

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

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

DeFazio for Congress

ADDRESS (number and street)

P.O. Box 1316

Check if different than previously reported. (ACC)

Springfield

OR

97477

0152

2. **FEC IDENTIFICATION NUMBER**

C00215905

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT NEW (N) OR AMENDED (A)

OR 4

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

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

In the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period 10 01 2003 through 12 31 2003

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 Robert Ackerman

Signature of Treasurer Electronically Filed by Robert Ackerman Date 01 30 2004

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

Office Use Only

FEC FORM 3
(Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

DeFazio for Congress

Report Covering the Period: From: M M D D Y Y Y Y To: Y M D D Y Y Y Y
1 0 0 1 2 0 0 3 1 2 3 1 2 0 0 3

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a)).....	61135.00	211129.67
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	2000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	61135.00	209129.67
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	37426.76	138997.19
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	37426.76	138997.19
8. Cash on Hand at Close of Reporting Period (from Line 27).....	395042.56	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2003)

Page 3

Write or Type Committee Name

DeFazio for Congress

Report Covering the Period: From: M M D J Y ' ' ' ' 1 0 0 1 2 0 0 3

To: V V U J Y ' ' ' ' 1 2 3 1 2 0 0 3

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	17565.00	
(ii) Unitemized.....	31570.00	
(iii) TOTAL of contributions	49135.00	123704.67
from individuals..... ▶		
	0.00	0.00
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACS).....	12000.00	87425.00
	0.00	0.00
(d) The Candidate.....		
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	61135.00	211129.67
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
	0.00	0.00
(b) All Other Loans.....		
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	673.28	3454.57
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	61808.28	214584.24

DETAILED SUMMARY PAGE
of Disbursements

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Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	37426.76	138997.19
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(b) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	2000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	2000.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) [>]	37426.76	140997.19

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	370661.04
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	61808.28
25. SUBTOTAL (add Line 23 and Line 24).....	432469.32
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	37426.76
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	395042.56

CONSOLIDATED REPORT OF GROSS RECEIPTS FOR AUTHORIZED COMMITTEES (11 CFR 104.19)
(Millionaires' Amendment)

Name of Candidate Representative Peter A. DeFazio		Candidate ID Number H6OR04047
Name of Principal Campaign Committee DeFazio for Congress		Committee ID Number C C00215805
Committee Address PO Box 1316		
City Springfield	State OR	ZIP 97477-0152
Report Covering Period (check one) <input type="checkbox"/> through June 30, or <input checked="" type="checkbox"/> through December 31 of the year preceding the year of the general election		
	Primary	General
1. Gross receipts of authorized committees	211969.23	2035.00
2. Aggregate amount of contributions from personal funds of the candidate	0.00	0.00
3. Gross receipts minus the candidate's personal contributions	211969.23	2035.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 51	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
DeFazio for Congress

Full Name (Last, First, Middle Initial) A. Kerstin Adams		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 538 Kensington Ave		Transaction ID: SA11ai-c1000006631
City Astoria	State OR	Zip Code 97103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Retired	Occupation Retired Librarian/Photographer	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. James Fitzgibbons		Date of Receipt M / D / Y 11 / 20 / 2003
Mailing Address 35662 High Ranch Dr.		Transaction ID: SA11ai-c1000006632
City Springfield	State OR	Zip Code 97478
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Willametta Valley Cancer Ct.	Occupation MD	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Michael Williams		Date of Receipt M / D / Y 10 / 20 / 2003
Mailing Address 1001 SW 5th Suite 1900		Transaction ID: SA11ai-c1000006143
City Portland	State OR	Zip Code 97221
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Williams, Dailey & O'Leary	Occupation Attorney	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	

SUBTOTAL of Receipts This Page (optional)	▶	2600.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 51	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DeFazio for Congress

Full Name (Last, First, Middle Initial) A. Louise Stoll		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address 1508 N Colonial Court		Transaction ID: SA11ai-c1000006253
City Arlington	State VA	Zip Code 22209-1439
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Information requested	Occupation Information requested	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Thomas Dawson		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address 308 5th St SE		Transaction ID: SA11ai-c1000006249
City Washington	State DC	Zip Code 20003
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Smith Dawson Assoc	Occupation Lobbyist	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Gary Lee		Date of Receipt M / D / Y 11 / 20 / 2003
Mailing Address 3851 Spring Boulevard		Transaction ID: SA11ai-c1000006334
City Eugene	State OR	Zip Code 97405-4448
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Willamette Valley Cancer Ct.	Occupation MD	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1750.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 8 / 51

(check only one)

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

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NAME OF COMMITTEE (In Full)
DeFazio for Congress

Full Name (Last, First, Middle Initial) A. Mark Bacci		Date of Receipt M / D / Y 10 / 24 / 2003
Mailing Address 8000 Meadows Rd #201		Transaction ID: SA11ai-c100006815
City Lake Oswego	State OR	Zip Code 97035
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self employed	Occupation Attorney at Law	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. James Smith		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address 3339 Stephenson Pl NW		Transaction ID: SA11ai-c100006247
City Washington	State DC	Zip Code 20015
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Smith Davison & Andrews	Occupation Lobbyist	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Muriel Goldman		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 1280 SW Mary Failing Dr		Transaction ID: SA11ai-c100006825
City Portland	State OR	Zip Code 97219
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Retired	Occupation Community volunteer	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 435.00	

SUBTOTAL of Receipts This Page (optional)	▶	1700.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 51	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DeFazio for Congress

Full Name (Last, First, Middle Initial) A. Peter Kovach, MD		Date of Receipt M / D / Y 11 / 20 / 2003
Mailing Address 5255 W Amazon Drive		Transaction ID: SA11ai-c1000008331
City Eugene	State OR	Zip Code 97405-4002
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Willamette Valley Cancer Ct.	Occupation MD	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Gregory Andrews		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address 54 30th Street NW		Transaction ID: SA11ai-c1000006250
City Washington	State DC	Zip Code 20015
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Smith Davison Andrews	Occupation Lobbyist	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Veronica Roe, MD		Date of Receipt M / D / Y 11 / 20 / 2003
Mailing Address 520 Country Club Road		Transaction ID: SA11ai-c1000008336
City Eugene	State OR	Zip Code 97401-2234
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Willamette Valley Cancer Ct.	Occupation MD	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 10 / 51	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)
DeFazio for Congress

