payroll</div> <div>Candidate Name</div> </div> <div>Category/Type</div>	<div>1696.29</div>
	<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	
<b>B.</b>	Full Name (Last, First, Middle Initial) Katie Woodruff	<b>Transaction ID:</b> 30b-36-00653-01158 <b>Date of Disbursement</b>
	Mailing Address 4653 McKinley Pkwy.	<div> <div><sup>M</sup>1</div> <div><sup>M</sup>1</div> <div>/</div> <div><sup>D</sup>0</div> <div><sup>D</sup>6</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>8</div> </div>
	City Hamburg State NY Zip Code 14075	<b>Amount of Each Disbursement this Period</b>
	<div> <div>Purpose of Disbursement Payroll</div> <div>Candidate Name</div> </div> <div>Category/Type</div>	<div>794.35</div>
	<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	
<b>C.</b>	Full Name (Last, First, Middle Initial) Automatic Data Processing, Inc. (Easypay)	<b>Transaction ID:</b> 30b-36-00655-01160 <b>Date of Disbursement</b>
	Mailing Address 4099 SE International Way, Ste. 20	<div> <div><sup>M</sup>1</div> <div><sup>M</sup>1</div> <div>/</div> <div><sup>D</sup>0</div> <div><sup>D</sup>6</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>8</div> </div>
	City Milwaukie State OR Zip Code 97222	<b>Amount of Each Disbursement this Period</b>
	<div> <div>Purpose of Disbursement Payroll taxes</div> <div>Candidate Name</div> </div> <div>Category/Type</div>	<div>8798.33</div>
	<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	

**SUBTOTAL** of Disbursements This Page (optional) .....

11288.97

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Automatic Data Processing, Inc. (Easypay)	<b>Transaction ID:</b> 30b-36-00655-01161 <b>Date of Disbursement</b>
Mailing Address 4099 SE International Way, Ste. 20	<div> <div><small>M</small>1</div> <div><small>M</small></div> <div>/</div> <div><small>D</small>0</div> <div><small>D</small>6</div> <div>/</div> <div><small>Y</small>2</div> <div><small>Y</small>0</div> <div><small>Y</small>0</div> <div><small>Y</small>8</div> </div>
City Milwaukee State OR Zip Code 97222	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll taxes Candidate Name	<div>18907.01</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) Diana Aguilar	<b>Transaction ID:</b> 30b-35-00416-00444 <b>Date of Disbursement</b>
Mailing Address 85 Prall Lane	<div> <div><small>M</small>1</div> <div><small>M</small></div> <div>/</div> <div><small>D</small>0</div> <div><small>D</small>7</div> <div>/</div> <div><small>Y</small>2</div> <div><small>Y</small>0</div> <div><small>Y</small>0</div> <div><small>Y</small>8</div> </div>
City Eugene State OR Zip Code 97405	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll Candidate Name	<div>506.62</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) Diana Aguilar	<b>Transaction ID:</b> 30b-35-00417-00445 <b>Date of Disbursement</b>
Mailing Address 85 Prall Lane	<div> <div><small>M</small>1</div> <div><small>M</small></div> <div>/</div> <div><small>D</small>0</div> <div><small>D</small>7</div> <div>/</div> <div><small>Y</small>2</div> <div><small>Y</small>0</div> <div><small>Y</small>0</div> <div><small>Y</small>8</div> </div>
City Eugene State OR Zip Code 97405	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll Candidate Name	<div>1712.35</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) .....

**21125.98**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Madeline A Blount	<b>Transaction ID:</b> 30b-35-00418-00446 <b>Date of Disbursement</b>
Mailing Address 01610 SW Radcliffe Rd.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 7 / 2 0 0 8</div> </div>
City Portland State OR Zip Code 97219	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll	<div>529.22</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Madeline A Blount	<b>Transaction ID:</b> 30b-35-00419-00447 <b>Date of Disbursement</b>
Mailing Address 01610 SW Radcliffe Rd.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 7 / 2 0 0 8</div> </div>
City Portland State OR Zip Code 97219	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll	<div>1755.85</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Jesse Bontecou	<b>Transaction ID:</b> 30b-35-00420-00448 <b>Date of Disbursement</b>
Mailing Address 1525 SE Reedway Ct	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 7 / 2 0 0 8</div> </div>
City Portland State OR Zip Code 97202	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll	<div>942.25</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**3227.32**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Jesse Bontecou	<b>Transaction ID:</b> 30b-35-00421-00449 <b>Date of Disbursement</b>
Mailing Address 1525 SE Reedway Ct	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 7 / 2 0 0 8</div> </div>
City Portland State OR Zip Code 97202	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll	<div>3125.13</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Cyreena Boston	<b>Transaction ID:</b> 30b-35-00422-00450 <b>Date of Disbursement</b>
Mailing Address 8513 NE Wygant St.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 7 / 2 0 0 8</div> </div>
City Portland State OR Zip Code 97220	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll	<div>750.03</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Cyreena Boston	<b>Transaction ID:</b> 30b-35-00423-00451 <b>Date of Disbursement</b>
Mailing Address 8513 NE Wygant St.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 7 / 2 0 0 8</div> </div>
City Portland State OR Zip Code 97220	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll	<div>2398.10</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

6273.26

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon**A.**

Full Name (Last, First, Middle Initial)

Maxwell S Brown

Mailing Address 827 167th PL. SW

City Lynnwood State WA Zip Code 98037

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 30b-35-00424-00452

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	7	/	2	0	0	8

Amount of Each Disbursement this Period

515.33

**B.**

Full Name (Last, First, Middle Initial)

Maxwell S Brown

Mailing Address 827 167th PL. SW

City Lynnwood State WA Zip Code 98037

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 30b-35-00425-00453

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	7	/	2	0	0	8

Amount of Each Disbursement this Period

1857.75

**C.**

Full Name (Last, First, Middle Initial)

Jordan Burke

Mailing Address 47 Woodland Rd

City Cape Elizabeth State ME Zip Code 04107

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 30b-35-00426-00454

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	7	/	2	0	0	8

Amount of Each Disbursement this Period

707.83

SUBTOTAL of Disbursements This Page (optional) .....

3080.91

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)

Jordan Burke

Mailing Address 47 Woodland Rd

City  
Cape Elizabeth

State  
ME

Zip Code  
04107

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 30b-35-00427-00455

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2339.35

**B.**

Full Name (Last, First, Middle Initial)

Francis W Choi

Mailing Address 1805 S. Azalea Dr.

City  
Alhambra

State  
CA

Zip Code  
91801

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 30b-35-00428-00456

Date of Disbursement

/   /

Amount of Each Disbursement this Period

529.22

**C.**

Full Name (Last, First, Middle Initial)

Francis W Choi

Mailing Address 1805 S. Azalea Dr.

City  
Alhambra

State  
CA

Zip Code  
91801

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 30b-35-00429-00457

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1755.85

**SUBTOTAL** of Disbursements This Page (optional) .....

4624.42

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Steven A Coatsworth	<b>Transaction ID:</b> 30b-35-00430-00458 <b>Date of Disbursement</b>
Mailing Address 342 E. 13th, #2	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 7 / 2 0 0 8</div> </div>
City Eugene State OR Zip Code 97401	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll	<div>529.22</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Steven A Coatsworth	<b>Transaction ID:</b> 30b-35-00431-00459 <b>Date of Disbursement</b>
Mailing Address 342 E. 13th, #2	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 7 / 2 0 0 8</div> </div>
City Eugene State OR Zip Code 97401	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll	<div>1755.85</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Erin Devaney	<b>Transaction ID:</b> 30b-35-00432-00460 <b>Date of Disbursement</b>
Mailing Address 28 NE 17th Ave	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 7 / 2 0 0 8</div> </div>
City Portland State OR Zip Code 97232	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll	<div>506.62</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

2791.69

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Erin Devaney Mailing Address 28 NE 17th Ave	<b>Transaction ID:</b> 30b-35-00433-00461 <b>Date of Disbursement</b> <div> <div>11</div> <div>07</div> <div>2008</div> </div>
City Portland State OR Zip Code 97232 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>1712.35</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Noah M Dorson Mailing Address 408 Belmont Ave. East, Apt. 202 City Seattle State WA Zip Code 98102 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-35-00434-00462 <b>Date of Disbursement</b> <div> <div>11</div> <div>07</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>506.63</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Noah M Dorson Mailing Address 408 Belmont Ave. East, Apt. 202 City Seattle State WA Zip Code 98102 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-35-00435-00463 <b>Date of Disbursement</b> <div> <div>11</div> <div>07</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1712.35</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**3931.33**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Stuart K Dotson	<b>Transaction ID:</b> 30b-35-00436-00464 <b>Date of Disbursement</b>
Mailing Address 8814 Wigwam Ct.A	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 7 / 2 0 0 8</div> </div>
City Santee State CA Zip Code 92071	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll	<div>529.22</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Stuart K Dotson	<b>Transaction ID:</b> 30b-35-00437-00465 <b>Date of Disbursement</b>
Mailing Address 8814 Wigwam Ct.A	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 7 / 2 0 0 8</div> </div>
City Santee State CA Zip Code 92071	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll	<div>1755.85</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Nicholas Fenster	<b>Transaction ID:</b> 30b-35-00438-00466 <b>Date of Disbursement</b>
Mailing Address 5136 SE 52nd Ave.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 7 / 2 0 0 8</div> </div>
City Portland State OR Zip Code 97206	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll	<div>529.21</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

2814.28

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Nicholas Fenster	<b>Transaction ID:</b> 30b-35-00439-00467 <b>Date of Disbursement</b>
Mailing Address 5136 SE 52nd Ave.	<div> <div>11</div> <div>07</div> <div>2008</div> </div>
City Portland State OR Zip Code 97206	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll	<div>1755.85</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Donald Fisher	<b>Transaction ID:</b> 30b-35-00440-00468 <b>Date of Disbursement</b>
Mailing Address 8477 SW Hemlock St.	<div> <div>11</div> <div>07</div> <div>2008</div> </div>
City Tigard State OR Zip Code 97223	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll	<div>843.20</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Donald Fisher	<b>Transaction ID:</b> 30b-35-00441-00469 <b>Date of Disbursement</b>
Mailing Address 8477 SW Hemlock St.	<div> <div>11</div> <div>07</div> <div>2008</div> </div>
City Tigard State OR Zip Code 97223	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll	<div>2855.38</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**5454.43**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Julia Fox Mailing Address 178 Westland Dr	<b>Transaction ID:</b> 30b-35-00442-00470 <b>Date of Disbursement</b> <div> <div>11</div> <div>07</div> <div>2008</div> </div>
City West Hartford State CT Zip Code 06107 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>707.83</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Julia Fox Mailing Address 178 Westland Dr City West Hartford State CT Zip Code 06107 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-35-00443-00471 <b>Date of Disbursement</b> <div> <div>11</div> <div>07</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2339.35</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Oren Frey Mailing Address 928 SE 49th Avenue, #2 City Portland State OR Zip Code 97215 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-35-00444-00472 <b>Date of Disbursement</b> <div> <div>11</div> <div>07</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>529.21</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**3576.39**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 380 / 481

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Oren Frey	<b>Transaction ID:</b> 30b-35-00445-00473 <b>Date of Disbursement</b>
Mailing Address 928 SE 49th Avenue, #2	<div> <div>11</div> <div>07</div> <div>2008</div> </div>
City Portland State OR Zip Code 97215	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll	<div>1755.85</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Amanda Gibson	<b>Transaction ID:</b> 30b-35-00446-00474 <b>Date of Disbursement</b>
Mailing Address 655 NW Brookview Ct.	<div> <div>11</div> <div>07</div> <div>2008</div> </div>
City McMinnville State OR Zip Code 97128	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll	<div>479.68</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Amanda Gibson	<b>Transaction ID:</b> 30b-35-00447-00475 <b>Date of Disbursement</b>
Mailing Address 655 NW Brookview Ct.	<div> <div>11</div> <div>07</div> <div>2008</div> </div>
City McMinnville State OR Zip Code 97128	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll	<div>1668.84</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**3904.37**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Kevin Glenn	<b>Transaction ID:</b> 30b-35-00448-00476 <b>Date of Disbursement</b>
Mailing Address 4342 Collins Way	<div> <div> <div>M</div> <div>M</div> </div> <div>/</div> <div> <div>D</div> <div>D</div> </div> <div>/</div> <div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> </div> <div> <div>1</div> <div>1</div> </div> <div> <div>0</div> <div>7</div> </div> <div> <div>2</div> <div>0</div> <div>0</div> <div>8</div> </div>
City Lake Oswego State OR Zip Code 97035	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll	<div>416.09</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Kevin Glenn	<b>Transaction ID:</b> 30b-35-00449-00477 <b>Date of Disbursement</b>
Mailing Address 4342 Collins Way	<div> <div> <div>M</div> <div>M</div> </div> <div>/</div> <div> <div>D</div> <div>D</div> </div> <div>/</div> <div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> </div> <div> <div>1</div> <div>1</div> </div> <div> <div>0</div> <div>7</div> </div> <div> <div>2</div> <div>0</div> <div>0</div> <div>8</div> </div>
City Lake Oswego State OR Zip Code 97035	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll	<div>1420.60</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Angela Gutierrez	<b>Transaction ID:</b> 30b-35-00450-00478 <b>Date of Disbursement</b>
Mailing Address 20121 SE Stark, #233	<div> <div> <div>M</div> <div>M</div> </div> <div>/</div> <div> <div>D</div> <div>D</div> </div> <div>/</div> <div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> </div> <div> <div>1</div> <div>1</div> </div> <div> <div>0</div> <div>7</div> </div> <div> <div>2</div> <div>0</div> <div>0</div> <div>8</div> </div>
City Portland State OR Zip Code 97233	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll	<div>1153.16</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

2989.85

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 382 / 481

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Curtis L Haley Mailing Address 533 Roper Rd.	<b>Transaction ID:</b> 30b-35-00451-00479 <b>Date of Disbursement</b> <div> <div>11</div> <div>07</div> <div>2008</div> </div>
City Eugene State OR Zip Code 97402 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>506.63</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Curtis L Haley Mailing Address 533 Roper Rd.	<b>Transaction ID:</b> 30b-35-00452-00480 <b>Date of Disbursement</b> <div> <div>11</div> <div>07</div> <div>2008</div> </div>
City Eugene State OR Zip Code 97402 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>1712.35</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Caleb Hayes Mailing Address 329 Railroad Ave	<b>Transaction ID:</b> 30b-35-00453-00481 <b>Date of Disbursement</b> <div> <div>11</div> <div>07</div> <div>2008</div> </div>
City Shelton State WA Zip Code 98584 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>506.63</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**2725.61**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 383 / 481

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b>	Full Name (Last, First, Middle Initial) Caleb Hayes			<b>Transaction ID:</b> 30b-35-00454-00482																					
	Mailing Address 329 Railroad Ave			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>1</td><td>1</td><td>/</td><td>0</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	7	/	2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y															
	1	1	/	0	7	/	2	0	0	8															
City Shelton State WA Zip Code 98584			Amount of Each Disbursement this Period																						
Purpose of Disbursement Payroll Candidate Name Category/Type			<table border="1"><tr><td colspan="10">1712.35</td></tr></table>		1712.35																				
1712.35																									
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
<b>B.</b>	Full Name (Last, First, Middle Initial) Alejandro Hoekstra			<b>Transaction ID:</b> 30b-35-00455-00483																					
	Mailing Address 5825 W. Modoc Ave			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>1</td><td>1</td><td>/</td><td>0</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	7	/	2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y															
	1	1	/	0	7	/	2	0	0	8															
City Visalia State CA Zip Code 93291			Amount of Each Disbursement this Period																						
Purpose of Disbursement Payroll Candidate Name Category/Type			<table border="1"><tr><td colspan="10">506.62</td></tr></table>		506.62																				
506.62																									
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
<b>C.</b>	Full Name (Last, First, Middle Initial) Alejandro Hoekstra			<b>Transaction ID:</b> 30b-35-00456-00484																					
	Mailing Address 5825 W. Modoc Ave			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>1</td><td>1</td><td>/</td><td>0</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	7	/	2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y															
	1	1	/	0	7	/	2	0	0	8															
City Visalia State CA Zip Code 93291			Amount of Each Disbursement this Period																						
Purpose of Disbursement Payroll Candidate Name Category/Type			<table border="1"><tr><td colspan="10">1712.35</td></tr></table>		1712.35																				
1712.35																									
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						

**SUBTOTAL** of Disbursements This Page (optional) .....

3931.32
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**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)  
Eric Litmer

Mailing Address 8 Deep Brook Harbor Rd

City Suffield State CT Zip Code 06078

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 30b-35-00457-00485  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

479.69

**B.**

Full Name (Last, First, Middle Initial)  
Eric Litmer

Mailing Address 8 Deep Brook Harbor Rd

City Suffield State CT Zip Code 06078

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 30b-35-00458-00486  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

1668.84

**C.**

Full Name (Last, First, Middle Initial)  
Sean Mann

Mailing Address 6351 Wellesley Ct.

City San Diego State CA Zip Code 92122

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 30b-35-00459-00487  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

506.63

**SUBTOTAL** of Disbursements This Page (optional) .....

2655.16

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Sean Mann	<b>Transaction ID:</b> 30b-35-00460-00488 <b>Date of Disbursement</b>
Mailing Address 6351 Wellesley Ct.	<div> <div><sup>M</sup>1</div> <div><sup>M</sup>1</div> <div>/</div> <div><sup>D</sup>0</div> <div><sup>D</sup>7</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>8</div> </div>
City San Diego State CA Zip Code 92122	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll	<div>1712.35</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Jonathan Manton	<b>Transaction ID:</b> 30b-35-00461-00489 <b>Date of Disbursement</b>
Mailing Address 476 SW Forest Grove Dr.	<div> <div><sup>M</sup>1</div> <div><sup>M</sup>1</div> <div>/</div> <div><sup>D</sup>0</div> <div><sup>D</sup>7</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>8</div> </div>
City Bend State OR Zip Code 97702	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll	<div>529.21</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Jonathan Manton	<b>Transaction ID:</b> 30b-35-00462-00490 <b>Date of Disbursement</b>
Mailing Address 476 SW Forest Grove Dr.	<div> <div><sup>M</sup>1</div> <div><sup>M</sup>1</div> <div>/</div> <div><sup>D</sup>0</div> <div><sup>D</sup>7</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>8</div> </div>
City Bend State OR Zip Code 97702	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll	<div>1755.85</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

3997.41

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 386 / 481

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Patrick New Mailing Address 870 Southampton	<b>Transaction ID:</b> 30b-35-00463-00491 <b>Date of Disbursement</b> <div> <div>11</div> <div>07</div> <div>2008</div> </div>
City Auburn Hills State MI Zip Code 48326 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>529.21</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Patrick New Mailing Address 870 Southampton City Auburn Hills State MI Zip Code 48326 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-35-00464-00492 <b>Date of Disbursement</b> <div> <div>11</div> <div>07</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1755.85</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Matthew Oxenford Mailing Address 2637 N. Richmond St. City Arlington State VA Zip Code 22207 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-35-00465-00493 <b>Date of Disbursement</b> <div> <div>11</div> <div>07</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>506.62</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**2791.68**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 387 / 481

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Matthew Oxenford	<b>Transaction ID:</b> 30b-35-00466-00494 <b>Date of Disbursement</b>																				
Mailing Address 2637 N. Richmond St.	<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>1</td><td>1</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	7		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	7		2	0	0	8												
City Arlington State VA Zip Code 22207	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Payroll	<table border="1"> <tr> <td colspan="10">1712.35</td> </tr> </table>	1712.35																			
1712.35																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Caryn R Pipinich	<b>Transaction ID:</b> 30b-35-00467-00495 <b>Date of Disbursement</b>																				
Mailing Address 6200 30th Ave. NE	<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>1</td><td>1</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	7		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	7		2	0	0	8												
City Seattle State WA Zip Code 98115	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Payroll	<table border="1"> <tr> <td colspan="10">479.69</td> </tr> </table>	479.69																			
479.69																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Caryn R Pipinich	<b>Transaction ID:</b> 30b-35-00468-00496 <b>Date of Disbursement</b>																				
Mailing Address 6200 30th Ave. NE	<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>1</td><td>1</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	7		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	7		2	0	0	8												
City Seattle State WA Zip Code 98115	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Payroll	<table border="1"> <tr> <td colspan="10">1668.84</td> </tr> </table>	1668.84																			
1668.84																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**3860.88**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) James Richards	<b>Transaction ID:</b> 30b-35-00469-00497 <b>Date of Disbursement</b>
Mailing Address 1617 Ridgeview Dr	<div> <div><sup>M</sup>1</div> <div><sup>M</sup>1</div> <div>/</div> <div><sup>D</sup>0</div> <div><sup>D</sup>7</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>8</div> </div>
City Charleston State WV Zip Code 25314	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll Candidate Name	<div>529.21</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) James Richards	<b>Transaction ID:</b> 30b-35-00470-00498 <b>Date of Disbursement</b>
Mailing Address 1617 Ridgeview Dr	<div> <div><sup>M</sup>1</div> <div><sup>M</sup>1</div> <div>/</div> <div><sup>D</sup>0</div> <div><sup>D</sup>7</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>8</div> </div>
City Charleston State WV Zip Code 25314	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll Candidate Name	<div>1755.85</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Adrian B Rosolie	<b>Transaction ID:</b> 30b-35-00471-00499 <b>Date of Disbursement</b>
Mailing Address 2866 NE Dunckley	<div> <div><sup>M</sup>1</div> <div><sup>M</sup>1</div> <div>/</div> <div><sup>D</sup>0</div> <div><sup>D</sup>7</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>8</div> </div>
City Portland State OR Zip Code 97212	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll Candidate Name	<div>576.58</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

2861.64

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Adrian B Rosolie	<b>Transaction ID:</b> 30b-35-00472-00500 <b>Date of Disbursement</b>
Mailing Address 2866 NE Dunckley	<div> <div><sup>M</sup>1</div> <div><sup>M</sup></div> <div>/</div> <div><sup>D</sup>0</div> <div><sup>D</sup>7</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>8</div> </div>
City Portland State OR Zip Code 97212	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll	<div>2308.75</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Ty R Schwoeffermann	<b>Transaction ID:</b> 30b-35-00473-00501 <b>Date of Disbursement</b>
Mailing Address 1410 SE 52nd St.	<div> <div><sup>M</sup>1</div> <div><sup>M</sup></div> <div>/</div> <div><sup>D</sup>0</div> <div><sup>D</sup>7</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>8</div> </div>
City Portland State OR Zip Code 97215	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll	<div>576.58</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Ty R Schwoeffermann	<b>Transaction ID:</b> 30b-35-00474-00502 <b>Date of Disbursement</b>
Mailing Address 1410 SE 52nd St.	<div> <div><sup>M</sup>1</div> <div><sup>M</sup></div> <div>/</div> <div><sup>D</sup>0</div> <div><sup>D</sup>7</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>8</div> </div>
City Portland State OR Zip Code 97215	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll	<div>2308.75</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

5194.08

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Jonathan Shapiro	<b>Transaction ID:</b> 30b-35-00475-00503 <b>Date of Disbursement</b>
Mailing Address 3737 NE Alameda St	<div> <div>11</div> <div>07</div> <div>2008</div> </div>
City Portland State OR Zip Code 97212	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll	<div>1143.45</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Jonathan Shapiro	<b>Transaction ID:</b> 30b-35-00476-00504 <b>Date of Disbursement</b>
Mailing Address 3737 NE Alameda St	<div> <div>11</div> <div>07</div> <div>2008</div> </div>
City Portland State OR Zip Code 97212	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll	<div>3726.50</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Sheeba Suhaskumar	<b>Transaction ID:</b> 30b-35-00477-00505 <b>Date of Disbursement</b>
Mailing Address 4723 N. Artesian Ave., #2	<div> <div>11</div> <div>07</div> <div>2008</div> </div>
City Chicago State IL Zip Code 60625	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll	<div>529.22</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

5399.17

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Sheeba Suhaskumar Mailing Address 4723 N. Artesian Ave., #2	<b>Transaction ID:</b> 30b-35-00478-00506 <b>Date of Disbursement</b> <div> <div>11</div> <div>07</div> <div>2008</div> </div>
City Chicago State IL Zip Code 60625 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>1755.85</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Daniel Tawfik Mailing Address 11520 Marco Pl. City Los Angeles State CA Zip Code 90066 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-35-00479-00507 <b>Date of Disbursement</b> <div> <div>11</div> <div>07</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>479.69</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Daniel Tawfik Mailing Address 11520 Marco Pl. City Los Angeles State CA Zip Code 90066 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-35-00480-00508 <b>Date of Disbursement</b> <div> <div>11</div> <div>07</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1668.84</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**3904.38**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b>	Full Name (Last, First, Middle Initial) Joss C Whittaker			Transaction ID: 30b-35-00481-00509 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>1</td><td>1</td><td>/</td><td>0</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	7	/	2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y															
	1	1	/	0	7	/	2	0	0	8															
	Mailing Address 2023 E. Sims Way, No.277																								
	City Port Townsend	State WA	Zip Code 98368	Amount of Each Disbursement this Period <table border="1"><tr><td colspan="10">529.22</td></tr></table>		529.22																			
529.22																									
Purpose of Disbursement Payroll	Candidate Name		<table border="1"><tr><td>Category/ Type</td></tr></table>		Category/ Type																				
Category/ Type																									
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
<b>B.</b>	Full Name (Last, First, Middle Initial) Joss C Whittaker			Transaction ID: 30b-35-00482-00510 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>1</td><td>1</td><td>/</td><td>0</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	7	/	2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y															
	1	1	/	0	7	/	2	0	0	8															
	Mailing Address 2023 E. Sims Way, No.277																								
	City Port Townsend	State WA	Zip Code 98368	Amount of Each Disbursement this Period <table border="1"><tr><td colspan="10">1755.85</td></tr></table>		1755.85																			
1755.85																									
Purpose of Disbursement Payroll	Candidate Name		<table border="1"><tr><td>Category/ Type</td></tr></table>		Category/ Type																				
Category/ Type																									
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
<b>C.</b>	Full Name (Last, First, Middle Initial) Automatic Data Processing, Inc. (Easypay)			Transaction ID: 30b-35-00484-00512 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>1</td><td>1</td><td>/</td><td>0</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	7	/	2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y															
	1	1	/	0	7	/	2	0	0	8															
	Mailing Address 4099 SE International Way, Ste. 20																								
	City Milwaukie	State OR	Zip Code 97222	Amount of Each Disbursement this Period <table border="1"><tr><td colspan="10">12859.65</td></tr></table>		12859.65																			
12859.65																									
Purpose of Disbursement Payroll taxes	Candidate Name		<table border="1"><tr><td>Category/ Type</td></tr></table>		Category/ Type																				
Category/ Type																									
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						

SUBTOTAL of Disbursements This Page (optional) .....

15144.72

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Automatic Data Processing, Inc. (Easypay)	<b>Transaction ID:</b> 30b-35-00484-00513 <b>Date of Disbursement</b>
Mailing Address 4099 SE International Way, Ste. 20	<div> <div><sup>M</sup>1</div> <div><sup>M</sup>1</div> <div>/</div> <div><sup>D</sup>0</div> <div><sup>D</sup>7</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>8</div> </div>
City Milwaukie State OR Zip Code 97222	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll	<div>32360.04</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Automatic Data Processing, Inc. (Easypay)	<b>Transaction ID:</b> 30b-35-00511-00542 <b>Date of Disbursement</b>
Mailing Address 4099 SE International Way, Ste. 20	<div> <div><sup>M</sup>1</div> <div><sup>M</sup>1</div> <div>/</div> <div><sup>D</sup>0</div> <div><sup>D</sup>7</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>8</div> </div>
City Milwaukie State OR Zip Code 97222	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll taxes	<div>33.40</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Jenny Greenleaf	<b>Transaction ID:</b> 30b-16-07868-0000 <b>Date of Disbursement</b>
Mailing Address 1604 NE 55th	<div> <div><sup>M</sup>1</div> <div><sup>M</sup>1</div> <div>/</div> <div><sup>D</sup>0</div> <div><sup>D</sup>7</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>8</div> </div>
City Portland State OR Zip Code 97213	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Reimbursement-See memo	<div>588.61</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**32982.05**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Don's Buttons	<b>Transaction ID:</b> 30b-16-07868-11505 <b>Date of Disbursement</b>
Mailing Address 3906 W. Morrow Dr.	<div> <div><sup>M</sup>1</div> <div><sup>M</sup>1</div> <div>/</div> <div><sup>D</sup>0</div> <div><sup>D</sup>7</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>8</div> </div>
City Glendale State AZ Zip Code 85308	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Buttons/Bumper stickers Candidate Name	<div>544.11</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div> <b>[MEMO ITEM]</b>  <b>Category/Type</b> </div>
<b>B.</b> Full Name (Last, First, Middle Initial) Postmaster	<b>Transaction ID:</b> 30b-16-07868-11506 <b>Date of Disbursement</b>
Mailing Address Salem Main	<div> <div><sup>M</sup>1</div> <div><sup>M</sup>1</div> <div>/</div> <div><sup>D</sup>0</div> <div><sup>D</sup>7</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>8</div> </div>
City Salem State OR Zip Code 97301	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Postage Candidate Name	<div>44.50</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div> <b>[MEMO ITEM]</b>  <b>Category/Type</b> </div>
<b>C.</b> Full Name (Last, First, Middle Initial) Witham & Dickey	<b>Transaction ID:</b> 30b-16-07888-11542 <b>Date of Disbursement</b>
Mailing Address PO Box 4625	<div> <div><sup>M</sup>1</div> <div><sup>M</sup>1</div> <div>/</div> <div><sup>D</sup>1</div> <div><sup>D</sup>0</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>8</div> </div>
City Portland State OR Zip Code 97208	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Buttons/Bumper stickers Candidate Name	<div>829.87</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div> <b>[MEMO ITEM]</b>  <b>Category/Type</b> </div>

**SUBTOTAL** of Disbursements This Page (optional) .....

829.87

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Witham & Dickey	<b>Transaction ID:</b> 30b-16-07888-11543 <b>Date of Disbursement</b>																				
Mailing Address PO Box 4625	<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>1</td><td>1</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	0		2	0	0	8												
City Portland State OR Zip Code 97208	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Buttons/Bumper stickers	<table border="1"> <tr> <td>465.66</td> </tr> </table>	465.66																			
465.66																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) AT&T Mobility	<b>Transaction ID:</b> 30b-34-00330-00338 <b>Date of Disbursement</b>																				
Mailing Address PO Box 6463	<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>1</td><td>1</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	2		2	0	0	8												
City Carol Stream State IL Zip Code 60197-6463	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Cell phones	<table border="1"> <tr> <td>14129.79</td> </tr> </table>	14129.79																			
14129.79																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Aetna	<b>Transaction ID:</b> 30b-34-00333-00343 <b>Date of Disbursement</b>																				
Mailing Address PO Box 88860	<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>1</td><td>1</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	2		2	0	0	8												
City Chicago State IL Zip Code 60695-1860	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Health Insurance	<table border="1"> <tr> <td>7967.40</td> </tr> </table>	7967.40																			
7967.40																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**22562.85**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Aetna Mailing Address PO Box 88860	<b>Transaction ID:</b> 30b-34-00333-00356 <b>Date of Disbursement</b> <div> <div>11</div> <div>12</div> <div>2008</div> </div>
City Chicago State IL Zip Code 60695-1860 Purpose of Disbursement Health Insurance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>90.75</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Aetna Mailing Address PO Box 88860 City Chicago State IL Zip Code 60695-1860 Purpose of Disbursement Health Insurance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-34-00333-00357 <b>Date of Disbursement</b> <div> <div>11</div> <div>12</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>173.83</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Aetna Mailing Address PO Box 88860 City Chicago State IL Zip Code 60695-1860 Purpose of Disbursement Health Insurance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-34-00333-00358 <b>Date of Disbursement</b> <div> <div>11</div> <div>12</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1407.79</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**1672.37**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Steven A Coatsworth Mailing Address 342 E. 13th, #2	<b>Transaction ID:</b> 30b-35-00489-00518 <b>Date of Disbursement</b> <div> <div>11</div> <div>12</div> <div>2008</div> </div>
City Eugene State OR Zip Code 97401 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>953.59</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Qwest Mailing Address PO Box 91155 City Seattle State WA Zip Code 98111-9255 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-34-00354-00378 <b>Date of Disbursement</b> <div> <div>11</div> <div>13</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1079.98</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Voter Activation Network Mailing Address 54 Regent St. City Cambridge State MA Zip Code 02140 Purpose of Disbursement In kind on-line Voter File Access Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-00-00744-00744 <b>Date of Disbursement</b> <div> <div>11</div> <div>13</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>3350.00</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**5383.57**

**TOTAL** This Period (last page this line number only) .....

C. Form/Schedule : **SB30b**

Related to in-kind receipt from Democratic National Committee.