Full Name (Last, First, Middle Initial) A. Ernest Wamer		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address 2181 Jamieson Avenue Unit 901		Transaction ID: SA11ai-c1000008252
City Alexandria	State VA	Zip Code 22314-5750
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Smith Dawson & Andrews	Occupation Businessman	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Julie Gammell MD		Date of Receipt M / D / Y 11 / 20 / 2003
Mailing Address 520 Country Club Rd.		Transaction ID: SA11ai-c1000006329
City Eugene	State OR	Zip Code 97401
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-employed	Occupation Physician	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Muriel Goldman		Date of Receipt M / D / Y 10 / 29 / 2003
Mailing Address 1280 SW Mary Failing Dr		Transaction ID: SA11ai-c1000006183
City Portland	State OR	Zip Code 97219
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
Name of Employer Retired	Occupation Community volunteer	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 435.00	

SUBTOTAL of Receipts This Page (optional)	785.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 / 51	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
DeFazio for Congress

Full Name (Last, First, Middle Initial) A. Ken Lewis		Date of Receipt M / D / Y 10 / 20 / 2003
Mailing Address P O Box 29140		Transaction ID: SA11ai-c1000009133
City Portland	State OR	Zip Code 97236
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
Name of Employer Retired	Occupation Retired	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1035.00	

Full Name (Last, First, Middle Initial) B. James Harrang		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 86451 Needham Rd		Transaction ID: SA11ai-c1000006504
City Eugene	State OR	Zip Code 97405
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Harrang/Long/Gary/Rudnick	Occupation Attorney	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dan Morrison		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 7701 Buckhorn Road		Transaction ID: SA11ai-c1000006807
City Roseburg	State OR	Zip Code 97470-9308
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Umpqua Natl. Forest	Occupation Forestry	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	535.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 / 51	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
DeFazio for Congress

Full Name (Last, First, Middle Initial) A. Jae Lee		Date of Receipt M / D / Y 11 / 20 / 2003
Mailing Address 2846 Martinique Avenue		Transaction ID: SA11ai-c1000006333
City Eugene	State OR	Zip Code 97408-7384
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Information requested	Occupation Information requested	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Charles Benz		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 28151 Edgewater Dr		Transaction ID: SA11ai-c1000006734
City Eugene	State OR	Zip Code 97402
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Retired	Occupation Retired	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Mabel Russell		Date of Receipt M / D / Y 12 / 19 / 2003
Mailing Address 222 E Broadway Apt. 310		Transaction ID: SA11ai-c1000006415
City Eugene	State OR	Zip Code 97401-2789
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Retired	Occupation Retired	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	800.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 / 51	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
DeFazio for Congress

Full Name (Last, First, Middle Initial) A. Teresa O'Caer		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 521D Canyon Drive		Transaction ID: SA11ai-c1000008563
City Eugene	State OR	Zip Code 97405-5215
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Retired	Occupation Retired	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Emma Waibel		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 502D SW Carman Dr.		Transaction ID: SA11ai-c1000006556
City Lake Oswego	State OR	Zip Code 97035
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer US Bureau of Census	Occupation Field Rep.	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Michael Bullock, MD		Date of Receipt M / D / Y 11 / 20 / 2003
Mailing Address 2889 Flintlock Street		Transaction ID: SA11ai-c1000006327
City Eugene	State OR	Zip Code 97408-4623
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer Willamette Valley Cancer CT	Occupation Radiation Oncologist	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	700.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 / 51		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 11e
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
DeFazio for Congress

Full Name (Last, First, Middle Initial) A. Roland Bendhoff		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address PD Box 7457 1606 Best Ln #3		Transaction ID: SA11ai-c100006506
City Eugene	State OR	Zip Code 97401
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Retired	Occupation Retired	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Saginaw Chippewa Indian Tribe		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address 7070 E Broadway Road 7070 E. Broadway		Transaction ID: SA11ai-c100006256
City Mt Pleasant	State MI	Zip Code 48858-8970
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Ken Lewis		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address P O Box 29140		Transaction ID: SA11ai-c100006555
City Portland	State OR	Zip Code 97258
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Retired	Occupation Retired	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1035.00	

SUBTOTAL of Receipts This Page (optional)	▶	1550.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 / 51	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
DeFazio for Congress

Full Name (Last, First, Middle Initial) A. Homer Williams		Date of Receipt M / D / Y 10 / 20 / 2003
Mailing Address 1325 NW Flanders Street		Transaction ID: SA11ai-c1000006201
City Portland	State OR	Zip Code 97209-2619
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
Name of Employer Williams & Dame Developme- nt	Occupation Developer	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2005.00	

Full Name (Last, First, Middle Initial) B. Robert Gaines		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address 7105 Brennon Lane		Transaction ID: SA11ai-c1000006251
City Chevy Chase	State MD	Zip Code 20815-4066
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Smith/Davison & Andrews	Occupation Businessman	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Barry McKenzie, MD		Date of Receipt M / D / Y 11 / 20 / 2003
Mailing Address 439B W 44th Avenue		Transaction ID: SA11ai-c1000006328
City Eugene	State OR	Zip Code 97405-4569
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Willamette Valley Cancer CT	Occupation MD	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	▶	935.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 / 51	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
DeFazio for Congress

Full Name (Last, First, Middle Initial) A. Marcia Sigler		Date of Receipt M / D / Y 12 / 10 / 2003
Mailing Address 3047 Dapple Way		Transaction ID: SA11ai-c1000006412
City Eugene	State OR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Retired	Occupation Retired	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) B. Rick Herson		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 2162 Washington St		Transaction ID: SA11ai-c1000006681
City Eugene	State OR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 210.00
Name of Employer Oregon Woods, INC	Occupation Forestry	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) C. Paul Hught		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 1735 S 5th St		Transaction ID: SA11ai-c1000006510
City Cottage Grove	State OR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer K. C. Krafts	Occupation Sales Rep.	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	660.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 / 51	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
DeFazio for Congress