Transaction ID : **30b-00-00744-00744**

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Bank of America	<b>Transaction ID:</b> 30b-16-07940-0000 <b>Date of Disbursement</b>
Mailing Address 1001 SW Fifth Ave.	<div> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>11 / 14 / 2008</div> </div>
City Portland State OR Zip Code 97204	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Credit card payment - See memos Candidate Name	<div>700.52</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Don's Buttons	<b>Transaction ID:</b> 30b-16-07940-11611 <b>Date of Disbursement</b>
Mailing Address 3906 W. Morrow Dr.	<div> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>11 / 14 / 2008</div> </div>
City Glendale State AZ Zip Code 85308	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Buttons Candidate Name	<div>700.52</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Witham & Dickey	<b>Transaction ID:</b> 30b-16-07946-11622 <b>Date of Disbursement</b>
Mailing Address PO Box 4625	<div> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>11 / 17 / 2008</div> </div>
City Portland State OR Zip Code 97208	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Buttons/Bumper stickers Candidate Name	<div>1005.00</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

1705.52

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Witham & Dickey <hr/> Mailing Address PO Box 4625	<b>Transaction ID:</b> 30b-16-07946-11623 <b>Date of Disbursement</b> <div> <div>11</div> <div>17</div> <div>2008</div> </div>
City Portland State OR Zip Code 97208 <hr/> Purpose of Disbursement Buttons/Bumper stickers Candidate Name <div>Category/Type</div> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>250.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Via Delia <hr/> Mailing Address 352 NW Federal St. <hr/> City Bend State OR Zip Code 97701 <hr/> Purpose of Disbursement Buttons Candidate Name <div>Category/Type</div> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-16-07948-11625 <b>Date of Disbursement</b> <div> <div>11</div> <div>17</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>300.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Automatic Data Processing, Inc. (Easypay) <hr/> Mailing Address 4099 SE International Way, Ste. 20 <hr/> City Milwaukie State OR Zip Code 97222 <hr/> Purpose of Disbursement Payroll fees Candidate Name <div>Category/Type</div> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-20-03059-03841 <b>Date of Disbursement</b> <div> <div>11</div> <div>17</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>72.68</div>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**622.68**

**TOTAL** This Period (last page this line number only) ..... ►



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Trent Lutz Mailing Address 2512 NE 50th Ave.	<b>Transaction ID:</b> 30b-20-03061-03843 <b>Date of Disbursement</b> <div> <div>11</div> <div>17</div> <div>2008</div> </div>
City Portland State OR Zip Code 97213 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>2124.44</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Cynthia D. Moody Mailing Address 4145 SW Greenleaf Dr.	<b>Transaction ID:</b> 30b-20-03062-03844 <b>Date of Disbursement</b> <div> <div>11</div> <div>17</div> <div>2008</div> </div>
City Portland State OR Zip Code 97221 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>2151.63</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Elizabeth Kirk Smith Mailing Address 206 NE 29th Ave.	<b>Transaction ID:</b> 30b-20-03063-03845 <b>Date of Disbursement</b> <div> <div>11</div> <div>17</div> <div>2008</div> </div>
City Portland State OR Zip Code 97232 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>1552.02</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**5828.09**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) John Springer	<b>Transaction ID:</b> 30b-20-03064-03846 <b>Date of Disbursement</b>																				
Mailing Address 7915 SE Hawthorne Blvd.	<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>1</td><td>1</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	7		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	7		2	0	0	8												
City Portland State OR Zip Code 97215	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Payroll	<table border="1"> <tr> <td>1423.29</td> </tr> </table>	1423.29																			
1423.29																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Automatic Data Processing, Inc. (Easypay)	<b>Transaction ID:</b> 30b-20-03065-03847 <b>Date of Disbursement</b>																				
Mailing Address 4099 SE International Way, Ste. 20	<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>1</td><td>1</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	7		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	7		2	0	0	8												
City Milwaukie State OR Zip Code 97222	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Payroll taxes	<table border="1"> <tr> <td>4093.10</td> </tr> </table>	4093.10																			
4093.10																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Automatic Data Processing, Inc. (Easypay)	<b>Transaction ID:</b> 30b-20-03066-03848 <b>Date of Disbursement</b>																				
Mailing Address 4099 SE International Way, Ste. 20	<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>1</td><td>1</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	7		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	7		2	0	0	8												
City Milwaukie State OR Zip Code 97222	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Payroll	<table border="1"> <tr> <td>318.11</td> </tr> </table>	318.11																			
318.11																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**5834.50**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Automatic Data Processing, Inc. (Easypay)	<b>Transaction ID:</b> 30b-20-03066-03849 <b>Date of Disbursement</b>
Mailing Address 4099 SE International Way, Ste. 20	<div> <div><sup>M</sup>1</div> <div><sup>M</sup>1</div> <div>/</div> <div><sup>D</sup>1</div> <div><sup>D</sup>7</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>8</div> </div>
City Milwaukie State OR Zip Code 97222	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll	<div>95.43</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Automatic Data Processing, Inc. (Easypay)	<b>Transaction ID:</b> 30b-20-03066-03850 <b>Date of Disbursement</b>
Mailing Address 4099 SE International Way, Ste. 20	<div> <div><sup>M</sup>1</div> <div><sup>M</sup>1</div> <div>/</div> <div><sup>D</sup>1</div> <div><sup>D</sup>7</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>8</div> </div>
City Milwaukie State OR Zip Code 97222	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll	<div>60.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Automatic Data Processing, Inc. (Easypay)	<b>Transaction ID:</b> 30b-20-03066-03851 <b>Date of Disbursement</b>
Mailing Address 4099 SE International Way, Ste. 20	<div> <div><sup>M</sup>1</div> <div><sup>M</sup>1</div> <div>/</div> <div><sup>D</sup>1</div> <div><sup>D</sup>7</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>8</div> </div>
City Milwaukie State OR Zip Code 97222	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll	<div>30.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

185.43

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Secretary of State	<b>Transaction ID:</b> 30b-35-00499-00528 <b>Date of Disbursement</b>
Mailing Address Elections Division 141 State Capitol	<div> <div><small>M</small>1</div> <div><small>M</small></div> <div>/</div> <div><small>D</small>1</div> <div><small>D</small>8</div> <div>/</div> <div><small>Y</small>2</div> <div><small>Y</small>0</div> <div><small>Y</small>0</div> <div><small>Y</small>8</div> </div>
City Salem State OR Zip Code 97310-0722	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Voter file update Candidate Name	<div>983.81</div> <div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Witham & Dickey	<b>Transaction ID:</b> 30b-34-00360-00391 <b>Date of Disbursement</b>
Mailing Address PO Box 4625	<div> <div><small>M</small>1</div> <div><small>M</small></div> <div>/</div> <div><small>D</small>1</div> <div><small>D</small>9</div> <div>/</div> <div><small>Y</small>2</div> <div><small>Y</small>0</div> <div><small>Y</small>0</div> <div><small>Y</small>8</div> </div>
City Portland State OR Zip Code 97208	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Yard signs Candidate Name	<div>7882.00</div> <div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Witham & Dickey	<b>Transaction ID:</b> 30b-34-00360-00392 <b>Date of Disbursement</b>
Mailing Address PO Box 4625	<div> <div><small>M</small>1</div> <div><small>M</small></div> <div>/</div> <div><small>D</small>1</div> <div><small>D</small>9</div> <div>/</div> <div><small>Y</small>2</div> <div><small>Y</small>0</div> <div><small>Y</small>0</div> <div><small>Y</small>8</div> </div>
City Portland State OR Zip Code 97208	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement GOTV Literature Candidate Name	<div>13441.00</div> <div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

22306.81

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Witham & Dickey Mailing Address PO Box 4625	<b>Transaction ID:</b> 30b-35-00500-00529 <b>Date of Disbursement</b> <div> <div>11</div> <div>20</div> <div>2008</div> </div>
City Portland State OR Zip Code 97208 Purpose of Disbursement Badges Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>219.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Witham & Dickey Mailing Address PO Box 4625 City Portland State OR Zip Code 97208 Purpose of Disbursement Printing/Ballot request/receipt forms Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-35-00500-00530 <b>Date of Disbursement</b> <div> <div>11</div> <div>20</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>3939.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Witham & Dickey Mailing Address PO Box 4625 City Portland State OR Zip Code 97208 Purpose of Disbursement Buttons/Bumper stickers Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-16-07979-11663 <b>Date of Disbursement</b> <div> <div>11</div> <div>21</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>331.00</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**4489.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Witham & Dickey Mailing Address PO Box 4625	<b>Transaction ID:</b> 30b-16-07979-11664 <b>Date of Disbursement</b> <div> <div>11</div> <div>21</div> <div>2008</div> </div>
City Portland State OR Zip Code 97208 Purpose of Disbursement Buttons/Bumper stickers Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>325.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Marcinema, LLC Mailing Address 2 Union St., #2G City Jersey City State NJ Zip Code 07304 Purpose of Disbursement Campaign research/tracking project Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-36-00670-01177 <b>Date of Disbursement</b> <div> <div>11</div> <div>21</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>4329.47</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Benenson Strategy Group Mailing Address 14 East 60th St. City New York State NY Zip Code 10022 Purpose of Disbursement Poll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30b-36-00671-01178 <b>Date of Disbursement</b> <div> <div>11</div> <div>21</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>37987.02</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**42641.49**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Ben Holzer	<b>Transaction ID:</b> 30b-36-00672-01179 <b>Date of Disbursement</b>
Mailing Address 90 Pierrepont St., 4D	<div> <div><div>M</div><div>M</div></div> / <div><div>D</div><div>D</div></div> / <div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div> <div>11</div> / <div>21</div> / <div>2008</div> </div>
City Brooklyn State NY Zip Code 11201	Amount of Each Disbursement this Period
Purpose of Disbursement Campaign research/tracking project	<div>3750.00</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	
<b>B.</b> Full Name (Last, First, Middle Initial) Katherine Heald	<b>Transaction ID:</b> 30b-36-00674-0000 <b>Date of Disbursement</b>
Mailing Address 1705 SE 24th Ave.	<div> <div><div>M</div><div>M</div></div> / <div><div>D</div><div>D</div></div> / <div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div> <div>11</div> / <div>24</div> / <div>2008</div> </div>
City Portland State OR Zip Code 97214	Amount of Each Disbursement this Period
Purpose of Disbursement Reimbursement - see memo	<div>22.97</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	
<b>C.</b> Full Name (Last, First, Middle Initial) Verizon	<b>Transaction ID:</b> 30b-36-00674-01181 <b>Date of Disbursement</b>
Mailing Address PO Box 30001	<div> <div><div>M</div><div>M</div></div> / <div><div>D</div><div>D</div></div> / <div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div> <div>11</div> / <div>24</div> / <div>2008</div> </div>
City Inglewood State CA Zip Code 90313-0001	Amount of Each Disbursement this Period
Purpose of Disbursement Telephone	<div>22.97</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

3772.97

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)  
Jonathan Pugsley

Mailing Address 7439 NW Mountain View

City State Zip Code  
Corvallis OR 97330

Purpose of Disbursement  
Reimbursement - see memo

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 30b-36-00678-0000  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

4570.15

**B.**

Full Name (Last, First, Middle Initial)  
Willamette Chevron

Mailing Address 2115 8th Ct.

City State Zip Code  
West Linn OR 97068

Purpose of Disbursement  
Fuel cards

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 30b-36-00678-01192  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

600.00

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)  
Verizon

Mailing Address PO Box 30001

City State Zip Code  
Inglewood CA 90313-0001

Purpose of Disbursement  
Telephone

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 30b-36-00678-01190  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

4570.15

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)  
Democratic Party of Oregon

<b>A.</b> Full Name (Last, First, Middle Initial) Safeway - Corvallis	<b>Transaction ID:</b> 30b-36-00678-01194 <b>Date of Disbursement</b>
Mailing Address 450 SW 3rd Ave.	<div> <div>MM / DD / YYYY</div> <div>11 / 24 / 2008</div> </div>
City Corvallis State OR Zip Code 97333	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Gift cards for office supplies	<div> <div>Amount</div> <div>1200.00</div> </div>
Candidate Name	<div> <div>Category/Type</div> <div></div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Shier Unlimited LLC	<b>Transaction ID:</b> 30b-36-00678-01196 <b>Date of Disbursement</b>
Mailing Address 1873 NW 9th	<div> <div>MM / DD / YYYY</div> <div>11 / 24 / 2008</div> </div>
City Corvallis State OR Zip Code 97330	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Fuel cards	<div> <div>Amount</div> <div>1655.25</div> </div>
Candidate Name	<div> <div>Category/Type</div> <div></div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) SVM, LP	<b>Transaction ID:</b> 30b-36-00678-01193 <b>Date of Disbursement</b>
Mailing Address 999 E Touhy Ave., #250	<div> <div>MM / DD / YYYY</div> <div>11 / 24 / 2008</div> </div>
City Des Plaines State OR Zip Code 60018	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Fuel cards	<div> <div>Amount</div> <div>1064.90</div> </div>
Candidate Name	<div> <div>Category/Type</div> <div></div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

**0.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 410 / 481

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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)  
Democratic Party of Oregon

**A.**

Full Name (Last, First, Middle Initial)  
Voter Activation Network

Mailing Address 54 Regent St.

City State Zip Code  
Cambridge MA 02140

Purpose of Disbursement  
In kind on-line Voter File Access

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 30b-00-00745-00745  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

3350.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3350.00

**TOTAL** This Period (last page this line number only) .....

1211433.39

A. Form/Schedule : **SB30b**

Related to in-kind receipt from Democratic National Committee.

Transaction ID : **30b-00-00745-00745**

**SCHEDULE F (FEC Form 3X)****ITEMIZED COORDINATED EXPENDITURES MADE BY  
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)  
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE  
(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

PAGE 412 / 481

FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Oregon			
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO  If YES, name the designating committee:  Democratic Congressional Campaign Committee		Full Name of Subordinate Committee   Mailing Address   City _____ State _____ ZIP Code _____	

  

Full Name (Last, First, Middle Initial) of Each Payee Winning Mark				Purpose of Expenditure Production/ printing/mail <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div> Category/Type	
Mailing Address 1220 SW Morrison St., #910				Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 22</div> <div style="border: 1px solid black; padding: 2px;">Y 2008</div> </div>	
City _____ State _____ ZIP Code _____ Portland OR 97205		Amount <div style="border: 1px solid black; width: 150px; height: 20px; margin-top: 5px;"></div>			
Name of Federal Candidate Supported Kurt Schrader	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: OR District: 05			
Aggregate General Election Expenditure for this Candidate ► <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block; text-align: center;">29764.89</div>		Transaction ID: 25-36-00416-00661			

  

Full Name (Last, First, Middle Initial) of Each Payee Winning Mark				Purpose of Expenditure Production/ printing/mail <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div> Category/Type	
Mailing Address 1220 SW Morrison St., #910				Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 22</div> <div style="border: 1px solid black; padding: 2px;">Y 2008</div> </div>	
City _____ State _____ ZIP Code _____ Portland OR 97205		Amount <div style="border: 1px solid black; width: 150px; height: 20px; margin-top: 5px;"></div>			
Name of Federal Candidate Supported Kurt Schrader	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: OR District: 05			
Aggregate General Election Expenditure for this Candidate ► <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block; text-align: center;">47821.50</div>		Transaction ID: 25-36-00416-00660			

  

Full Name (Last, First, Middle Initial) of Each Payee Winning Mark				Purpose of Expenditure Production/ printing/mail <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div> Category/Type	
Mailing Address 1220 SW Morrison St., #910				Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 22</div> <div style="border: 1px solid black; padding: 2px;">Y 2008</div> </div>	
City _____ State _____ ZIP Code _____ Portland OR 97205		Amount <div style="border: 1px solid black; width: 150px; height: 20px; margin-top: 5px;"></div>			
Name of Federal Candidate Supported Kurt Schrader	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: OR District: 05			
Aggregate General Election Expenditure for this Candidate ► <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block; text-align: center;">63658.04</div>		Transaction ID: 25-36-00416-00659			

  

<b>SUBTOTAL</b> of Expenditures This Page (optional) ..... ► <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block; text-align: center;">49729.69</div>	
<b>TOTAL</b> This Period (last page this line number only) ..... ► <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block; text-align: center;"></div>	

**SCHEDULE F (FEC Form 3X)****ITEMIZED COORDINATED EXPENDITURES MADE BY  
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)  
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE  
(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

PAGE 413 / 481

FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Oregon			
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO  If YES, name the designating committee:  Democratic Congressional Campaign Committee		Full Name of Subordinate Committee   Mailing Address   City _____ State _____ ZIP Code _____	

  

Full Name (Last, First, Middle Initial) of Each Payee Powell Phones				Purpose of Expenditure GOTV calls <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div> Category/Type	
Mailing Address 607 NW 22nd Ave.				Date <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div>1 0</div> <div>2 4</div> <div>2 0 0 8</div> </div>	
City _____ State _____ ZIP Code _____ Portland OR 97210		Amount <div style="border: 1px solid black; width: 150px; height: 20px; margin-top: 5px;"></div> 17490.02			
Name of Federal Candidate Supported Kurt Schrader		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: OR District: 05			
Aggregate General Election Expenditure for this Candidate ►		<div style="border: 1px solid black; width: 150px; height: 20px; margin-top: 5px;"></div> 81148.06			
Transaction ID: 25-36-00458-01212					

  

Full Name (Last, First, Middle Initial) of Each Payee Powell Phones				Purpose of Expenditure GOTV calls <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div> Category/Type	
Mailing Address 607 NW 22nd Ave.				Date <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div>1 0</div> <div>3 1</div> <div>2 0 0 8</div> </div>	
City _____ State _____ ZIP Code _____ Portland OR 97210		Amount <div style="border: 1px solid black; width: 150px; height: 20px; margin-top: 5px;"></div> 3250.00			
Name of Federal Candidate Supported Kurt Schrader		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: OR District: 05			
Aggregate General Election Expenditure for this Candidate ►		<div style="border: 1px solid black; width: 150px; height: 20px; margin-top: 5px;"></div> 84398.06			
Transaction ID: 25-36-00483-01211					

  

SUBTOTAL of Expenditures This Page (optional) .....		<div style="border: 1px solid black; width: 150px; height: 20px; margin-top: 5px;"></div> 20740.02
TOTAL This Period (last page this line number only) .....		<div style="border: 1px solid black; width: 150px; height: 20px; margin-top: 5px;"></div> 70469.71

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 414 / 481  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A. Full Name (Last, First, Middle Initial)**  
Sunnyside Electric

Mailing Address

PO Box 66598

City	State	Zip Code
Portland	OR	97290-6598

Purpose of Disbursement:  
Install lightingCategory/  
TypeActivity or Event Identifier:  
Administrative 07/08

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

241804.69

Date 

M	M
1	0

 / 

D	D
1	7

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-16-07800-11394

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

208.80

371.20

580.00

**B. Full Name (Last, First, Middle Initial)**  
Isham & Sprague Insurance, Inc.

Mailing Address

PO Box 110

City	State	Zip Code
Lincoln City	OR	97367

Purpose of Disbursement:  
InsuranceCategory/  
TypeActivity or Event Identifier:  
Administrative 07/08

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

242672.69

Date 

M	M
1	0

 / 

D	D
1	7

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-16-07801-11395

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

312.48

555.52

868.00

**C. Full Name (Last, First, Middle Initial)**  
Portland Police Alarms

Mailing Address

PO Box 1867

City	State	Zip Code
Portland	OR	97207

Purpose of Disbursement:  
Alarm permitCategory/  
TypeActivity or Event Identifier:  
Administrative 07/08

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

242697.69

Date 

M	M
1	0

 / 

D	D
1	7

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-16-07802-11396

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

9.00

16.00

25.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

530.28

942.72

1473.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 415 / 481

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A. Full Name (Last, First, Middle Initial)**  
A Professional Conference Call

Mailing Address  
PO Box 2939

City State Zip Code  
Southampton NY 11969

Purpose of Disbursement:  
Telephone

Category/  
Type

Activity or Event Identifier:  
Administrative 07/08

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

243016.39

Date  M  M /  D  D /  Y  Y  Y  Y  
1 0 / 1 7 / 2 0 0 8

Transaction ID: 21a-16-07803-11397

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
114.73		203.97		318.70

**B. Full Name (Last, First, Middle Initial)**  
Bank of America

Mailing Address  
1001 SW Fifth Ave.