Full Name (Last, First, Middle Initial) A. David Fryefield, MD		Date of Receipt M / D / Y 11 / 20 / 2003
Mailing Address 2175 Charnelton Street		Transaction ID: SA11ai-c1000006335
City Eugene	State OR	Zip Code 97405-2821
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Willamette Valley Cancer Ctr.	Occupation Medical Director	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Glenn Buchanan		Date of Receipt M / D / Y 11 / 20 / 2003
Mailing Address 294D Crescent Avenue Unit 242		Transaction ID: SA11ai-c1000006330
City Eugene	State OR	Zip Code 97408-7406
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Willamette Valley Cancer Ctr.	Occupation Information requested	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Mark Bocci		Date of Receipt M / D / Y 12 / 29 / 2003
Mailing Address 6000 Meadows Rd #201		Transaction ID: SA11ai-c1000006419
City Lake Oswego	State OR	Zip Code 97035
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self employed	Occupation Attorney at Law	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	1300.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 51	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
 DeFazio for Congress

Full Name (Last, First, Middle Initial) A. Fred Taylor		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 10380 Cape Arago Highway		Transaction ID: SA11ai-c1000006717 Amount of Each Receipt this Period 250.00
City Coos Bay	State OR	
Zip Code 97420-8683		
FEC ID number of contributing federal political committee. C		
Name of Employer Retired	Occupation Retired	Amount of Each Receipt this Period 350.00
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Michael Williams		Date of Receipt M / D / Y 10 / 20 / 2003
Mailing Address 1001 SW 5th Suite 190D		Transaction ID: SA11ai-c1000006144 Amount of Each Receipt this Period 2000.00
City Portland	State OR	
Zip Code 97221		
FEC ID number of contributing federal political committee. C		
Name of Employer Williams, Dailey & O'Leary	Occupation Attorney	Amount of Each Receipt this Period 4000.00
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	

SUBTOTAL of Receipts This Page (optional)	▶	2250.00
TOTAL This Period (last page this line number only)	▶	17565.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 / 51	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
DeFazio for Congress

Full Name (Last, First, Middle Initial) A. SELCO Credit Union		Date of Receipt M / D / Y 11 / 20 / 2003
Mailing Address PD Box 7487		Transaction ID: SA15-m1000006926
City Eugene	State OR	Zip Code 97401
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer	Occupation	Deposit Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 3133.13	

Full Name (Last, First, Middle Initial) B. SELCO Credit Union		Date of Receipt M / D / Y 10 / 31 / 2003
Mailing Address PD Box 7487		Transaction ID: SA15-m1000006858
City Eugene	State OR	Zip Code 97401
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 205.91
Name of Employer	Occupation	Checking Acct Interest Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 3133.13	

Full Name (Last, First, Middle Initial) C. SELCO Credit Union		Date of Receipt M / D / Y 11 / 30 / 2003
Mailing Address PD Box 7487		Transaction ID: SA15-m1000006859
City Eugene	State OR	Zip Code 97401
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 207.11
Name of Employer	Occupation	Checking Acct Interest Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 3133.13	

SUBTOTAL of Receipts This Page (optional)	423.02
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 / 51	
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input checked="" type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
 DeFazio for Congress

Full Name (Last, First, Middle Initial) A. SELCO Credit Union		Date of Receipt M / D / Y 12 / 31 / 2008
Mailing Address PD Box 7487		Transaction ID: SA15-m1000006860
City Eugene	State OR	Zip Code 97401
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 212.98
Name of Employer	Occupation	Checking Acct. Interest Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 3133.13	

SUBTOTAL of Receipts This Page (optional)	▶	212.98
TOTAL This Period (last page this line number only)	▶	635.98

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 51	
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 11d	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
DeFazio for Congress

Full Name (Last, First, Middle Initial) A. Inland Loggskrm's & Whism's Union		Date of Receipt M / D / Y 10 / 24 / 2003
Mailing Address 1775 K St NW #200		Transaction ID: SA11c-c100006258
City	State	Zip Code
Washington	DC	20006
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) B. UAW V CAP United Auto Workers		Date of Receipt M / D / Y 10 / 24 / 2003
Mailing Address 8000 E. Jefferson		Transaction ID: SA11c-c100006260
City	State	Zip Code
Detroit	MI	48214
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. American Postal Workers Union		Date of Receipt M / D / Y 10 / 20 / 2003
Mailing Address 1300 L St NW Ste 608		Transaction ID: SA11c-c100006132
City	State	Zip Code
Washington	DC	20005
FEC ID number of contributing federal political committee. C C70003322		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional)	▶	9500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 / 51	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
DeFazio for Congress

Full Name (Last, First, Middle Initial) A. Intntl Union of Operating Engineers		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 1125 17th St NW		Transaction ID: SA11c-c1000006813
City	State	Zip Code
Washington	DC	20036
FEC ID number of contributing federal political committee. C C00029504		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Southwest Airlines Co. Freedom Fund PA		Date of Receipt M / D / Y 10 / 24 / 2003
Mailing Address PO Box 38811		Transaction ID: SA11c-c1000006257
City	State	Zip Code
Dallas	TX	75238-0611
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. United Food & Commercial Workers Int'n		Date of Receipt M / D / Y 10 / 20 / 2003
Mailing Address 1775 K St NW		Transaction ID: SA11c-c1000006116
City	State	Zip Code
Washington	DC	20008
FEC ID number of contributing federal political committee. C CD0360933		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	12000.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 23 / 51

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)
DeFazio for Congress

Full Name (Last, First, Middle Initial) A. Eugene Water Electric Board		Transaction ID: SB17-e100006821 Date of Disbursement 10 / 01 / 2003	
Mailing Address 500 East 4th		Amount of Each Disbursement this Period 24.87	
City Eugene	State OR	Zip Code 97401	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Administrative/Salary/Overhead-Utilities		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 X Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. US Postmaster		Transaction ID: SB17-e100006844 Date of Disbursement 10 / 15 / 2003	
Mailing Address 520 Willamette St		Amount of Each Disbursement this Period 6.84	
City Eugene	State OR	Zip Code 97401	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Administrative/Salary/Overhead-Postage		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 X Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. Accessible Data Services		Transaction ID: SB17-e100006905 Date of Disbursement 12 / 04 / 2003	
Mailing Address 795 River Avenue		Amount of Each Disbursement this Period 2851.98	
City Eugene	State OR	Zip Code 97404	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Fundraising Event Exp.- mailing		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 X Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional)	▶	2885.50
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 24 / 51
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
DeFazio for Congress

Full Name (Last, First, Middle Initial) A. Oregon Dept of Revenue		Transaction ID: SB17-e100006842 Date of Disbursement 10 / 15 / 2003	
Mailing Address PO Box 14800		Amount of Each Disbursement this Period 221.15 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Salem	State OR		Zip Code 97309
Purpose of Disbursement Payroll Taxes			001 Category/ Type
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2004 X Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. VERIZON WIRELESS		Transaction ID: SB17-e100006809 Date of Disbursement 12 / 08 / 2003	
Mailing Address PO BOX 96081		Amount of Each Disbursement this Period 56.40 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City BELLEVUE	State WA		Zip Code 98009
Purpose of Disbursement Cell Phones			001 Category/ Type
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2004 X Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Stor It All		Transaction ID: SB17-e100006869 Date of Disbursement 11 / 05 / 2003	
Mailing Address 580 East 8th Avenue		Amount of Each Disbursement this Period 48.93 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Eugene	State OR		Zip Code 97401
Purpose of Disbursement Administrative/Salary/Overhead/Storage			001 Category/ Type
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2004 X Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	▶	326.48
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 25 / 51
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
DeFazio for Congress

Full Name (Last, First, Middle Initial) A. Eugene Free Net		Transaction ID: SB17-e100006872 Date of Disbursement 11 / 05 / 2003	
Mailing Address 43 W Broadway		Amount of Each Disbursement this Period 22.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Eugene	State OR Zip Code 97401-9002		
Purpose of Disbursement email accts			001 Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. Oregon Dept of Revenue		Transaction ID: SB17-e100006883 Date of Disbursement 11 / 17 / 2003	
Mailing Address PO Box 14800		Amount of Each Disbursement this Period 221.15 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Salem	State OR Zip Code 97309		
Purpose of Disbursement Payroll Taxes			001 Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. Oregon Dept of Revenue		Transaction ID: SB17-e100006898 Date of Disbursement 12 / 15 / 2003	
Mailing Address PO Box 14800		Amount of Each Disbursement this Period 213.58 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Salem	State OR Zip Code 97309		
Purpose of Disbursement Payroll taxes			001 Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional)	▶	456.74
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 26 / 51
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
DeFazio for Congress

A. Full Name (Last, First, Middle Initial) Melanie Strahon		Transaction ID: SB17-e1000006914 Date of Disbursement 12 / 15 / 2003	
Mailing Address 38340 Wendling Road		Amount of Each Disbursement this Period 936.93	
City Marcola	State OR	Zip Code 97454	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Administrative/Salary/Overhead-Payroll		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

B. Full Name (Last, First, Middle Initial) Pride Printing Co.		Transaction ID: SB17-e1000006868 Date of Disbursement 11 / 05 / 2003	
Mailing Address PO Box 457 406 West First		Amount of Each Disbursement this Period 2228.00	
City Albany	State OR	Zip Code 97321	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Printing Expense		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

C. Full Name (Last, First, Middle Initial) Melanie Strahon		Transaction ID: SB17-e1000006915 Date of Disbursement 12 / 15 / 2003	
Mailing Address 38340 Wendling Road		Amount of Each Disbursement this Period 158.40	
City Marcola	State OR	Zip Code 97454	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Reim. Mileage Expense		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional)	▶	3323.33
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 27 / 51
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
DeFazio for Congress

Full Name (Last, First, Middle Initial) A. US Postmaster		Transaction ID: SB17-e1000006919 Date of Disbursement 12 / 15 / 2003	
Mailing Address 520 Willamette St		Amount of Each Disbursement this Period 4.42	
City Eugene	State OR	Zip Code 97401	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Administrative/Salary/Overhead-Postage		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. VERIZON WIRELESS		Transaction ID: SB17-e1000006824 Date of Disbursement 10 / 09 / 2003	
Mailing Address PO BOX 96081		Amount of Each Disbursement this Period 59.04	
City BELLEVUE	State WA	Zip Code 98008	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Administrative/Salary/Overhead-Cell phone		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. ENTERPRISE RENTAL		Transaction ID: SB17-e1000006851 Date of Disbursement 10 / 25 / 2003	
Mailing Address B10 W. 8TH AVENUE		Amount of Each Disbursement this Period 72.58	
City Eugene	State OR	Zip Code 97401	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Administrative/Salary/Overhead-Car Rental		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional)	▶	136.04
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)
DeFazio for Congress

Full Name (Last, First, Middle Initial) A. Parties to Go		Transaction ID: SB17-e1000006833 Date of Disbursement 10 / 13 / 2003	
Mailing Address 1022 Greenacres Rd		Amount of Each Disbursement this Period 60.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Eugene	State OR		Zip Code 97408
Purpose of Disbursement Event Expense	001 Category/ Type		
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. Melanie Strahon		Transaction ID: SB17-e1000006849 Date of Disbursement 10 / 17 / 2003	
Mailing Address 38340 Wendling Road		Amount of Each Disbursement this Period 50.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Marcola	State OR		Zip Code 97454
Purpose of Disbursement Event Expense	001 Category/ Type		
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. Melanie Strahon		Transaction ID: SB17-e1000006852 Date of Disbursement 10 / 27 / 2003	
Mailing Address 38340 Wendling Road		Amount of Each Disbursement this Period 35.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Marcola	State OR		Zip Code 97454
Purpose of Disbursement Reim. Domain Name Expense	001 Category/ Type		
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional)	145.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 29 / 51
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
DeFazio for Congress