City State Zip Code  
Portland OR 97204

Purpose of Disbursement:  
Credit card payment-See memos

Category/  
Type

Activity or Event Identifier:  
Administrative 07/08

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

247891.59

Date  M  M /  D  D /  Y  Y  Y  Y  
1 0 / 1 7 / 2 0 0 8

Transaction ID: 21a-16-07804-0051

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1755.07		3120.13		4875.20

**C. Full Name (Last, First, Middle Initial)**  
Hyatt Regency Tech Center

Mailing Address  
7800 Tufts Ave.

City State Zip Code  
Denver CO 80237

Purpose of Disbursement:  
Lodging

Category/  
Type

Activity or Event Identifier:  
Administrative 07/08

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date  M  M /  D  D /  Y  Y  Y  Y  
1 0 / 1 7 / 2 0 0 8

Transaction ID: 21a-16-07804-11398

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
82.28		146.27		228.55

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1869.80		3324.10		5193.90

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 416 / 481

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A. Full Name (Last, First, Middle Initial)**

Hyatt Regency Tech Center

Mailing Address

7800 Tufts Ave.

City State Zip Code

Denver CO 80237

Purpose of Disbursement:

Lodging

Category/  
Type

Activity or Event Identifier:

Administrative 07/08

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	7	/	2	0	0	8

Transaction ID: 21a-16-07804-11399

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

554.07

985.00

1539.07

**B. Full Name (Last, First, Middle Initial)**

Hyatt Regency Tech Center

Mailing Address

7800 Tufts Ave.

City State Zip Code

Denver CO 80237

Purpose of Disbursement:

Lodging

Category/  
Type

Activity or Event Identifier:

Administrative 07/08

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	7	/	2	0	0	8

Transaction ID: 21a-16-07804-11400

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

501.46

891.48

1392.94

**C. Full Name (Last, First, Middle Initial)**

Hyatt Regency Tech Center

Mailing Address

7800 Tufts Ave.

City State Zip Code

Denver CO 80237

Purpose of Disbursement:

Lodging

Category/  
Type

Activity or Event Identifier:

Administrative 07/08

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	7	/	2	0	0	8

Transaction ID: 21a-16-07804-11401

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

411.39

731.36

1142.75

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

0.00

0.00

0.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT



# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 417 / 481

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A. Full Name (Last, First, Middle Initial)**  
 Office Products Northwest

Mailing Address

11130 SW Barbur Blvd.

City	State	Zip Code
Portland	OR	97232

Purpose of Disbursement:  
 Office supplies

Category/  
Type

Activity or Event Identifier:  
 Administrative 07/08

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M
1	0

 / 

D	D
1	7

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-16-07804-11402

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

56.60

100.61

157.21

**B. Full Name (Last, First, Middle Initial)**  
 Doug Fir

Mailing Address

830 East Burnside

City	State	Zip Code
Portland	OR	97214

Purpose of Disbursement:  
 Meals

Category/  
Type

Activity or Event Identifier:  
 Administrative 07/08

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M
1	0

 / 

D	D
1	7

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-16-07804-11403

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

21.96

39.04

61.00

**C. Full Name (Last, First, Middle Initial)**  
 Pastini Pasteria

Mailing Address

7307 SW Bridgeport Rd.

City	State	Zip Code
Tigard	OR	97224

Purpose of Disbursement:  
 Meals

Category/  
Type

Activity or Event Identifier:  
 Administrative 07/08

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M
1	0

 / 

D	D
1	7

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-16-07804-11404

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

31.90

56.70

88.60

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

0.00

0.00

0.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 418 / 481  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A. Full Name (Last, First, Middle Initial)**

TiVo Headquarters

Mailing Address

150 East 52nd St.

City

State

Zip Code

New York

NY

10022

Purpose of Disbursement:

TiVo subscription

Category/  
Type

Activity or Event Identifier:

Administrative 07/08

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date

M M

1 0

D D

1 7

Y Y

2 0

Y Y

0 8

Transaction ID: 21a-16-07804-11405

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

46.44

82.56

129.00

**B. Full Name (Last, First, Middle Initial)**

Big Town Hero

Mailing Address

1545 NE Sandy Blvd.

City

State

Zip Code

Portland

OR

97232

Purpose of Disbursement:

Meals

Category/  
Type

Activity or Event Identifier:

Administrative 07/08

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date

M M

1 0

D D

1 7

Y Y

2 0

Y Y

0 8

Transaction ID: 21a-16-07804-11407

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

21.60

38.40

60.00

**C. Full Name (Last, First, Middle Initial)**

Pizza Hut

Mailing Address

2124 SE Powell Blvd.

City

State

Zip Code

Portland

OR

97202

Purpose of Disbursement:

Meals

Category/  
Type

Activity or Event Identifier:

Administrative 07/08

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date

M M

1 0

D D

1 7

Y Y

2 0

Y Y

0 8

Transaction ID: 21a-16-07804-11408

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

12.60

22.40

35.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

0.00

0.00

0.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 419 / 481  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A. Full Name (Last, First, Middle Initial)**

Timberline Steaks &amp; Grill

Mailing Address

Denver Airport

City State Zip Code

Denver CO 80238

Purpose of Disbursement:  
MealsCategory/  
Type

Activity or Event Identifier:

Administrative 07/08

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	7	/	2	0	0	8

Transaction ID: 21a-16-07804-11409

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

14.79

26.29

41.08

**B. Full Name (Last, First, Middle Initial)**

Oregon Convention Center

Mailing Address

777 NE MLK Blvd.

City State Zip Code

Portland OR 97232

Purpose of Disbursement:  
Room rentalCategory/  
Type

Activity or Event Identifier:

Administrative 07/08

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

251091.59

Date 

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	0	8

Transaction ID: 21a-34-00218-00223

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

1152.00

2048.00

3200.00

**C. Full Name (Last, First, Middle Initial)**

De Lage Landen Financial Services

Mailing Address

PO Box 41602

City State Zip Code

Philadelphia PA 19101-1602

Purpose of Disbursement:  
CopierCategory/  
Type

Activity or Event Identifier:

Administrative 07/08

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

251502.79

Date 

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	4	/	2	0	0	8

Transaction ID: 21a-16-07832-11450

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

148.03

263.17

411.20

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

1300.03

2311.17

3611.20

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 420 / 481

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A. Full Name (Last, First, Middle Initial)**  
 Pacific Office Automation/PA

Mailing Address

PO Box 41602

City	State	Zip Code
Phila	PA	19101-1602

Purpose of Disbursement:  
 Copier

Category/  
Type

Activity or Event Identifier:  
 Administrative 07/08

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

252010.26

Date 

M	M
1	0

 / 

D	D
2	4

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-16-07833-11451

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

182.69

324.78

507.47

**B. Full Name (Last, First, Middle Initial)**  
 Cricket Phones

Mailing Address

PO Box 660091

City	State	Zip Code
Dallas	TX	75266

Purpose of Disbursement:  
 Wireless service

Category/  
Type

Activity or Event Identifier:  
 Administrative 07/08

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

252050.81

Date 

M	M
1	0

 / 

D	D
2	4

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-16-07834-11452

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

14.60

25.95

40.55

**C. Full Name (Last, First, Middle Initial)**  
 Starplex Corporation

Mailing Address

11300 SW Bull Mountain Rd.

City	State	Zip Code
Tigard	OR	97223

Purpose of Disbursement:  
 Security

Category/  
Type

Activity or Event Identifier:  
 Administrative 07/08

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

253417.56

Date 

M	M
1	0

 / 

D	D
2	9

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-16-07844-11462

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

492.03

874.72

1366.75

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

689.32

1225.45

1914.77

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 421 / 481  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A. Full Name (Last, First, Middle Initial)**  
 Providence Health Plans

Mailing Address  
 PO Box 5728

City State Zip Code  
 Portland OR 97228-5728

Purpose of Disbursement:  
 Health insurance

Category/Type

Activity or Event Identifier:  
 Administrative 07/08

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

254803.40

Date  M  M /  D  D /  Y  Y  Y  Y  
 1 0 / 3 0 / 2 0 0 8

Transaction ID: 21a-16-07847-11465

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

498.90

886.94

1385.84

**B. Full Name (Last, First, Middle Initial)**  
 Alexandra T Berke

Mailing Address  
 2224 SE 16th Ave.

City State Zip Code  
 Portland OR 97214

Purpose of Disbursement:  
 Payroll

Category/Type

Activity or Event Identifier:  
 Administrative 07/08

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

255859.14

Date  M  M /  D  D /  Y  Y  Y  Y  
 1 0 / 3 1 / 2 0 0 8

Transaction ID: 21a-20-03047-03826

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

380.07

675.67

1055.74

**C. Full Name (Last, First, Middle Initial)**  
 Jackson County Democratic Central Comm., #314

Mailing Address  
 PO Box 4474

City State Zip Code  
 Medford OR 97501

Purpose of Disbursement:  
 Rent

Category/Type

Activity or Event Identifier:  
 Administrative 07/08

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

256659.14

Date  M  M /  D  D /  Y  Y  Y  Y  
 1 1 / 0 2 / 2 0 0 8

Transaction ID: 21a-36-00544-00920

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

288.00

512.00

800.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

1166.97

2074.61

3241.58

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 422 / 481  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A. Full Name (Last, First, Middle Initial)**  
 Jonathan Panikoff

Mailing Address

174 S. Shore Ave.

City	State	Zip Code
Groton	CT	06340

Purpose of Disbursement:  
 reimbursement - see memo

Category/  
Type

Activity or Event Identifier:  
 Administrative 07/08

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

256908.14

Date 

M	M
1	1

 / 

D	D
0	2

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-36-00546-0051

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
89.64		159.36		249.00

89.64

159.36

249.00

**B. Full Name (Last, First, Middle Initial)**  
 United Airlines

Mailing Address

77 West Wacker Dr.

City	State	Zip Code
Chicago	IL	60601

Purpose of Disbursement:  
 Airfare

Category/  
Type

Activity or Event Identifier:  
 Administrative 07/08

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M
1	1

 / 

D	D
0	2

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-36-00546-00933

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
35.82		63.68		99.50

35.82

63.68

99.50

**C. Full Name (Last, First, Middle Initial)**  
 United Airlines

Mailing Address

77 West Wacker Dr.

City	State	Zip Code
Chicago	IL	60601

Purpose of Disbursement:  
 Airfare

Category/  
Type

Activity or Event Identifier:  
 Administrative 07/08

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M
1	1

 / 

D	D
0	2

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-36-00546-00934

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
53.82		95.68		149.50

53.82

95.68

149.50

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
89.64		159.36		249.00

89.64

159.36

249.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 423 / 481

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A. Full Name (Last, First, Middle Initial)**

Eric A Koszyk

Mailing Address

600-1/2 E. Howell St.

City State Zip Code

Seattle WA 98122

Purpose of Disbursement:  
reimbursement - see memoCategory/  
TypeActivity or Event Identifier:  
Administrative 07/08

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

257071.19

Date 

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	0	8

Transaction ID: 21a-36-00548-0051

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

58.70

104.35

163.05

**B. Full Name (Last, First, Middle Initial)**

Eric A Koszyk

Mailing Address

600-1/2 E. Howell St.

City State Zip Code

Seattle WA 98122

Purpose of Disbursement:  
MileageCategory/  
TypeActivity or Event Identifier:  
Administrative 07/08**[MEMO ITEM]**

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	0	8

Transaction ID: 21a-36-00548-00936

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

35.28

62.72

98.00

**C. Full Name (Last, First, Middle Initial)**

Safeway - Salem

Mailing Address

3285 Commercial

City State Zip Code

Salem OR 97302

Purpose of Disbursement:  
Office suppliesCategory/  
TypeActivity or Event Identifier:  
Administrative 07/08**[MEMO ITEM]**

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	0	8

Transaction ID: 21a-36-00548-00938

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

6.51

11.58

18.09

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

58.70

104.35

163.05

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 424 / 481

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A. Full Name (Last, First, Middle Initial)**

Dollar Tree

Mailing Address

1900 SE McLoughlin Blvd.

City State Zip Code

Oregon City OR 97045

Purpose of Disbursement:  
Office SuppliesCategory/  
Type

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Activity or Event Identifier:

Administrative 07/08

**[MEMO ITEM]**Date 

M	M
1	1

 / 

D	D
0	2

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-36-00548-00939

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

14.04

24.96

39.00

**B. Full Name (Last, First, Middle Initial)**

True Value - Keizer

Mailing Address

5014 River Rd., N

City State Zip Code

Keizer OR 97309

Purpose of Disbursement:  
KeysCategory/  
Type

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Activity or Event Identifier:

Administrative 07/08

**[MEMO ITEM]**Date 

M	M
1	1

 / 

D	D
0	2

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-36-00548-00943

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

2.87

5.09

7.96

**C. Full Name (Last, First, Middle Initial)**

Gresham Sanitary Service Inc.

Mailing Address

PO Box 1560

City State Zip Code

Gresham OR 97030-0515

Purpose of Disbursement:  
Sanitary ServiceCategory/  
Type

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

257083.61

Activity or Event Identifier:

Administrative 07/08

Date 

M	M
1	1

 / 

D	D
0	2

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-36-00549-00944

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

4.47

7.95

12.42

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

4.47

7.95

12.42

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT



**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 425 / 481  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A. Full Name (Last, First, Middle Initial)**  
Oregon Convention Center

Mailing Address

777 NE MLK Blvd.

City	State	Zip Code
Portland	OR	97232

 Purpose of Disbursement:  
Room rental/Refreshments

Category/Type

 Activity or Event Identifier:  
Administrative 07/08

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

268883.61

 Date 

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	0	8

Transaction ID: 21a-34-00279-00286

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4248.00		7552.00		11800.00

**B. Full Name (Last, First, Middle Initial)**  
Amber Cruz

Mailing Address

5705 Woodside Dr. SE

City	State	Zip Code
Salem	OR	97306

 Purpose of Disbursement:  
reimbursement - see memo

Category/Type

 Activity or Event Identifier:  
Administrative 07/08

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

269150.08

 Date 

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	0	8

Transaction ID: 21a-36-00556-0051

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
95.93		170.54		266.47

**C. Full Name (Last, First, Middle Initial)**  
DPS, Inc.

Mailing Address

PO Box 17795

City	State	Zip Code
Salem	OR	97305

 Purpose of Disbursement:  
Office supplies

Category/Type

 Activity or Event Identifier:  
Administrative 07/08
**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

 Date 

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	0	8

Transaction ID: 21a-36-00556-00952

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
41.40		73.60		115.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4343.93		7722.54		12066.47

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 426 / 481  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A. Full Name (Last, First, Middle Initial)**

Office Depot - 0855

## Mailing Address

2945 Liberty Road, South

City State Zip Code

Salem OR 97302

Purpose of Disbursement:  
Office suppliesCategory/  
Type

## Activity or Event Identifier:

Administrative 07/08

**[MEMO ITEM]**

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date  M  M /  D  D /  Y  Y  Y  Y

1 1 / 0 3 / 2 0 0 8

Transaction ID: 21a-36-00556-00954

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

5.35

9.52

14.87

**B. Full Name (Last, First, Middle Initial)**

Office Depot - 0855

## Mailing Address

2945 Liberty Road, South

City State Zip Code

Salem OR 97302

Purpose of Disbursement:  
Office suppliesCategory/  
Type

## Activity or Event Identifier:

Administrative 07/08

**[MEMO ITEM]**

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date  M  M /  D  D /  Y  Y  Y  Y

1 1 / 0 3 / 2 0 0 8

Transaction ID: 21a-36-00556-00955

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

38.87

69.10

107.97

**C. Full Name (Last, First, Middle Initial)**

Office Depot - 0855

## Mailing Address

2945 Liberty Road, South

City State Zip Code

Salem OR 97302

Purpose of Disbursement:  
Office suppliesCategory/  
Type

## Activity or Event Identifier:

Administrative 07/08

**[MEMO ITEM]**

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date  M  M /  D  D /  Y  Y  Y  Y

1 1 / 0 3 / 2 0 0 8

Transaction ID: 21a-36-00556-00956

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

10.31

18.32

28.63

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

0.00

0.00

0.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 427 / 481  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A. Full Name (Last, First, Middle Initial)**  
 Anna Fodor

Mailing Address

2500 Clarendon Blvd. #101

City	State	Zip Code
Arlington	VA	22201

Purpose of Disbursement:  
 reimbursement - see memo

Category/Type

Activity or Event Identifier:  
 Administrative 07/08

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

269569.47

Date 

M	M
1	1

 / 

D	D
0	3

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-36-00559-0051

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
150.98		268.41		419.39

**B. Full Name (Last, First, Middle Initial)**  
 Frontier Airlines

Mailing Address

7001 Tower Rd.

City	State	Zip Code
Denver	CO	80249

Purpose of Disbursement:  
 Airfare

Category/Type

Activity or Event Identifier:  
 Administrative 07/08

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M
1	1

 / 

D	D
0	3

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-36-00559-00964

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
150.98		268.41		419.39

**C. Full Name (Last, First, Middle Initial)**  
 Carolyn Lee

Mailing Address

12026 15th Ave. NE, #405

City	State	Zip Code
Seattle	WA	98125

Purpose of Disbursement:  
 reimbursement - see memo

Category/Type

Activity or Event Identifier:  
 Administrative 07/08

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

269748.18

Date 

M	M
1	1

 / 

D	D
0	3

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-36-00562-0051

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
64.34		114.37		178.71

## **SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
215.32		382.78		598.10

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 428 / 481  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A. Full Name (Last, First, Middle Initial)**  
 Office Depot #0893