Full Name (Last, First, Middle Initial) A. Melanie Strahon		Transaction ID: SB17-e1000006854 Date of Disbursement 10 / 27 / 2003	
Mailing Address 38340 Wendling Road		Amount of Each Disbursement this Period 26.35	
City Marcola	State OR	Zip Code 97454	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Reim. Fuel Expense		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. Representative Peter DeFazio		Transaction ID: SB17-e1000006843 Date of Disbursement 10 / 15 / 2003	
Mailing Address 1083 S 70th St		Amount of Each Disbursement this Period 136.42	
City Springfield	State OR	Zip Code 97476	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Reim. Candidate Expense		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. Maple Investments		Transaction ID: SB17-e1000006825 Date of Disbursement 10 / 09 / 2003	
Mailing Address 875 Oak Street Suite 1D50		Amount of Each Disbursement this Period 300.00	
City Eugene	State OR	Zip Code 97401	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Office Rent		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional)	▶	462.77
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 30 / 51
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
DeFazio for Congress

Full Name (Last, First, Middle Initial) A. Democratic Congressional Campaign Committee		Transaction ID: SB17-e1000006864 Date of Disbursement 12 / 16 / 2003	
Mailing Address 430 S Capitol St		Amount of Each Disbursement this Period 10000.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Washington	State DC Zip Code 20003		
Purpose of Disbursement Political Contribution-DCCC CONTRIBUTION			011 Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. VERIZON WIRELESS		Transaction ID: SB17-e1000006865 Date of Disbursement 11 / 05 / 2003	
Mailing Address PO BOX 96081		Amount of Each Disbursement this Period 58.85 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City BELLEVUE	State WA Zip Code 98008		
Purpose of Disbursement Cell Phones			001 Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. Eugene Bookkeeping		Transaction ID: SB17-e1000006870 Date of Disbursement 11 / 05 / 2003	
Mailing Address 1600 Valley River Drive Suite 17D		Amount of Each Disbursement this Period 75.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Eugene	State OR Zip Code 97401		
Purpose of Disbursement Bookkeeping Services			001 Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional)	10133.85
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 31 / 51
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
DeFazio for Congress

Full Name (Last, First, Middle Initial) A. US Postmaster		Transaction ID: SB17-e1000006884 Date of Disbursement 11 / 17 / 2003	
Mailing Address 520 Willamette St		Amount of Each Disbursement this Period 4.42	
City Eugene	State OR	Zip Code 97401	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Administrative/Salary/Overhead-Postage		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. Sanipac		Transaction ID: SB17-e1000006828 Date of Disbursement 10 / 09 / 2003	
Mailing Address 1480 Glenwood Blvd		Amount of Each Disbursement this Period 16.80	
City Springfield	State OR	Zip Code 97477	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Recycling/Garbage		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. DOUG LUMPKIN		Transaction ID: SB17-e1000006904 Date of Disbursement 12 / 03 / 2003	
Mailing Address 3003 W. 11TH AVE, PMB287		Amount of Each Disbursement this Period 80.00	
City EUGENE	State OR	Zip Code 97402	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Computer Repair		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional)	▶	81.22
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 32 / 51
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
 DeFazio for Congress

Full Name (Last, First, Middle Initial) A. Comcast		Transaction ID: SB17-e1000006929 Date of Disbursement 11 / 17 / 2003	
Mailing Address 2897 Chad Drive		Amount of Each Disbursement this Period 54.09	
City Eugene	State OR	Zip Code 97408-7335	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Administrative/Salary/Overhead-Cable		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 X Primary Other (specify) ▼	State: District	

Full Name (Last, First, Middle Initial) B. Register Guard		Transaction ID: SB17-e1000006906 Date of Disbursement 12 / 04 / 2003	
Mailing Address 3500 Chad Drive		Amount of Each Disbursement this Period 143.25	
City Eugene	State OR	Zip Code 97408	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Annual Subscription		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 X Primary Other (specify) ▼	State: District	

Full Name (Last, First, Middle Initial) C. US Postmaster		Transaction ID: SB17-e1000006916 Date of Disbursement 12 / 15 / 2003	
Mailing Address 520 Willamette St		Amount of Each Disbursement this Period 345.00	
City Eugene	State OR	Zip Code 97401	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Xmas Card Postage		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 X Primary Other (specify) ▼	State: District	

SUBTOTAL of Disbursements This Page (optional)	▶	542.34
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 33 / 51
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
DeFazio for Congress

Full Name (Last, First, Middle Initial) A. ENTERPRISE RENTAL		Transaction ID: SB17-e10000683B Date of Disbursement 10 / 14 / 2003	
Mailing Address 810 W. 6TH AVENUE		Amount of Each Disbursement this Period 136.33	
City Eugene	State OR	Zip Code 97401	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Administrative/Salary/Overhead-Car Rental		Category/Type 001	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. Eugene Free Net		Transaction ID: SB17-e100006813 Date of Disbursement 12 / 08 / 2003	
Mailing Address 43 W Broadway		Amount of Each Disbursement this Period 22.00	
City Eugene	State OR	Zip Code 97401-3002	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Email accts		Category/Type 001	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. ENTERPRISE RENTAL		Transaction ID: SB17-e100006877 Date of Disbursement 11 / 12 / 2003	
Mailing Address B10 W. 6TH AVENUE		Amount of Each Disbursement this Period 85.98	
City Eugene	State OR	Zip Code 97401	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Truck Rental		Category/Type 001	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional)	224.32
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 34 / 51
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
 DeFazio for Congress

Full Name (Last, First, Middle Initial) A. US Postmaster		Transaction ID: SB17-e1000006917 Date of Disbursement 12 / 15 / 2003	
Mailing Address 520 Willamette St			
City Eugene	State OR	Zip Code 97401	Amount of Each Disbursement this Period 200.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement BRM & PD replenish		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. Representative Peter DeFazio		Transaction ID: SB17-e1000006823 Date of Disbursement 10 / 01 / 2003	
Mailing Address 1083 S 70th St			
City Springfield	State OR	Zip Code 97476	Amount of Each Disbursement this Period 40.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Reim.Candidate expense		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. Stor It All		Transaction ID: SB17-e1000006885 Date of Disbursement 11 / 17 / 2003	
Mailing Address 580 East 8th Avenue			
City Eugene	State OR	Zip Code 97401	Amount of Each Disbursement this Period 80.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Storage Rent		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional)	▶	300.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 35 / 51

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)
DeFazio for Congress

Full Name (Last, First, Middle Initial) A. Fred Meyer		Transaction ID: SB17-e10000690B Date of Disbursement 12 / 05 / 2003	
Mailing Address West 11th Ave.			
City Eugene	State OR	Zip Code 97402	Amount of Each Disbursement this Period 56.12 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Office Supplies		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 X Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. Melanie Strahon		Transaction ID: SB17-e10000692B Date of Disbursement 10 / 14 / 2003	
Mailing Address 38340 Wendling Road			
City Marcola	State OR	Zip Code 97454	Amount of Each Disbursement this Period 936.93 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Administrative/Salary/Overhead-Payroll		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 X Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. Comcast		Transaction ID: SB17-e100006874 Date of Disbursement 11 / 05 / 2003	
Mailing Address 2897 Chad Drive			
City Eugene	State OR	Zip Code 97408-7335	Amount of Each Disbursement this Period 54.08 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Administrative/Salary/Overhead-Cable		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 X Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional)	▶	1047.14
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 36 / 51
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
DeFazio for Congress

Full Name (Last, First, Middle Initial) A. Maple Investments		Transaction ID: SB17-e100006871 Date of Disbursement 11 / 05 / 2003	
Mailing Address 975 Oak Street Suite 1050		Amount of Each Disbursement this Period 300.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Eugene	State OR		Zip Code 97401
Purpose of Disbursement Office Rent			001 Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	State: District	

Full Name (Last, First, Middle Initial) B. Royal Real Estate		Transaction ID: SB17-e100006826 Date of Disbursement 10 / 09 / 2003	
Mailing Address 188 W B Street Bldg. N-4		Amount of Each Disbursement this Period 50.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Springfield	State OR		Zip Code 07477-4503
Purpose of Disbursement Storage Rent			001 Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	State: District	

Full Name (Last, First, Middle Initial) C. Complete Campaigns.com, LLC		Transaction ID: SB17-e100006810 Date of Disbursement 12 / 06 / 2003	
Mailing Address 610 Gateway Center Way Suite K		Amount of Each Disbursement this Period 300.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City San Diego	State CA		Zip Code 92102-4548
Purpose of Disbursement Software Rental			001 Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	State: District	

SUBTOTAL of Disbursements This Page (optional)	▶	650.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)
DeFazio for Congress

Full Name (Last, First, Middle Initial) A. Royal Real Estate		Transaction ID: SB17-e1000006912 Date of Disbursement 12 / 08 / 2003	
Mailing Address 188 W B Street Bldg. N-4		Amount of Each Disbursement this Period 50.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Springfield	State OR		Zip Code 97477-4593
Purpose of Disbursement Storage Rent	Candidate Name		
Office Sought: House Senate President State: District			Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Melanie Strahon		Transaction ID: SB17-e1000006855 Date of Disbursement 10 / 28 / 2003	
Mailing Address 38340 Wendling Road		Amount of Each Disbursement this Period 936.92 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Marcola	State OR		Zip Code 97454
Purpose of Disbursement Administrative/Salary/Overhead-Payroll	Candidate Name		
Office Sought: House Senate President State: District			Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Advanced Telcom Group, INC		Transaction ID: SB17-e1000006889 Date of Disbursement 11 / 17 / 2003	
Mailing Address P. O. Box 12039		Amount of Each Disbursement this Period 274.22 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Salem	State OR		Zip Code 97309
Purpose of Disbursement Office Phones	Candidate Name		
Office Sought: House Senate President State: District			Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	1261.14
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)
DeFazio for Congress

Full Name (Last, First, Middle Initial) A. Representative Peter DeFazio		Transaction ID: SB17-e100006891 Date of Disbursement 11 / 12 / 2003	
Mailing Address 1083 S 70th St			
City Springfield	State OR	Zip Code 97478	Amount of Each Disbursement this Period 64.37 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Reim Candidate Expense		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 X Primary General Other (specify) ▼	State: District	

Full Name (Last, First, Middle Initial) B. Complete Campaigns.com, LLC		Transaction ID: SB17-e100006875 Date of Disbursement 11 / 06 / 2003	
Mailing Address 610 Gateway Center Way Suite K			
City San Diego	State CA	Zip Code 02102-4548	Amount of Each Disbursement this Period 300.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Election Software rental		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 X Primary General Other (specify) ▼	State: District	

Full Name (Last, First, Middle Initial) C. SAIF Corporation		Transaction ID: SB17-e100006819 Date of Disbursement 10 / 01 / 2003	
Mailing Address 400 High Street Se			
City Salem	State OR	Zip Code 97312	Amount of Each Disbursement this Period 548.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Workman's Comp.		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 X Primary General Other (specify) ▼	State: District	

SUBTOTAL of Disbursements This Page (optional)	▶	913.37
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 39 / 51
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
DeFazio for Congress