Mailing Address

2595 SW Cedar Hills Blvd.

City	State	Zip Code
Beaverton	OR	97005

Purpose of Disbursement:  
 Office supplies

Category/  
Type

Activity or Event Identifier:  
 Administrative 07/08

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M
1	1

 / 

D	D
0	3

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-36-00562-00968

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

25.71

45.72

71.43

**B. Full Name (Last, First, Middle Initial)**  
 Office Depot #0893

Mailing Address

2595 SW Cedar Hills Blvd.

City	State	Zip Code
Beaverton	OR	97005

Purpose of Disbursement:  
 Office supplies

Category/  
Type

Activity or Event Identifier:  
 Administrative 07/08

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M
1	1

 / 

D	D
0	3

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-36-00562-00969

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

2.08

3.71

5.79

**C. Full Name (Last, First, Middle Initial)**  
 Office Depot #0893

Mailing Address

2595 SW Cedar Hills Blvd.

City	State	Zip Code
Beaverton	OR	97005

Purpose of Disbursement:  
 Office supplies

Category/  
Type

Activity or Event Identifier:  
 Administrative 07/08

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M
1	1

 / 

D	D
0	3

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-36-00562-00970

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

13.68

24.31

37.99

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

0.00

0.00

0.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 429 / 481  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A. Full Name (Last, First, Middle Initial)**  
 Office Depot #0893

Mailing Address

2595 SW Cedar Hills Blvd.

City	State	Zip Code
Beaverton	OR	97005

Purpose of Disbursement:  
 Office supplies

Category/  
Type

Activity or Event Identifier:  
 Administrative 07/08

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M
1	1

 / 

D	D
0	3

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-36-00562-00971

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

13.68

24.31

37.99

**B. Full Name (Last, First, Middle Initial)**  
 Dollar Tree

Mailing Address

1900 SE McLoughlin Blvd.

City	State	Zip Code
Oregon City	OR	97045

Purpose of Disbursement:  
 Office supplies

Category/  
Type

Activity or Event Identifier:  
 Administrative 07/08

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M
1	1

 / 

D	D
0	3

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-36-00562-00972

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

1.80

3.20

5.00

**C. Full Name (Last, First, Middle Initial)**  
 Target - Beaverton

Mailing Address

10775 SW Beaverton Hillsdale Hwy.

City	State	Zip Code
Beaverton	OR	97005

Purpose of Disbursement:  
 Office supplies

Category/  
Type

Activity or Event Identifier:  
 Administrative 07/08

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M
1	1

 / 

D	D
0	3

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-36-00562-00973

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

2.44

4.34

6.78

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

0.00

0.00

0.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 430 / 481  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A. Full Name (Last, First, Middle Initial)**  
 Fred Meyer - Beaverton

Mailing Address

11425 SW Beaverton-Hillsdale Hwy.

City	State	Zip Code
Beaverton	OR	97005

Purpose of Disbursement:  
 Office supplies

Category/  
Type

Activity or Event Identifier:  
 Administrative 07/08

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M
1	1

 / 

D	D
0	3

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-36-00562-00974

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

3.16

5.62

8.78

**B. Full Name (Last, First, Middle Initial)**  
 Home Depot #4017

Mailing Address

2002 Washington St.

City	State	Zip Code
Oregon City	OR	97045

Purpose of Disbursement:  
 Office supplies

Category/  
Type

Activity or Event Identifier:  
 Administrative 07/08

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M
1	1

 / 

D	D
0	3

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-36-00562-00975

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

1.78

3.17

4.95

**C. Full Name (Last, First, Middle Initial)**  
 Chris Edmonds

Mailing Address

1768 16th St.

City	State	Zip Code
West Linn	OR	97068

Purpose of Disbursement:  
 reimbursement - see memo

Category/  
Type

Activity or Event Identifier:  
 Administrative 07/08

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

269777.67

Date 

M	M
1	1

 / 

D	D
0	3

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-36-00563-0051

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

10.62

18.87

29.49

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

10.62

18.87

29.49

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 431 / 481  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A. Full Name (Last, First, Middle Initial)**  
Office Max #1370

Mailing Address

Nyberg Woods

City State Zip Code  
Tualatin OR 97062

Purpose of Disbursement:  
Office supplies

Category/  
Type

Activity or Event Identifier:  
Administrative 07/08

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date  M  M /  D  D /  Y  Y  Y  Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: 21a-36-00563-00978

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

10.62

18.87

29.49

**B. Full Name (Last, First, Middle Initial)**  
Daniel Ranellone

Mailing Address

206 Jay St.

City State Zip Code  
Albany NY 12210

Purpose of Disbursement:  
reimbursement - see memo

Category/  
Type

Activity or Event Identifier:  
Administrative 07/08

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

269812.74

Date  M  M /  D  D /  Y  Y  Y  Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: 21a-36-00564-0051

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

12.63

22.44

35.07

**C. Full Name (Last, First, Middle Initial)**  
Fred Meyer - Newport

Mailing Address

150 NE 20th

City State Zip Code  
Newport OR 97365

Purpose of Disbursement:  
Office supplies

Category/  
Type

Activity or Event Identifier:  
Administrative 07/08

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date  M  M /  D  D /  Y  Y  Y  Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: 21a-36-00564-00986

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

8.42

14.96

23.38

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

12.63

22.44

35.07

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 432 / 481  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A. Full Name (Last, First, Middle Initial)**

Fred Meyer - Newport

Mailing Address

150 NE 20th

City State Zip Code

Newport OR 97365

Purpose of Disbursement:  
Office suppliesCategory/  
TypeActivity or Event Identifier:  
Administrative 07/08**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	0	8

Transaction ID: 21a-36-00564-00987

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

4.21

7.48

11.69

**B. Full Name (Last, First, Middle Initial)**

Daniel Schneiderman

Mailing Address

4320 19th St. North

City State Zip Code

Arlington VA 22207

Purpose of Disbursement:  
reimbursement - see memoCategory/  
TypeActivity or Event Identifier:  
Administrative 07/08

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

270568.75

Date 

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	0	8

Transaction ID: 21a-36-00565-0051

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

272.16

483.85

756.01

**C. Full Name (Last, First, Middle Initial)**

United Airlines

Mailing Address

77 West Wacker Dr.

City State Zip Code

Chicago IL 60601

Purpose of Disbursement:  
AirfareCategory/  
TypeActivity or Event Identifier:  
Administrative 07/08**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	0	8

Transaction ID: 21a-36-00565-00989

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

272.16

483.85

756.01

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

272.16

483.85

756.01

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT



**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 433 / 481

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A. Full Name (Last, First, Middle Initial)**  
Farley Griner

Mailing Address

2334 SE 26th Ave.

City	State	Zip Code
Portland	OR	97214

Purpose of Disbursement:  
reimbursement - see memo

Category/  
Type

Activity or Event Identifier:  
Administrative 07/08

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

270626.73

Date 

M	M
1	1

 / 

D	D
0	3

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-36-00566-0051

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

20.87

37.11

57.98

**B. Full Name (Last, First, Middle Initial)**  
Office Depot #0977

Mailing Address

2205 NE Burnside

City	State	Zip Code
Gresham	OR	97030

Purpose of Disbursement:  
Office supplies

Category/  
Type

Activity or Event Identifier:  
Administrative 07/08

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M
1	1

 / 

D	D
0	3

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-36-00566-00990

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

13.68

24.31

37.99

**C. Full Name (Last, First, Middle Initial)**  
Office Depot #0977

Mailing Address

2205 NE Burnside

City	State	Zip Code
Gresham	OR	97030

Purpose of Disbursement:  
Office supplies

Category/  
Type

Activity or Event Identifier:  
Administrative 07/08

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M
1	1

 / 

D	D
0	3

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-36-00566-00991

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

7.20

12.79

19.99

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

20.87

37.11

57.98

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 434 / 481

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A. Full Name (Last, First, Middle Initial)**  
Hayes Ingraham

Mailing Address

638 SE 27th

City

State

Zip Code

Portland

OR

97214

Purpose of Disbursement:  
reimbursement - see memoCategory/  
TypeActivity or Event Identifier:  
Administrative 07/08

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

270677.56

Date 

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	0	8

Transaction ID: 21a-36-00567-0051

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

18.30

32.53

50.83

**B. Full Name (Last, First, Middle Initial)**  
ebay.com

Mailing Address

2145 Hamilton Ave.

City

State

Zip Code

San Jose

CA

95125

Purpose of Disbursement:  
Office suppliesCategory/  
TypeActivity or Event Identifier:  
Administrative 07/08

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	0	8

Transaction ID: 21a-36-00567-00994

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

3.17

5.63

8.80

**C. Full Name (Last, First, Middle Initial)**  
buy.com

Mailing Address

85 Enterprise, Ste. 100

City

State

Zip Code

Aliso Viejo

CA

92656

Purpose of Disbursement:  
Office suppliesCategory/  
TypeActivity or Event Identifier:  
Administrative 07/08

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	0	8

Transaction ID: 21a-36-00567-00995

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

15.13

26.90

42.03

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

18.30

32.53

50.83

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 435 / 481

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A. Full Name (Last, First, Middle Initial)**  
 Jared A Mason-Gere

Mailing Address

670 Gilbert St.

City	State	Zip Code
Eugene	OR	97402

Purpose of Disbursement:  
 reimbursement - see memo

Category/  
Type

Activity or Event Identifier:  
 Administrative 07/08

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

271075.31

Date 

M	M
1	1

 / 

D	D
0	3

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-36-00570-0051

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

143.19

254.56

397.75

**B. Full Name (Last, First, Middle Initial)**  
 JWF Enterprises

Mailing Address

116 Kingsley Rd.

City	State	Zip Code
Rochester	NY	14612

Purpose of Disbursement:  
 Office supplies

Category/  
Type

Activity or Event Identifier:  
 Administrative 07/08

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M
1	1

 / 

D	D
0	3

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-36-00570-01003

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

143.19

254.56

397.75

**C. Full Name (Last, First, Middle Initial)**  
 Jayme Rabenberg

Mailing Address

1340 SE Tacoma

City	State	Zip Code
Portland	OR	97202

Purpose of Disbursement:  
 reimbursement - see memo

Category/  
Type

Activity or Event Identifier:  
 Administrative 07/08

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

271117.78

Date 

M	M
1	1

 / 

D	D
0	3

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-36-00571-0051

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

15.29

27.18

42.47

## **SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

158.48

281.74

440.22

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 436 / 481  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A. Full Name (Last, First, Middle Initial)**  
 Office Depot - 0855

Mailing Address

2945 Liberty Road, South

City	State	Zip Code
Salem	OR	97302

Purpose of Disbursement:  
 Office supplies

Category/  
Type

Activity or Event Identifier:  
 Administrative 07/08

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M
1	1

 / 

D	D
0	3

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-36-00571-01006

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

13.49

23.99

37.48

**B. Full Name (Last, First, Middle Initial)**  
 Office Max

Mailing Address

85 Division Blvd.

City	State	Zip Code
Eugene	OR	97404

Purpose of Disbursement:  
 Office supplies

Category/  
Type

Activity or Event Identifier:  
 Administrative 07/08

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M
1	1

 / 

D	D
0	3

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-36-00571-01008

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

1.80

3.19

4.99

**C. Full Name (Last, First, Middle Initial)**  
 Jeffrey Blum

Mailing Address

117 Jeffrey Ln.

City	State	Zip Code
Newington	CT	06111

Purpose of Disbursement:  
 reimbursement - see memo

Category/  
Type

Activity or Event Identifier:  
 Administrative 07/08

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

272422.57

Date 

M	M
1	1

 / 

D	D
0	3

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-36-00572-0051

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

469.72

835.07

1304.79

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

469.72

835.07

1304.79

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 437 / 481  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A. Full Name (Last, First, Middle Initial)**  
 Orbitz

Mailing Address  
 500 W. Madison

City State Zip Code  
 Chicago IL 60661

Purpose of Disbursement:  
 Airfare

Category/Type

Activity or Event Identifier:  
 Administrative 07/08

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date  M  M /  D  D /  Y  Y  Y  Y  
 1 1 / 0 3 / 2 0 0 8

Transaction ID: 21a-36-00572-01010

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

117.18

208.31

325.49

**B. Full Name (Last, First, Middle Initial)**  
 Staples - Newport

Mailing Address  
 721 North Coast Hwy.

City State Zip Code  
 Newport OR 97365

Purpose of Disbursement:  
 Office supplies

Category/Type

Activity or Event Identifier:  
 Administrative 07/08

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date  M  M /  D  D /  Y  Y  Y  Y  
 1 1 / 0 3 / 2 0 0 8

Transaction ID: 21a-36-00572-01011

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

64.44

114.56

179.00

**C. Full Name (Last, First, Middle Initial)**  
 Fred Meyer - Newport

Mailing Address  
 150 NE 20th

City State Zip Code  
 Newport OR 97365

Purpose of Disbursement:  
 Office supplies

Category/Type

Activity or Event Identifier:  
 Administrative 07/08

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date  M  M /  D  D /  Y  Y  Y  Y  
 1 1 / 0 3 / 2 0 0 8

Transaction ID: 21a-36-00572-01012

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

8.51

15.12

23.63

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

0.00

0.00

0.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 438 / 481  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A. Full Name (Last, First, Middle Initial)**

Fred Meyer - Newport

Mailing Address

150 NE 20th

City

State

Zip Code

Newport

OR

97365

Purpose of Disbursement:

Office supplies

Category/  
Type

Activity or Event Identifier:

Administrative 07/08

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date

M M

1 1

D D

0 3

Y Y Y Y

2 0 0 8

Transaction ID: 21a-36-00572-01013

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

24.46

43.48

67.94

**B. Full Name (Last, First, Middle Initial)**

Staples - Tualatin

Mailing Address

8795 SW Tualatin Sherwood Rd

City

State

Zip Code

Tualatin

OR

97062

Purpose of Disbursement:

Office supplies

Category/  
Type

Activity or Event Identifier:

Administrative 07/08

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date

M M

1 1

D D

0 3

Y Y Y Y

2 0 0 8

Transaction ID: 21a-36-00572-01014

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

69.92

124.31

194.23

**C. Full Name (Last, First, Middle Initial)**

Fred Meyer - Newport

Mailing Address

150 NE 20th

City

State

Zip Code

Newport

OR

97365

Purpose of Disbursement:

Office supplies

Category/  
Type

Activity or Event Identifier:

Administrative 07/08

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date

M M

1 1

D D

0 3

Y Y Y Y

2 0 0 8

Transaction ID: 21a-36-00572-01015

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

3.96

7.04

11.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

0.00

0.00

0.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 439 / 481  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A. Full Name (Last, First, Middle Initial)**  
 Fred Meyer/Oregon City

Mailing Address

1839 Molalla Ave.

City	State	Zip Code
Oregon City	OR	97045

Purpose of Disbursement:  
 Office supplies

Category/  
Type

Activity or Event Identifier:  
 Administrative 07/08

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M
1	1

 / 

D	D
0	3

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-36-00572-01017

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

44.83

79.69

124.52

**B. Full Name (Last, First, Middle Initial)**  
 Staples - Newport

Mailing Address

721 North Coast Hwy.

City	State	Zip Code
Newport	OR	97365

Purpose of Disbursement:  
 Office supplies

Category/  
Type

Activity or Event Identifier:  
 Administrative 07/08

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M
1	1

 / 

D	D
0	3

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-36-00572-01018

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

29.67

52.75

82.42

**C. Full Name (Last, First, Middle Initial)**  
 Bi-Mart

Mailing Address

2045 N. 9th

City	State	Zip Code
Corvallis	OR	97330

Purpose of Disbursement:  
 Office supplies

Category/  
Type

Activity or Event Identifier:  
 Administrative 07/08

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M
1	1

 / 

D	D
0	3

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-36-00572-01019

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

29.84

53.04

82.88

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

0.00

0.00

0.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 440 / 481  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A. Full Name (Last, First, Middle Initial)**

Staples - Newport

## Mailing Address

721 North Coast Hwy.

City State Zip Code

Newport OR 97365

Purpose of Disbursement:  
Office suppliesCategory/  
TypeActivity or Event Identifier:  
Administrative 07/08**[MEMO ITEM]**

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	0	8

Transaction ID: 21a-36-00572-01020

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

22.41

39.84

62.25

**B. Full Name (Last, First, Middle Initial)**

Office Max #968

## Mailing Address

15550 SE McLoughlin Blvd.

City State Zip Code

Milwaukie OR 97222

Purpose of Disbursement:  
Office suppliesCategory/  
TypeActivity or Event Identifier:  
Administrative 07/08**[MEMO ITEM]**

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	0	8

Transaction ID: 21a-36-00572-01021

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

17.04

30.30

47.34

**C. Full Name (Last, First, Middle Initial)**

Office Max #968

## Mailing Address

15550 SE McLoughlin Blvd.

City State Zip Code

Milwaukie OR 97222

Purpose of Disbursement:  
Office suppliesCategory/  
TypeActivity or Event Identifier:  
Administrative 07/08**[MEMO ITEM]**

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	0	8

Transaction ID: 21a-36-00572-01022

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

15.12

26.87

41.99

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

0.00

0.00

0.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT



# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 441 / 481  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A. Full Name (Last, First, Middle Initial)**

Fred Meyer/Oregon City

## Mailing Address

1839 Molalla Ave.

City State Zip Code

Oregon City OR 97045

Purpose of Disbursement:  
Office suppliesCategory/  
Type

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Activity or Event Identifier:  
Administrative 07/08**[MEMO ITEM]**Date  M  M /  D  D /  Y  Y  Y  Y

1 1 / 0 3 / 2 0 0 8

Transaction ID: 21a-36-00572-01023

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

5.10

9.06

14.16

**B. Full Name (Last, First, Middle Initial)**

Grocery Outlet - Oregon City

## Mailing Address

878 Molalla Ave.

City State Zip Code

Oregon City OR 97405

Purpose of Disbursement:  
Office furnitureCategory/  
Type

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Activity or Event Identifier:  
Administrative 07/08**[MEMO ITEM]**Date  M  M /  D  D /  Y  Y  Y  Y

1 1 / 0 3 / 2 0 0 8

Transaction ID: 21a-36-00572-01025

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

17.26

30.68

47.94

**C. Full Name (Last, First, Middle Initial)**

John McNally

## Mailing Address

2031 Peavy Rd.

City State Zip Code

Dallas TX 75228

Purpose of Disbursement:  
reimbursement - see memoCategory/  
Type

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

273038.04

Activity or Event Identifier:  
Administrative 07/08Date  M  M /  D  D /  Y  Y  Y  Y