Full Name (Last, First, Middle Initial) A. Advanced Telcom Group, INC		Transaction ID: SB17-e10000683D Date of Disbursement 10 / 10 / 2003	
Mailing Address P. O. Box 12039			
City Salem	State OR	Zip Code 97309	Amount of Each Disbursement this Period 487.80 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Administrative/Salary/Overhead-Phone		Category/ Type 001	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2004 X Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. ENTERPRISE RENTAL		Transaction ID: SB17-e100006837 Date of Disbursement 10 / 14 / 2003	
Mailing Address 810 W. 6TH AVENUE			
City Eugene	State OR	Zip Code 97401	Amount of Each Disbursement this Period 136.33 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Administrative/Salary/Overhead-Car Rental		Category/ Type 001	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2004 X Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Comcast		Transaction ID: SB17-e100006820 Date of Disbursement 10 / 01 / 2003	
Mailing Address 2897 Chad Drive			
City Eugene	State OR	Zip Code 97408-7335	Amount of Each Disbursement this Period 54.08 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Administrative/Salary/Overhead-Cable		Category/ Type 001	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2004 X Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	▶	678.02
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)
DeFazio for Congress

Full Name (Last, First, Middle Initial) A. Royal Real Estate		Transaction ID: SB17-e100006873 Date of Disbursement 11 / 05 / 2003	
Mailing Address 188 W B Street Bldg. N-4		Amount of Each Disbursement this Period 50.00	
City Springfield	State OR	Zip Code 97477-4593	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Storage Rent		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 X Primary General Other (specify) ▼	State: District	

Full Name (Last, First, Middle Initial) B. US Postmaster		Transaction ID: SB17-e100006856 Date of Disbursement 10 / 28 / 2003	
Mailing Address 520 Willamette St		Amount of Each Disbursement this Period 76.42	
City Eugene	State OR	Zip Code 97401	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Administrative/Salary/Overhead-Postage		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 X Primary General Other (specify) ▼	State: District	

Full Name (Last, First, Middle Initial) C. Internal Revenue Service		Transaction ID: SB17-e100006862 Date of Disbursement 11 / 15 / 2003	
Mailing Address Department of the Treasury		Amount of Each Disbursement this Period 556.31	
City Ogden	State UT	Zip Code 84201	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Payroll taxes		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 X Primary General Other (specify) ▼	State: District	

SUBTOTAL of Disbursements This Page (optional)	▶	684.73
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 41 / 51
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
DeFazio for Congress

Full Name (Last, First, Middle Initial) A. Melanie Strahon		Transaction ID: SB17-e10000684D Date of Disbursement 10 / 14 / 2003	
Mailing Address 38340 Wendling Road		Amount of Each Disbursement this Period 26.40	
City Marcola	State OR	Zip Code 97454	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Reim Mileage		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. Internal Revenue Service		Transaction ID: SB17-e100006863 Date of Disbursement 12 / 15 / 2003	
Mailing Address Department of the Treasury		Amount of Each Disbursement this Period 556.31	
City Ogden	State UT	Zip Code 84201	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Payroll taxes		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. Eugene Water Electric Board		Transaction ID: SB17-e100006868 Date of Disbursement 11 / 17 / 2003	
Mailing Address 500 East 4th		Amount of Each Disbursement this Period 55.84	
City Eugene	State OR	Zip Code 97401	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Administrative/Salary/Overhead/Utilities		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional)	▶	638.55
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 42 / 51
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
DeFazio for Congress

Full Name (Last, First, Middle Initial) A. Elephants Deli		Transaction ID: SB17-e100006834 Date of Disbursement 10 / 13 / 2003	
Mailing Address 13 NW 23rd Place		Amount of Each Disbursement this Period 922.50 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Portland	State OR		Zip Code 97210
Purpose of Disbursement Event Expense			001 Category/ Type
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2004 X Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Internal Revenue Service		Transaction ID: SB17-e100006861 Date of Disbursement 10 / 15 / 2003	
Mailing Address Department of the Treasury		Amount of Each Disbursement this Period 556.31 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Ogden	State UT		Zip Code 84201
Purpose of Disbursement Payroll taxes			001 Category/ Type
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2004 X Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Bridgeport Brew Pub		Transaction ID: SB17-e100006836 Date of Disbursement 10 / 13 / 2003	
Mailing Address 1313 NW Marshall		Amount of Each Disbursement this Period 125.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Portland	State OR		Zip Code 97209
Purpose of Disbursement Event Expense			001 Category/ Type
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2004 X Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	▶	1603.81
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 43 / 51
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
DeFazio for Congress

Full Name (Last, First, Middle Initial) A. Melanie Strahon		Transaction ID: SB17-e100006841 Date of Disbursement 10 / 14 / 2003	
Mailing Address 38340 Wendling Road		Amount of Each Disbursement this Period 11.70	
City Marcola	State OR	Zip Code 97454	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Reim. Event Expense		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. List America		Transaction ID: SB17-e100006822 Date of Disbursement 10 / 01 / 2003	
Mailing Address 1202 Potomac St. NW		Amount of Each Disbursement this Period 976.94	
City Washington	State DC	Zip Code 20007	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Administrative/Salary/Overhead-Lists		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. Melanie Strahon		Transaction ID: SB17-e100006882 Date of Disbursement 11 / 17 / 2003	
Mailing Address 38340 Wendling Road		Amount of Each Disbursement this Period 936.93	
City Marcola	State OR	Zip Code 97454	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Payroll Taxes		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional)	▶	1925.57
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 44 / 51
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
 DeFazio for Congress

Full Name (Last, First, Middle Initial) A. Accessible Data Services		Transaction ID: SB17-e100006845 Date of Disbursement 10 / 16 / 2003	
Mailing Address 795 River Avenue		Amount of Each Disbursement this Period 2632.14	
City Eugene	State OR	Zip Code 97404	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Fundraising Expense		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. Eugene Free Net		Transaction ID: SB17-e100006827 Date of Disbursement 10 / 09 / 2003	
Mailing Address 43 W Broadway		Amount of Each Disbursement this Period 22.00	
City Eugene	State OR	Zip Code 97401-3002	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Administrative/Salary/Overhead-Email Acct		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. Melanie Strahan		Transaction ID: SB17-e100006850 Date of Disbursement 10 / 21 / 2003	
Mailing Address 38340 Wendling Road		Amount of Each Disbursement this Period 52.00	
City Marcola	State OR	Zip Code 97454	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Reim. Event Expense		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional)	▶	2706.14
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 45 / 51
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
DeFazio for Congress