1 1 / 0 3 / 2 0 0 8

Transaction ID: 21a-36-00574-0051

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

221.57

393.90

615.47

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

221.57

393.90

615.47

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 442 / 481

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A. Full Name (Last, First, Middle Initial)**

Caravan Airport Transportation

Mailing Address

PO Box 461

City State Zip Code

Lincoln City OR 97367

Purpose of Disbursement:

Airport Transportation

Activity or Event Identifier:

Administrative 07/08

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date  M  M /  D  D /  Y  Y  Y  Y

1 1 / 0 3 / 2 0 0 8

Transaction ID: 21a-36-00574-01043

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

14.76

26.24

41.00

**B. Full Name (Last, First, Middle Initial)**

Travelocity

Mailing Address

15100 Trinity Blvd.

City State Zip Code

Fort Worth TX 76155

Purpose of Disbursement:

Airfare

Activity or Event Identifier:

Administrative 07/08

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date  M  M /  D  D /  Y  Y  Y  Y

1 1 / 0 3 / 2 0 0 8

Transaction ID: 21a-36-00574-01044

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

83.50

148.45

231.95

**C. Full Name (Last, First, Middle Initial)**

Bushnell Stationers

Mailing Address

454 SW Coast Hwy

City State Zip Code

Newport OR 97365

Purpose of Disbursement:

Office supplies

Activity or Event Identifier:

Administrative 07/08

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date  M  M /  D  D /  Y  Y  Y  Y

1 1 / 0 3 / 2 0 0 8

Transaction ID: 21a-36-00574-01032

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

1.77

3.15

4.92

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

0.00

0.00

0.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 443 / 481  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A. Full Name (Last, First, Middle Initial)**  
 Bushnell Stationers

Mailing Address

454 SW Coast Hwy

City	State	Zip Code
Newport	OR	97365

Purpose of Disbursement:  
 Office supplies

Category/  
Type

Activity or Event Identifier:  
 Administrative 07/08

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M
1	1

 / 

D	D
0	3

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-36-00574-01033

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

1.30

2.30

3.60

**B. Full Name (Last, First, Middle Initial)**  
 Bushnell Stationers

Mailing Address

454 SW Coast Hwy

City	State	Zip Code
Newport	OR	97365

Purpose of Disbursement:  
 Office supplies

Category/  
Type

Activity or Event Identifier:  
 Administrative 07/08

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M
1	1

 / 

D	D
0	3

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-36-00574-01034

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

1.54

2.75

4.29

**C. Full Name (Last, First, Middle Initial)**  
 Bushnell Stationers

Mailing Address

454 SW Coast Hwy

City	State	Zip Code
Newport	OR	97365

Purpose of Disbursement:  
 Office supplies

Category/  
Type

Activity or Event Identifier:  
 Administrative 07/08

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M
1	1

 / 

D	D
0	3

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-36-00574-01035

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

1.44

2.55

3.99

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

0.00

0.00

0.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 444 / 481

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A. Full Name (Last, First, Middle Initial)**

Bushnell Stationers

Mailing Address

454 SW Coast Hwy

City

State

Zip Code

Newport

OR

97365

Purpose of Disbursement:  
Office suppliesCategory/  
Type

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Activity or Event Identifier:  
Administrative 07/08**[MEMO ITEM]**Date  M  M /  D  D /  Y  Y  Y  Y

Transaction ID: 21a-36-00574-01036

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

1.44

2.55

3.99

**B. Full Name (Last, First, Middle Initial)**

Staples - Newport

Mailing Address

721 North Coast Hwy.

City

State

Zip Code

Newport

OR

97365

Purpose of Disbursement:  
Office suppliesCategory/  
Type

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Activity or Event Identifier:  
Administrative 07/08**[MEMO ITEM]**Date  M  M /  D  D /  Y  Y  Y  Y

Transaction ID: 21a-36-00574-01037

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

1.33

2.36

3.69

**C. Full Name (Last, First, Middle Initial)**

Staples - Newport

Mailing Address

721 North Coast Hwy.

City

State

Zip Code

Newport

OR

97365

Purpose of Disbursement:  
Office suppliesCategory/  
Type

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Activity or Event Identifier:  
Administrative 07/08**[MEMO ITEM]**Date  M  M /  D  D /  Y  Y  Y  Y

Transaction ID: 21a-36-00574-01038

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

8.52

15.16

23.68

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

0.00

0.00

0.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 445 / 481  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A. Full Name (Last, First, Middle Initial)**  
 Staples - Newport

Mailing Address

721 North Coast Hwy.

City	State	Zip Code
Newport	OR	97365

Purpose of Disbursement:  
 Office supplies

Category/  
Type

Activity or Event Identifier:  
 Administrative 07/08

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M
1	1

 / 

D	D
0	3

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-36-00574-01039

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

16.33

29.04

45.37

**B. Full Name (Last, First, Middle Initial)**  
 Orbitz

Mailing Address

500 W. Madison

City	State	Zip Code
Chicago	IL	60661

Purpose of Disbursement:  
 Airfare

Category/  
Type

Activity or Event Identifier:  
 Administrative 07/08

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M
1	1

 / 

D	D
0	3

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-36-00574-01041

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

89.64

159.35

248.99

**C. Full Name (Last, First, Middle Initial)**  
 Katherine Heald

Mailing Address

1705 SE 24th Ave.

City	State	Zip Code
Portland	OR	97214

Purpose of Disbursement:  
 reimbursement - see memo

Category/  
Type

Activity or Event Identifier:  
 Administrative 07/08

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

273128.99

Date 

M	M
1	1

 / 

D	D
0	3

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-36-00577-0051

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

32.74

58.21

90.95

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

32.74

58.21

90.95

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 446 / 481  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A. Full Name (Last, First, Middle Initial)**

Bulk Office Supply

Mailing Address

PO Box 470

City State Zip Code

Hewlett NY 11557

Purpose of Disbursement:  
Office suppliesCategory/  
Type

Activity or Event Identifier:

Administrative 07/08

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 11 / 03 / 2008

Transaction ID: 21a-36-00577-01048

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

23.39

41.58

64.97

**B. Full Name (Last, First, Middle Initial)**

Fred Meyer - Stadium

Mailing Address

100 NW 20th Pl.

City State Zip Code

Portland OR 97209

Purpose of Disbursement:  
Office suppliesCategory/  
Type

Activity or Event Identifier:

Administrative 07/08

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 11 / 03 / 2008

Transaction ID: 21a-36-00577-01050

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

9.35

16.63

25.98

**C. Full Name (Last, First, Middle Initial)**

Katie Woodruff

Mailing Address

4653 McKinley Pkwy.

City State Zip Code

Hamburg NY 14075

Purpose of Disbursement:  
reimbursement - see memoCategory/  
Type

Activity or Event Identifier:

Administrative 07/08

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

274254.99

Date 11 / 03 / 2008

Transaction ID: 21a-36-00578-0051

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

405.36

720.64

1126.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

405.36

720.64

1126.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 447 / 481  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A. Full Name (Last, First, Middle Initial)**  
 Deals Only

Mailing Address

1173 Commercial

City	State	Zip Code
Astoria	OR	97103

Purpose of Disbursement:  
 Office supplies

Category/  
Type

Activity or Event Identifier:  
 Administrative 07/08

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M
1	1

 / 

D	D
0	3

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-36-00578-01053

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

1.78

3.17

4.95

**B. Full Name (Last, First, Middle Initial)**  
 Astoria Electronics

Mailing Address

1365 Commercial st.

City	State	Zip Code
Astoria	OR	97103

Purpose of Disbursement:  
 Office supplies

Category/  
Type

Activity or Event Identifier:  
 Administrative 07/08

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M
1	1

 / 

D	D
0	3

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-36-00578-01055

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

3.96

7.03

10.99

**C. Full Name (Last, First, Middle Initial)**  
 Katie Woodruff

Mailing Address

4653 McKinley Pkwy.

City	State	Zip Code
Hamburg	NY	14075

Purpose of Disbursement:  
 Mileage

Category/  
Type

Activity or Event Identifier:  
 Administrative 07/08

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M
1	1

 / 

D	D
0	3

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-36-00578-01057

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

399.62

710.44

1110.06

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

0.00

0.00

0.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 448 / 481  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A. Full Name (Last, First, Middle Initial)**  
 Kimberly J Forrest

Mailing Address

5220 W. Amazon Dr.

City	State	Zip Code
Eugene	OR	97405

Purpose of Disbursement:  
 reimbursement - see memo

Category/  
Type

Activity or Event Identifier:  
 Administrative 07/08

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

274260.49

Date 

M	M
1	1

 / 

D	D
0	3

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-36-00579-0051

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1.98		3.52		5.50

**B. Full Name (Last, First, Middle Initial)**  
 Safeway #4288

Mailing Address

145 E. 18th St.

City	State	Zip Code
Eugene	OR	97401

Purpose of Disbursement:  
 Office supplies

Category/  
Type

Activity or Event Identifier:  
 Administrative 07/08

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M
1	1

 / 

D	D
0	3

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-36-00579-01059

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1.98		3.52		5.50

**C. Full Name (Last, First, Middle Initial)**  
 Lesley Bennett

Mailing Address

3477 Walling Way

City	State	Zip Code
West Linn	OR	97068

Purpose of Disbursement:  
 reimbursement - see memo

Category/  
Type

Activity or Event Identifier:  
 Administrative 07/08

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

274329.46

Date 

M	M
1	1

 / 

D	D
0	3

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-36-00580-0051

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
24.83		44.14		68.97

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
26.81		47.66		74.47

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT



# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 449 / 481

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A. Full Name (Last, First, Middle Initial)**  
 Office Depot/ Store #0645

Mailing Address

604 SW Washington St.

City	State	Zip Code
Portland	OR	97205

Purpose of Disbursement:  
 Office supplies

Category/  
Type

Activity or Event Identifier:  
 Administrative 07/08

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M
1	1

 / 

D	D
0	3

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-36-00580-01060

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

24.83

44.14

68.97

**B. Full Name (Last, First, Middle Initial)**  
 Margaret M Hoffmann

Mailing Address

118 NW King Ave. #43

City	State	Zip Code
Portland	OR	97210

Purpose of Disbursement:  
 reimbursement - see memo

Category/  
Type

Activity or Event Identifier:  
 Administrative 07/08

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

274401.44

Date 

M	M
1	1

 / 

D	D
0	3

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-36-00582-0051

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

25.91

46.07

71.98

**C. Full Name (Last, First, Middle Initial)**  
 Office Depot - 0855

Mailing Address

2945 Liberty Road, South

City	State	Zip Code
Salem	OR	97302

Purpose of Disbursement:  
 Office supplies

Category/  
Type

Activity or Event Identifier:  
 Administrative 07/08

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M
1	1

 / 

D	D
0	3

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-36-00582-01064

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

25.91

46.07

71.98

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

25.91

46.07

71.98

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 450 / 481  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A. Full Name (Last, First, Middle Initial)**

Michael Banyas

## Mailing Address

4701 Willard Ave., #607

City State Zip Code

Chevy Chase

MD

20815

Purpose of Disbursement:  
reimbursement - see memoCategory/  
TypeActivity or Event Identifier:  
Administrative 07/08

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

274551.44

Date  M  M /  D  D /  Y  Y  Y  Y

Transaction ID: 21a-36-00583-0051

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

54.00

96.00

150.00

**B. Full Name (Last, First, Middle Initial)**

United Airlines

## Mailing Address

77 West Wacker Dr.

City State Zip Code

Chicago

IL

60601

Purpose of Disbursement:  
AirfareCategory/  
TypeActivity or Event Identifier:  
Administrative 07/08**[MEMO ITEM]**

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date  M  M /  D  D /  Y  Y  Y  Y

Transaction ID: 21a-36-00583-01067

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

54.00

96.00

150.00

**C. Full Name (Last, First, Middle Initial)**

Mike Bonnit

## Mailing Address

1200 Villamay Blvd.

City State Zip Code

Alexandria

VA

22307

Purpose of Disbursement:  
reimbursement - see memoCategory/  
TypeActivity or Event Identifier:  
Administrative 07/08

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

274575.42

Date  M  M /  D  D /  Y  Y  Y  Y

Transaction ID: 21a-36-00584-0051

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

8.63

15.35

23.98

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

62.63

111.35

173.98

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 451 / 481  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A. Full Name (Last, First, Middle Initial)**  
 Office Depot #0893

Mailing Address

2595 SW Cedar Hills Blvd.

City State Zip Code  
 Beaverton OR 97005

Purpose of Disbursement:  
 Office supplies

Category/  
Type

Activity or Event Identifier:  
 Administrative 07/08

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date  M  M /  D  D /  Y  Y  Y  Y  
 1 1 / 0 3 / 2 0 0 8

Transaction ID: 21a-36-00584-01068

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

8.63

15.35

23.98

**B. Full Name (Last, First, Middle Initial)**  
 Nicklaus Misiti

Mailing Address

2429 Swett Rd.

City State Zip Code  
 Lyndonville NY 14098

Purpose of Disbursement:  
 reimbursement - see memo

Category/  
Type

Activity or Event Identifier:  
 Administrative 07/08

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

274596.89

Date  M  M /  D  D /  Y  Y  Y  Y  
 1 1 / 0 3 / 2 0 0 8

Transaction ID: 21a-36-00586-0051

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

7.73

13.74

21.47

**C. Full Name (Last, First, Middle Initial)**  
 Staples - Newport

Mailing Address

721 North Coast Hwy.

City State Zip Code  
 Newport OR 97365

Purpose of Disbursement:  
 Office supplies

Category/  
Type

Activity or Event Identifier:  
 Administrative 07/08

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date  M  M /  D  D /  Y  Y  Y  Y  
 1 1 / 0 3 / 2 0 0 8

Transaction ID: 21a-36-00586-01075

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

4.32

7.67

11.99

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

7.73

13.74

21.47

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 452 / 481  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A. Full Name (Last, First, Middle Initial)**  
 Bushnell Stationers

Mailing Address

454 SW Coast Hwy

City	State	Zip Code
Newport	OR	97365

Purpose of Disbursement:  
 Office supplies

Category/  
Type

Activity or Event Identifier:  
 Administrative 07/08

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M
1	1

 / 

D	D
0	3

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-36-00586-01076

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

3.41

6.07

9.48

**B. Full Name (Last, First, Middle Initial)**  
 Ryan M. Whalen

Mailing Address

107-40 Queens Blvd., Apt. 3M

City	State	Zip Code
Forest Hills	NY	11375

Purpose of Disbursement:  
 reimbursement - see memo

Category/  
Type

Activity or Event Identifier:  
 Administrative 07/08

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

274786.39

Date 

M	M
1	1

 / 

D	D
0	3

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-36-00587-0051

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

68.22

121.28

189.50

**C. Full Name (Last, First, Middle Initial)**  
 Jet Blue

Mailing Address

118-29 Queens Blvd.

City	State	Zip Code
Forest Hills	NY	11375

Purpose of Disbursement:  
 Office supplies

Category/  
Type

Activity or Event Identifier:  
 Administrative 07/08

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M
1	1

 / 

D	D
0	3

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-36-00587-01078

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

68.22

121.28

189.50

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

68.22

121.28

189.50

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 453 / 481  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A. Full Name (Last, First, Middle Initial)**  
 Sam E Sadle

Mailing Address

2725 SW West Point

City	State	Zip Code
Portland	OR	97225

Purpose of Disbursement:  
 reimbursement - see memo

Category/Type

Activity or Event Identifier:  
 Administrative 07/08

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

274974.89

Date 

M	M
1	1

 / 

D	D
0	3

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-36-00588-0051

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
67.86		120.64		188.50

**B. Full Name (Last, First, Middle Initial)**  
 Office Depot #0893

Mailing Address

2595 SW Cedar Hills Blvd.

City	State	Zip Code
Beaverton	OR	97005

Purpose of Disbursement:  
 Office supplies

Category/Type

Activity or Event Identifier:  
 Administrative 07/08

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M
1	1

 / 

D	D
0	3

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-36-00588-01080

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
11.31		20.10		31.41

**C. Full Name (Last, First, Middle Initial)**  
 Home Depot #4013

Mailing Address

10120 SE Washington St.

City	State	Zip Code
Portland	OR	97216

Purpose of Disbursement:  
 Office supplies

Category/Type

Activity or Event Identifier:  
 Administrative 07/08

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M
1	1

 / 

D	D
0	3

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-36-00588-01081

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4.68		8.32		13.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
67.86		120.64		188.50

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 454 / 481  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A. Full Name (Last, First, Middle Initial)**  
 Home Depot #4013

Mailing Address

10120 SE Washington St.

City	State	Zip Code
Portland	OR	97216

Purpose of Disbursement:  
 Office supplies

Category/  
Type

Activity or Event Identifier:  
 Administrative 07/08

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M
1	1

 / 

D	D
0	3

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-36-00588-01082

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

9.42

16.74

26.16

**B. Full Name (Last, First, Middle Initial)**  
 Kmart

Mailing Address

2470 Mission St. SE

City	State	Zip Code
Salem	OR	97302

Purpose of Disbursement:  
 Office supplies

Category/  
Type

Activity or Event Identifier:  
 Administrative 07/08

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M
1	1

 / 

D	D
0	3

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-36-00588-01084

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

9.00

15.99

24.99

**C. Full Name (Last, First, Middle Initial)**  
 Goodwill

Mailing Address

1010 Greenacres Rd.

City	State	Zip Code
Eugene	OR	97408

Purpose of Disbursement:  
 Office supplies

Category/  
Type

Activity or Event Identifier:  
 Administrative 07/08

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M
1	1

 / 

D	D
0	3

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-36-00588-01085

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

14.39

25.57

39.96

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

0.00

0.00

0.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 455 / 481  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A. Full Name (Last, First, Middle Initial)**  
 Office Depot #0893

Mailing Address

2595 SW Cedar Hills Blvd.

City State Zip Code

Beaverton OR 97005

Purpose of Disbursement:  
 Office supplies

Category/  
Type

Activity or Event Identifier:  
 Administrative 07/08

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 11 / 03 / 2008

Transaction ID: 21a-36-00588-01086

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

19.07

33.91

52.98

**B. Full Name (Last, First, Middle Initial)**  
 Sheila O'Keefe

Mailing Address

3112 NW Johnson

City State Zip Code

Corvallis OR 97330

Purpose of Disbursement:  
 reimbursement - see memo

Category/  
Type

Activity or Event Identifier:  
 Administrative 07/08

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

275074.88

Date 11 / 03 / 2008

Transaction ID: 21a-36-00592-0051

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

36.00

63.99

99.99

**C. Full Name (Last, First, Middle Initial)**  
 Staples-Corvallis

Mailing Address

720 NE Circle Blvd.

City State Zip Code

Corvallis OR 97330

Purpose of Disbursement:  
 Office supplies

Category/  
Type

Activity or Event Identifier:  
 Administrative 07/08

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 11 / 03 / 2008

Transaction ID: 21a-36-00592-01096

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

36.00

63.99

99.99

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

36.00

63.99

99.99

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 456 / 481  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A. Full Name (Last, First, Middle Initial)**  
 Oregon Convention Center

Mailing Address

777 NE MLK Blvd.

City	State	Zip Code
Portland	OR	97232

Purpose of Disbursement:  
 Room rental/Refreshments

Category/Type

Activity or Event Identifier:  
 Administrative 07/08

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

282274.88

Date 

M	M
1	1

 / 

D	D
0	4

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-16-07848-11466

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

2592.00

4608.00

7200.00

**B. Full Name (Last, First, Middle Initial)**  
 Britton Conroy

Mailing Address

7750 NW Oxbow Dr.

City	State	Zip Code
Corvallis	OR	97330

Purpose of Disbursement:  
 reimbursement - see memo

Category/Type

Activity or Event Identifier:  
 Administrative 07/08

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

282378.87

Date 

M	M
1	1

 / 

D	D
0	5

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-36-00594-0051

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

37.44

66.55

103.99

**C. Full Name (Last, First, Middle Initial)**  
 Office Max #832

Mailing Address

1900 NW 9th St.

City	State	Zip Code
Corvallis	OR	97330

Purpose of Disbursement:  
 Office supplies

Category/Type

Activity or Event Identifier:  
 Administrative 07/08

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M
1	1

 / 

D	D
0	5

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-36-00594-01099

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

37.44

66.55

103.99

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

2629.44

4674.55

7303.99

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT



# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 457 / 481  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A. Full Name (Last, First, Middle Initial)**  
 Comcast Cable

Mailing Address

PO Box 34744

City	State	Zip Code
Seattle	WA	98124-1744

Purpose of Disbursement:  
 Cable

Category/  
Type

Activity or Event Identifier:  
 Administrative 07/08

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

282395.31

Date 

M	M
1	1

 / 

D	D
1	0

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-16-07877-11525

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5.92		10.52		16.44

**B. Full Name (Last, First, Middle Initial)**  
 Comcast Cable

Mailing Address

PO Box 34744

City	State	Zip Code
Seattle	WA	98124-1744

Purpose of Disbursement:  
 Cable

Category/  
Type

Activity or Event Identifier:  
 Administrative 07/08

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

282702.33

Date 

M	M
1	1

 / 

D	D
1	0

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-16-07877-11526

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
110.53		196.49		307.02

**C. Full Name (Last, First, Middle Initial)**  
 Koldkist

Mailing Address

909 N. Columbia Blvd.

City	State	Zip Code
Portland	OR	97217

Purpose of Disbursement:  
 Water

Category/  
Type

Activity or Event Identifier:  
 Administrative 07/08

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

282786.33

Date 

M	M
1	1

 / 

D	D
1	0

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-16-07878-11527

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
30.24		53.76		84.00

## **SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
146.69		260.77		407.46

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 458 / 481  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A. Full Name (Last, First, Middle Initial)**  
 Qwest

Mailing Address

PO Box 91155

City	State	Zip Code
Seattle	WA	98111-9255

Purpose of Disbursement:  
 Telephone

Category/  
Type

Activity or Event Identifier:  
 Administrative 07/08

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

282873.36

Date 

M	M
1	1

 / 

D	D
1	0

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-16-07879-11528

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
31.33		55.70		87.03

**B. Full Name (Last, First, Middle Initial)**  
 NW Natural

Mailing Address

PO Box 6017

City	State	Zip Code
Portland	OR	97228-6017

Purpose of Disbursement:  
 Utilities

Category/  
Type

Activity or Event Identifier:  
 Administrative 07/08

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

282883.12

Date 

M	M
1	1

 / 

D	D
1	0

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-16-07880-11529

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.51		6.25		9.76

**C. Full Name (Last, First, Middle Initial)**  
 NW Natural

Mailing Address

PO Box 6017

City	State	Zip Code
Portland	OR	97228-6017

Purpose of Disbursement:  
 Utilities

Category/  
Type

Activity or Event Identifier:  
 Administrative 07/08

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

282915.53

Date 

M	M
1	1

 / 

D	D
1	0

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-16-07880-11530

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
11.67		20.74		32.41

## **SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
46.51		82.69		129.20

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 459 / 481

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A. Full Name (Last, First, Middle Initial)**  
 Qwest

Mailing Address

PO Box 91155

City	State	Zip Code
Seattle	WA	98111-9255

Purpose of Disbursement:  
 Telephone

Category/  
Type

Activity or Event Identifier:  
 Administrative 07/08

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

283578.86

Date 

M	M
1	1

 / 

D	D
1	0

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-16-07881-11531

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

238.80

424.53

663.33

**B. Full Name (Last, First, Middle Initial)**  
 Quill Corporation

Mailing Address

PO Box 37600

City	State	Zip Code
Philadelphia	PA	19101-0600

Purpose of Disbursement:  
 Office Supplies

Category/  
Type

Activity or Event Identifier:  
 Administrative 07/08

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

283716.26

Date 

M	M
1	1

 / 

D	D
1	0

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-16-07884-11535

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

49.46

87.94

137.40

**C. Full Name (Last, First, Middle Initial)**  
 Quill Corporation

Mailing Address

PO Box 37600

City	State	Zip Code
Philadelphia	PA	19101-0600

Purpose of Disbursement:  
 Office Supplies

Category/  
Type

Activity or Event Identifier:  
 Administrative 07/08

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

283824.56

Date 

M	M
1	1

 / 

D	D
1	0

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-16-07884-11536

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

38.99

69.31

108.30

## **SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

327.25

581.78

909.03

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 460 / 481  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A. Full Name (Last, First, Middle Initial)**  
Quill Corporation

Mailing Address

PO Box 37600

City	State	Zip Code
Philadelphia	PA	19101-0600

Purpose of Disbursement:  
Office SuppliesCategory/  
TypeActivity or Event Identifier:  
Administrative 07/08

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

283915.39

Date 11 / 10 / 2008

Transaction ID: 21a-16-07884-11540

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
32.70		58.13		90.83

**B. Full Name (Last, First, Middle Initial)**  
Waste Management of Oregon

Mailing Address

Portland Division PO Box 78251

City	State	Zip Code
Phoenix	AZ	85062-8251

Purpose of Disbursement:  
GarbageCategory/  
TypeActivity or Event Identifier:  
Administrative 07/08

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

284122.71

Date 11 / 10 / 2008

Transaction ID: 21a-16-07887-11541

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
74.64		132.68		207.32

**C. Full Name (Last, First, Middle Initial)**  
pair Networks, Inc.

Mailing Address

2403 Sidney St., Ste.510

City	State	Zip Code
Pittsburgh	PA	15203

Purpose of Disbursement:  
Internet servicesCategory/  
TypeActivity or Event Identifier:  
Administrative 07/08

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

284657.89

Date 11 / 10 / 2008

Transaction ID: 21a-16-07889-11544

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
192.66		342.52		535.18

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
300.00		533.33		833.33

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 461 / 481  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A. Full Name (Last, First, Middle Initial)**

PGE

Mailing Address

PO Box 4438

City

State

Zip Code

Portland

OR

97208-4438

Purpose of Disbursement:

Utilities

Category/  
Type

Activity or Event Identifier:

Administrative 07/08

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

284995.00

Date 

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	0	/	2	0	0	8

Transaction ID: 21a-16-07890-11545

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

121.36

215.75

337.11

**B. Full Name (Last, First, Middle Initial)**

PGE

Mailing Address

PO Box 4438

City

State

Zip Code

Portland

OR

97208-4438

Purpose of Disbursement:

Utilities

Category/  
Type

Activity or Event Identifier:

Administrative 07/08

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

285300.78

Date 

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	0	/	2	0	0	8

Transaction ID: 21a-16-07890-11546

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

110.08

195.70

305.78

**C. Full Name (Last, First, Middle Initial)**

Sandler, Reiff and Young, P.C.

Mailing Address

300 M St., SE, Ste. 1102

City

State

Zip Code

Washington

DC

20003

Purpose of Disbursement:

Attorneys fees

Category/  
Type

Activity or Event Identifier:

Administrative 07/08

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

285700.78

Date 

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	0	/	2	0	0	8

Transaction ID: 21a-16-07912-11575

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

144.00

256.00

400.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

375.44

667.45

1042.89

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 462 / 481  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A. Full Name (Last, First, Middle Initial)**  
 Cricket Phones

Mailing Address

PO Box 660091

City	State	Zip Code
Dallas	TX	75266

Purpose of Disbursement:  
 Wireless service

Category/Type

Activity or Event Identifier:  
 Administrative 07/08

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

285741.36

Date 

M	M
1	1

 / 

D	D
1	0

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-16-07913-11576

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

14.61

25.97

40.58

**B. Full Name (Last, First, Middle Initial)**  
 Meredith Wood Smith

Mailing Address

2211 NE 21st

City	State	Zip Code
Portland	OR	97212

Purpose of Disbursement:  
 Reimbursement - See memo

Category/Type

Activity or Event Identifier:  
 Administrative 07/08

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

285811.36

Date 

M	M
1	1

 / 

D	D
1	3

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-16-07920-0051

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

25.20

44.80

70.00

**C. Full Name (Last, First, Middle Initial)**  
 Verizon

Mailing Address

PO Box 30001

City	State	Zip Code
Inglewood	CA	90313-0001

Purpose of Disbursement:  
 Telephone

Category/Type

Activity or Event Identifier:  
 Administrative 07/08

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M
1	1

 / 

D	D
1	3

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-16-07920-11587

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

25.20

44.80

70.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

39.81

70.77

110.58

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 463 / 481  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A. Full Name (Last, First, Middle Initial)**  
A Professional Conference Call

Mailing Address  
PO Box 2939

City State Zip Code  
Southampton NY 11969

Purpose of Disbursement:  
Telephone

Category/  
Type

Activity or Event Identifier:  
Administrative 07/08

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

286130.06

Date  M  M /  D  D /  Y  Y  Y  Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 21a-16-07922-11589

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

114.73

203.97

318.70

**B. Full Name (Last, First, Middle Initial)**  
John Springer

Mailing Address  
7915 SE Hawthorne Blvd.

City State Zip Code  
Portland OR 97215

Purpose of Disbursement:  
Reimbursement- See memos

Category/  
Type

Activity or Event Identifier:  
Administrative 07/08

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

286250.06

Date  M  M /  D  D /  Y  Y  Y  Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 21a-16-07923-0051

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

43.20

76.80

120.00

**C. Full Name (Last, First, Middle Initial)**  
FedEx Kinko's (NE)

Mailing Address  
1605 NE 7th St.

City State Zip Code  
Portland OR 97232

Purpose of Disbursement:  
Logo signs

Category/  
Type

Activity or Event Identifier:  
Administrative 07/08

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date  M  M /  D  D /  Y  Y  Y  Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 21a-16-07923-11590

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

43.20

76.80

120.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

157.93

280.77

438.70

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

C. Form/Schedule : **H4**

Generic State Party signs

Transaction ID : **21a-16-07923-11590**



# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 465 / 481  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A. Full Name (Last, First, Middle Initial)**  
 Oregon Convention Center

Mailing Address

777 NE MLK Blvd.

City	State	Zip Code
Portland	OR	97232

Purpose of Disbursement:  
 Room rental/Refreshments

Category/Type

Activity or Event Identifier:  
 Administrative 07/08

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

286277.67

Date 

M	M
1	1

 / 

D	D
1	4

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-16-07921-11588

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
9.94		17.67		27.61

**B. Full Name (Last, First, Middle Initial)**  
 Isham & Sprague Insurance, Inc.

Mailing Address

PO Box 110

City	State	Zip Code
Lincoln City	OR	97367

Purpose of Disbursement:  
 Insurance

Category/Type

Activity or Event Identifier:  
 Administrative 07/08

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

286377.67

Date 

M	M
1	1

 / 

D	D
1	4

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-16-07931-11598

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
36.00		64.00		100.00

**C. Full Name (Last, First, Middle Initial)**  
 Sarah Masterson

Mailing Address

2512 NE 50th Ave.

City	State	Zip Code
Portland	OR	97213

Purpose of Disbursement:  
 Reimbursement - See memo

Category/Type

Activity or Event Identifier:  
 Administrative 07/08

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

286395.63

Date 

M	M
1	1

 / 

D	D
1	4

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-16-07932-0051

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6.47		11.49		17.96

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
52.41		93.16		145.57

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 466 / 481  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A. Full Name (Last, First, Middle Initial)**  
 Paper Zone

Mailing Address

1136 NE Grand Ave.

City	State	Zip Code
Portland	OR	97214

Purpose of Disbursement:  
 Office supplies

Category/  
Type

Activity or Event Identifier:  
 Administrative 07/08

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M
1	1

 / 

D	D
1	4

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-16-07932-11599

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

6.47

11.49

17.96

**B. Full Name (Last, First, Middle Initial)**  
 Elizabeth Kirk Smith

Mailing Address

206 NE 29th Ave.

City	State	Zip Code
Portland	OR	97232

Purpose of Disbursement:  
 Reimbursement - See memo

Category/  
Type

Activity or Event Identifier:  
 Administrative 07/08

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

286683.38

Date 

M	M
1	1

 / 

D	D
1	4

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-16-07933-0051

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

103.59

184.16

287.75

**C. Full Name (Last, First, Middle Initial)**  
 Fred Meyer/Weidler

Mailing Address

3030 NE Weidler St.

City	State	Zip Code
Portland	OR	97232

Purpose of Disbursement:  
 Appreciation gifts

Category/  
Type

Activity or Event Identifier:  
 Administrative 07/08

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M
1	1

 / 

D	D
1	4

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-16-07933-11600

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

103.59

184.16

287.75

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

103.59

184.16

287.75

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 467 / 481  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A. Full Name (Last, First, Middle Initial)**

Michael Westling

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

286833.13

## Mailing Address

900 W. Clovernook Ln.

City

State

Zip Code

Glendale

WI

53217

## Purpose of Disbursement:

Reimbursement - See memo

Category/  
Type

## Activity or Event Identifier:

Administrative 07/08

Date  M  M /  D  D /  Y  Y  Y  Y

Transaction ID: 21a-16-07934-0051

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

53.91

95.84

149.75

**B. Full Name (Last, First, Middle Initial)**

Elmer's Flag &amp; Banner

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

## Mailing Address

1332 NE Broadway

City

State

Zip Code

Portland

OR

97232

## Purpose of Disbursement:

Bunting

Category/  
Type

## Activity or Event Identifier:

Administrative 07/08

Date  M  M /  D  D /  Y  Y  Y  Y

Transaction ID: 21a-16-07934-11601

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

53.91

95.84

149.75

**C. Full Name (Last, First, Middle Initial)**

Koldkist

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

286947.13

## Mailing Address

909 N. Columbia Blvd.

City

State

Zip Code

Portland

OR

97217

## Purpose of Disbursement:

Water

Category/  
Type

## Activity or Event Identifier:

Administrative 07/08

Date  M  M /  D  D /  Y  Y  Y  Y

Transaction ID: 21a-16-07936-11603

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

41.04

72.96

114.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

94.95

168.80

263.75

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 468 / 481  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A. Full Name (Last, First, Middle Initial)**

Hunter-Davisson, Inc.

## Mailing Address

1800 SE Pershing St.

City State Zip Code

Portland OR 97202

Purpose of Disbursement:  
Exhaust repairCategory/  
TypeActivity or Event Identifier:  
Administrative 07/08

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

287473.88

Date 

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	4	/	2	0	0	8

Transaction ID: 21a-16-07939-11608

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

189.63

337.12

526.75

**B. Full Name (Last, First, Middle Initial)**

Bank of America

## Mailing Address

1001 SW Fifth Ave.

City State Zip Code

Portland OR 97204

Purpose of Disbursement:  
Credit card payment - See memosCategory/  
TypeActivity or Event Identifier:  
Administrative 07/08

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

287557.26

Date 

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	4	/	2	0	0	8

Transaction ID: 21a-16-07940-0051

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

30.02

53.36

83.38

**C. Full Name (Last, First, Middle Initial)**

Office Products Northwest

## Mailing Address

11130 SW Barbur Blvd.

City State Zip Code

Portland OR 97232

Purpose of Disbursement:  
Office SuppliesCategory/  
TypeActivity or Event Identifier:  
Administrative 07/08**[MEMO ITEM]**

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	4	/	2	0	0	8

Transaction ID: 21a-16-07940-11609

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

29.33

52.15

81.48

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

219.65

390.48

610.13

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 469 / 481  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A. Full Name (Last, First, Middle Initial)**  
 City of Portland

Mailing Address

Office of Neighborhood Involvement 1221 SW 4th Ave., Room 110

City State Zip Code  
 Portland OR 97204

Purpose of Disbursement:  
 Parking

Category/Type

Activity or Event Identifier:  
 Administrative 07/08

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date  /  /

Transaction ID: 21a-16-07940-11613

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

0.68

1.22

1.90

**B. Full Name (Last, First, Middle Initial)**  
 Portland Security Dispatch, Inc.

Mailing Address

10801 NE Sandy Blvd.

City State Zip Code  
 Portland OR 97294-0084

Purpose of Disbursement:  
 Alarm system

Category/Type

Activity or Event Identifier:  
 Administrative 07/08

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

287585.26

Date  /  /

Transaction ID: 21a-16-07945-11621

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

10.08

17.92

28.00

**C. Full Name (Last, First, Middle Initial)**  
 ABM Janitorial Services

Mailing Address

Dept. 30874 PO Box 60000

City State Zip Code  
 San Francisco CA 94160

Purpose of Disbursement:  
 Janitorial service

Category/Type

Activity or Event Identifier:  
 Administrative 07/08

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

288039.21

Date  /  /

Transaction ID: 21a-16-07947-11624

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

163.42

290.53

453.95

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

173.50

308.45

481.95

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 470 / 481  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A. Full Name (Last, First, Middle Initial)**

Trent A. Lutz

Mailing Address

2055 NW Irving

City State Zip Code

Portland OR 97209

Purpose of Disbursement:  
Reimbursement - see memosCategory/  
TypeActivity or Event Identifier:  
Administrative 07/08

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

288090.70

Date  M  M /  D  D /  Y  Y  Y  Y

Transaction ID: 21a-16-07949-0051

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

18.54

32.95

51.49

**B. Full Name (Last, First, Middle Initial)**

Doug Fir

Mailing Address

830 East Burnside

City State Zip Code

Portland OR 97214

Purpose of Disbursement:  
MealsCategory/  
TypeActivity or Event Identifier:  
Administrative 07/08**[MEMO ITEM]**

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date  M  M /  D  D /  Y  Y  Y  Y

Transaction ID: 21a-16-07949-11627

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

6.84

12.16

19.00

**C. Full Name (Last, First, Middle Initial)**

Shari's of Milwaukie

Mailing Address

11030 SE Oak

City State Zip Code

Milwaukie OR 97222

Purpose of Disbursement:  
MealsCategory/  
TypeActivity or Event Identifier:  
Administrative 07/08**[MEMO ITEM]**

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date  M  M /  D  D /  Y  Y  Y  Y

Transaction ID: 21a-16-07949-11628

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

11.70

20.79

32.49

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

18.54

32.95

51.49

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 471 / 481

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A. Full Name (Last, First, Middle Initial)**

Alexandra T Berke

## Mailing Address

2224 SE 16th Ave.

City State Zip Code

Portland OR 97214

Purpose of Disbursement:  
PayrollCategory/  
TypeActivity or Event Identifier:  
Administrative 07/08

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

289146.43

Date 

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	7	/	2	0	0	8

Transaction ID: 21a-20-03060-03842

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

380.06

675.67

1055.73

**B. Full Name (Last, First, Middle Initial)**

Alexandra T Berke

## Mailing Address

2224 SE 16th Ave.

City State Zip Code

Portland OR 97214

Purpose of Disbursement:  
Reimbursement - See memosCategory/  
TypeActivity or Event Identifier:  
Administrative 07/08

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

289218.73

Date 

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	0	8

Transaction ID: 21a-16-07955-0051

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

26.03

46.27

72.30

**C. Full Name (Last, First, Middle Initial)**

Postmaster/East Portland

## Mailing Address

East Portland Station

City State Zip Code

Portland OR 97214

Purpose of Disbursement:  
PostageCategory/  
TypeActivity or Event Identifier:  
Administrative 07/08**[MEMO ITEM]**

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	0	8

Transaction ID: 21a-16-07955-11637

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

26.03

46.27

72.30

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

406.09

721.94

1128.03

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 472 / 481

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A. Full Name (Last, First, Middle Initial)**

Starplex Corporation

## Mailing Address

11300 SW Bull Mountain Rd.

City State Zip Code

Tigard OR 97223

Purpose of Disbursement:  
SecurityCategory/  
TypeActivity or Event Identifier:  
Administrative 07/08

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

289309.48

Date 

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	0	/	2	0	0	8

Transaction ID: 21a-16-07967-11649

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

32.67

58.08

90.75

**B. Full Name (Last, First, Middle Initial)**

PGE

## Mailing Address

PO Box 4438

City State Zip Code

Portland OR 97208-4438

Purpose of Disbursement:  
UtilitiesCategory/  
TypeActivity or Event Identifier:  
Administrative 07/08

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

289683.75

Date 

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	1	/	2	0	0	8

Transaction ID: 21a-16-07971-11653

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

134.74

239.53

374.27

**C. Full Name (Last, First, Middle Initial)**

PGE

## Mailing Address

PO Box 4438

City State Zip Code

Portland OR 97208-4438

Purpose of Disbursement:  
UtilitiesCategory/  
TypeActivity or Event Identifier:  
Administrative 07/08

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

289904.04

Date 

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	1	/	2	0	0	8

Transaction ID: 21a-16-07971-11654

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

79.30

140.99

220.29

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

246.71

438.60

685.31

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT



# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 473 / 481  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A. Full Name (Last, First, Middle Initial)**  
 NW Natural

Mailing Address  
 PO Box 6017

City State Zip Code  
 Portland OR 97228-6017

Purpose of Disbursement:  
 Utilities

Category/Type

Activity or Event Identifier:  
 Administrative 07/08

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

289925.64

Date  M  M /  D  D /  Y  Y  Y  Y  
 1 1 / 2 1 / 2 0 0 8

Transaction ID: 21a-16-07972-11655

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

7.78

13.82

21.60

**B. Full Name (Last, First, Middle Initial)**  
 NW Natural

Mailing Address  
 PO Box 6017

City State Zip Code  
 Portland OR 97228-6017

Purpose of Disbursement:  
 Utilities

Category/Type

Activity or Event Identifier:  
 Administrative 07/08

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

289981.67

Date  M  M /  D  D /  Y  Y  Y  Y  
 1 1 / 2 1 / 2 0 0 8

Transaction ID: 21a-16-07972-11656

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

20.17

35.86

56.03

**C. Full Name (Last, First, Middle Initial)**  
 Qwest

Mailing Address  
 PO Box 91155

City State Zip Code  
 Seattle WA 98111-9255

Purpose of Disbursement:  
 Telephone

Category/Type

Activity or Event Identifier:  
 Administrative 07/08

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

290108.56

Date  M  M /  D  D /  Y  Y  Y  Y  
 1 1 / 2 1 / 2 0 0 8

Transaction ID: 21a-16-07973-11657

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

45.68

81.21

126.89

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

73.63

130.89

204.52

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 474 / 481

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A. Full Name (Last, First, Middle Initial)**

Pacific Office Automation

Mailing Address

Reference Number: 245726 ~~PO~~ Box 41601

City	State	Zip Code
Philadelphia	PA	19101-1601

Purpose of Disbursement:  
Property taxCategory/  
TypeActivity or Event Identifier:  
Administrative 07/08

## Type of Allocated Activity:

- ☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

290209.31

Date 

M	M
1	1

 / 

D	D
2	1

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-16-07974-11658

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

36.27

64.48

100.75

**B. Full Name (Last, First, Middle Initial)**

De Lage Landen Financial Services

Mailing Address

PO Box 41602

City	State	Zip Code
Philadelphia	PA	19101-1602

Purpose of Disbursement:  
Copier/Property taxCategory/  
TypeActivity or Event Identifier:  
Administrative 07/08

## Type of Allocated Activity:

- ☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

290497.25

Date 

M	M
1	1

 / 

D	D
2	1

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-16-07975-11659

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

103.66

184.28

287.94

**C. Full Name (Last, First, Middle Initial)**

Pacific Office Automation/PA

Mailing Address

PO Box 41602

City	State	Zip Code
Phila	PA	19101-1602

Purpose of Disbursement:  
CopierCategory/  
TypeActivity or Event Identifier:  
Administrative 07/08

## Type of Allocated Activity:

- ☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

291004.72

Date 

M	M
1	1

 / 

D	D
2	1

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-16-07976-11660

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

182.69

324.78

507.47

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

322.62

573.54

896.16

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 475 / 481  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A. Full Name (Last, First, Middle Initial)**  
De Lage Landen Financial Services

Mailing Address  
PO Box 41602

City State Zip Code  
Philadelphia PA 19101-1602

Purpose of Disbursement:  
Copier

Category/  
Type

Activity or Event Identifier:  
Administrative 07/08

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

291415.92

Date  M  M /  D  D /  Y  Y  Y  Y  
1 1 / 2 1 / 2 0 0 8

Transaction ID: 21a-16-07977-11661

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

148.03

263.17

411.20

**B. Full Name (Last, First, Middle Initial)**  
Rudi Patitucci

Mailing Address  
3533 Walnut Ave.

City State Zip Code  
Evanston IL 60091

Purpose of Disbursement:  
Reimbursement - See Memos

Category/  
Type

Activity or Event Identifier:  
Administrative 07/08

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

291484.86

Date  M  M /  D  D /  Y  Y  Y  Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: 21a-37-00112-0051

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

24.82

44.12

68.94

**C. Full Name (Last, First, Middle Initial)**  
Rite Aid #05390

Mailing Address  
2050 NE 3rd St.

City State Zip Code  
Bend OR 97701

Purpose of Disbursement:  
Office supplies

Category/  
Type

Activity or Event Identifier:  
Administrative 07/08

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date  M  M /  D  D /  Y  Y  Y  Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: 21a-37-00112-00142

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

12.22

21.73

33.95

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

172.85

307.29

480.14

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 476 / 481  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A. Full Name (Last, First, Middle Initial)**  
 Office Depot #2671

Mailing Address

3188 N. Hwy. 97

City State Zip Code  
 Bend OR 97701

Purpose of Disbursement:  
 Office supplies

Category/  
Type

Activity or Event Identifier:  
 Administrative 07/08

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date  M  M /  D  D /  Y  Y  Y  Y  
 1 1 / 2 4 / 2 0 0 8

Transaction ID: 21a-37-00112-00143

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

12.60

22.39

34.99

**B. Full Name (Last, First, Middle Initial)**  
 FedEx

Mailing Address

PO Box 7221

City State Zip Code  
 Pasadena CA 91109-7321

Purpose of Disbursement:  
 Shipping

Category/  
Type

Activity or Event Identifier:  
 Administrative 07/08

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

291556.30

Date  M  M /  D  D /  Y  Y  Y  Y  
 1 1 / 2 4 / 2 0 0 8

Transaction ID: 21a-37-00113-00144

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

25.72

45.72

71.44

**C. Full Name (Last, First, Middle Initial)**  
 Britton Conroy

Mailing Address

7750 NW Oxbow Dr.

City State Zip Code  
 Corvallis OR 97330

Purpose of Disbursement:  
 Reimbursement - See memos

Category/  
Type

Activity or Event Identifier:  
 Administrative 07/08

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

291806.30

Date  M  M /  D  D /  Y  Y  Y  Y  
 1 1 / 2 4 / 2 0 0 8

Transaction ID: 21a-37-00115-0051

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

90.00

160.00

250.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

115.72

205.72

321.44

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 477 / 481  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A. Full Name (Last, First, Middle Initial)**  
 United Airlines

Mailing Address

77 West Wacker Dr.

City	State	Zip Code
Chicago	IL	60601

Purpose of Disbursement:  
 Airfare

Category/Type

Activity or Event Identifier:  
 Administrative 07/08

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 11 / 24 / 2008

Transaction ID: 21a-37-00115-00146

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

90.00

160.00

250.00

**B. Full Name (Last, First, Middle Initial)**  
 Jeffrey Blum

Mailing Address

117 Jeffrey Ln.

City	State	Zip Code
Newington	CT	06111

Purpose of Disbursement:  
 Reimbursement - See memos

Category/Type

Activity or Event Identifier:  
 Administrative 07/08

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

292028.29

Date 11 / 24 / 2008

Transaction ID: 21a-37-00117-0051

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

79.92

142.07

221.99

**C. Full Name (Last, First, Middle Initial)**  
 Delta Airlines

Mailing Address

PO Box 20980

City	State	Zip Code
Atlanta	GA	30320

Purpose of Disbursement:  
 Airfare

Category/Type

Activity or Event Identifier:  
 Administrative 07/08

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 11 / 24 / 2008

Transaction ID: 21a-37-00117-00148

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

79.92

142.07

221.99

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

79.92

142.07

221.99

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 478 / 481  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A. Full Name (Last, First, Middle Initial)**  
 Shawna Meechan

Mailing Address

8603 SW 49th Ave.

City	State	Zip Code
Portland	OR	97219

Purpose of Disbursement:  
 Reimbursement - See memos

Category/Type

Activity or Event Identifier:  
 Administrative 07/08

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

292278.29

Date 

M	M
1	1

 / 

D	D
2	4

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-37-00118-0051

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
90.00		160.00		250.00

**B. Full Name (Last, First, Middle Initial)**  
 Delta Airlines

Mailing Address

PO Box 20980

City	State	Zip Code
Atlanta	GA	30320

Purpose of Disbursement:  
 Airfare

Category/Type

Activity or Event Identifier:  
 Administrative 07/08

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M
1	1

 / 

D	D
2	4

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-37-00118-00149

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
90.00		160.00		250.00

**C. Full Name (Last, First, Middle Initial)**  
 Ryan M. Whalen

Mailing Address

107-40 Queens Blvd., Apt. 3M

City	State	Zip Code
Forest Hills	NY	11375

Purpose of Disbursement:  
 Reimbursement - See memos

Category/Type

Activity or Event Identifier:  
 Administrative 07/08

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

292523.79

Date 

M	M
1	1

 / 

D	D
2	4

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-37-00119-0051

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
88.38		157.12		245.50

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
178.38		317.12		495.50

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 479 / 481  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A. Full Name (Last, First, Middle Initial)**  
 Jet Blue

Mailing Address

118-29 Queens Blvd.

City State Zip Code

Forest Hills NY 11375

Purpose of Disbursement:  
AirfareCategory/  
TypeActivity or Event Identifier:  
Administrative 07/08**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date  M  M /  D  D /  Y  Y  Y  Y

Transaction ID: 21a-37-00119-00150

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

88.38

157.12

245.50

**B. Full Name (Last, First, Middle Initial)**  
 Jonathan Pugsley

Mailing Address

7439 NW Mountain View

City State Zip Code

Corvallis OR 97330

Purpose of Disbursement:  
Reimbursement - See memosCategory/  
TypeActivity or Event Identifier:  
Administrative 07/08

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

293192.38

Date  M  M /  D  D /  Y  Y  Y  Y

Transaction ID: 21a-37-00120-0051

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

240.69

427.90

668.59

**C. Full Name (Last, First, Middle Initial)**  
 Staples-Corvallis

Mailing Address

720 NE Circle Blvd.

City State Zip Code

Corvallis OR 97330

Purpose of Disbursement:  
Office suppliesCategory/  
TypeActivity or Event Identifier:  
Administrative 07/08**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date  M  M /  D  D /  Y  Y  Y  Y

Transaction ID: 21a-37-00120-00151

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

38.16

67.83

105.99

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

240.69

427.90

668.59

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 480 / 481  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A. Full Name (Last, First, Middle Initial)**  
 Office Max #968

Mailing Address

15550 SE Mcloughlin Blvd.

City	State	Zip Code
Milwaukie	OR	97222

Purpose of Disbursement:  
 Office supplies

Category/  
Type

Activity or Event Identifier:  
 Administrative 07/08

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M
1	1

 / 

D	D
2	4

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-37-00120-00152

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

10.26

18.23

28.49

**B. Full Name (Last, First, Middle Initial)**  
 Amazon.com

Mailing Address

PO Box 81226

City	State	Zip Code
Seattle	WA	98108

Purpose of Disbursement:  
 Office supplies

Category/  
Type

Activity or Event Identifier:  
 Administrative 07/08

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M
1	1

 / 

D	D
2	4

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-37-00120-00153

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

25.38

45.13

70.51

**C. Full Name (Last, First, Middle Initial)**  
 UPS Store

Mailing Address

946 NE Circle Blvd.

City	State	Zip Code
Corvallis	OR	97330

Purpose of Disbursement:  
 Shipping

Category/  
Type

Activity or Event Identifier:  
 Administrative 07/08

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M
1	1

 / 

D	D
2	4

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-37-00120-00154

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

22.90

40.70

63.60

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

0.00

0.00

0.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT



# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 481 / 481

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Oregon

**A. Full Name (Last, First, Middle Initial)**  
 Office Max #968

Mailing Address

15550 SE McLoughlin Blvd.

City	State	Zip Code
Milwaukie	OR	97222

Purpose of Disbursement:  
 Office supplies

Category/  
Type

Activity or Event Identifier:  
 Administrative 07/08

**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 

M	M
1	1

 / 

D	D
2	4

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-37-00120-00156

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

144.00

256.00

400.00

**B. Full Name (Last, First, Middle Initial)**  
 Open Source Infrastructure

Mailing Address

1511 NE 45th Ave.

City	State	Zip Code
Portland	OR	97213

Purpose of Disbursement:  
 Predictive Dialer

Category/  
Type

Activity or Event Identifier:  
 Administrative 07/08

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

297262.38

Date 

M	M
1	1

 / 

D	D
2	4

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-37-00121-00155

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

1465.20

2604.80

4070.00

**C. Full Name (Last, First, Middle Initial)**  
 Benjamin Hardy

Mailing Address

2517 Grove Circle, Apt. 5

City	State	Zip Code
Little Rock	AR	72205

Purpose of Disbursement:  
 Mileage

Category/  
Type

Activity or Event Identifier:  
 Administrative 07/08

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

297512.38

Date 

M	M
1	1

 / 

D	D
2	4

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: 21a-37-00133-00184

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

90.00

160.00

250.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

1555.20

2764.80

4320.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

20263.59

36024.10

56287.69