Full Name (Last, First, Middle Initial) A. Melanie Strahon		Transaction ID: SB17-e100006892 Date of Disbursement 11 / 28 / 2003	
Mailing Address 38340 Wendling Road		Amount of Each Disbursement this Period 936.92	
City Marcola	State OR	Zip Code 97454	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Administrative/Salary/Overhead-Payroll		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. Oregon T's		Transaction ID: SB17-e100006897 Date of Disbursement 12 / 04 / 2003	
Mailing Address PO Box 40693		Amount of Each Disbursement this Period 683.50	
City Eugene	State OR	Zip Code 97404	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Campaign Supplies		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. Melanie Strahon		Transaction ID: SB17-e100006839 Date of Disbursement 10 / 14 / 2003	
Mailing Address 38340 Wendling Road		Amount of Each Disbursement this Period 42.55	
City Marcola	State OR	Zip Code 97454	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Reim. Mileage		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional)	▶	1662.97
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 46 / 51
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
DeFazio for Congress

Full Name (Last, First, Middle Initial) A. NAACP ACT-SO		Transaction ID: SB17-e100006879 Date of Disbursement 11 / 13 / 2003
Mailing Address P O Box 11484		Amount of Each Disbursement this Period 250.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Eugene	State OR Zip Code 97440	
Purpose of Disbursement Charitable Donation-Scholarship Donation		
Candidate Name		
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: District		

Full Name (Last, First, Middle Initial) B. US Postmaster		Transaction ID: SB17-e100006818 Date of Disbursement 10 / 01 / 2003
Mailing Address 520 Willamette St		Amount of Each Disbursement this Period 185.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Eugene	State OR Zip Code 97401	
Purpose of Disbursement Fund raising postage		
Candidate Name		
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: District		

Full Name (Last, First, Middle Initial) C. US Postmaster		Transaction ID: SB17-e100006821 Date of Disbursement 12 / 17 / 2003
Mailing Address 520 Willamette St		Amount of Each Disbursement this Period 200.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Eugene	State OR Zip Code 97401	
Purpose of Disbursement BMR & PD replenish		
Candidate Name		
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: District		

SUBTOTAL of Disbursements This Page (optional)	▶	635.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/>	17 20a	<input type="checkbox"/>	18 20b	<input type="checkbox"/>	19a 20c	<input type="checkbox"/>	19b 21
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NAME OF COMMITTEE (In Full)
DeFazio for Congress

Full Name (Last, First, Middle Initial) A. Eugene Water Electric Board		Transaction ID: SB17-e1000006831 Date of Disbursement 10 / 10 / 2003	
Mailing Address 500 East 4th		Amount of Each Disbursement this Period 19.04	
City Eugene	State OR	Zip Code 97401	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Administrative/Salary/Overhead-Utilities		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. Complete Campaigns.com, LLC		Transaction ID: SB17-e1000006817 Date of Disbursement 10 / 01 / 2003	
Mailing Address 610 Gateway Center Way Suite K		Amount of Each Disbursement this Period 300.00	
City San Diego	State CA	Zip Code 02102-4548	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Election software rental		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. Fred Meyer		Transaction ID: SB17-e1000006887 Date of Disbursement 11 / 20 / 2003	
Mailing Address West 11th Ave.		Amount of Each Disbursement this Period 14.97	
City Eugene	State OR	Zip Code 97402	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Office Supplies		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional)	▶	334.01
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 48 / 51
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
DeFazio for Congress

Full Name (Last, First, Middle Initial) A. Stafford Video Productions		Transaction ID: SB17-e100006846 Date of Disbursement 10 / 17 / 2003	
Mailing Address 21 E 28th Avenue Suite A		Amount of Each Disbursement this Period 56.25 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Eugene	State OR		Zip Code 97405-9899
Purpose of Disbursement Administrative/Salary/Overhead-Copies			001 Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary Other (specify) ▼	State: District	

Full Name (Last, First, Middle Initial) B. Maple Investments		Transaction ID: SB17-e100006811 Date of Disbursement 12 / 08 / 2003	
Mailing Address 875 Oak Street Suite 1050		Amount of Each Disbursement this Period 300.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Eugene	State OR		Zip Code 97401
Purpose of Disbursement Office Rent			001 Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary Other (specify) ▼	State: District	

Full Name (Last, First, Middle Initial) C. Pride Printing Co.		Transaction ID: SB17-e100006816 Date of Disbursement 10 / 01 / 2003	
Mailing Address PO Box 457 406 West First		Amount of Each Disbursement this Period 1055.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Albany	State OR		Zip Code 97321
Purpose of Disbursement Administrative/Salary/Overhead-Printing			001 Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary Other (specify) ▼	State: District	

SUBTOTAL of Disbursements This Page (optional)	▶	1411.25
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 48 / 51
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
 DeFazio for Congress

Full Name (Last, First, Middle Initial) A. Fred Meyer		Transaction ID: SB17-e10000689D Date of Disbursement 11 / 19 / 2003	
Mailing Address West 11th Ave.			
City Eugene	State OR	Zip Code 97402	Amount of Each Disbursement this Period 23.96 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Office Supplies		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. Bridgeport Brew Pub		Transaction ID: SB17-e100006835 Date of Disbursement 10 / 19 / 2003	
Mailing Address 1313 NW Marshall			
City Portland	State OR	Zip Code 97208	Amount of Each Disbursement this Period 100.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Event Supplies		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. Representative Peter DeFazio		Transaction ID: SB17-e100006857 Date of Disbursement 10 / 28 / 2003	
Mailing Address 1083 S 70th St			
City Springfield	State OR	Zip Code 97478	Amount of Each Disbursement this Period 139.85 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Reim.Candidate Expense		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional)	▶	263.81
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 50 / 51
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
DeFazio for Congress

Full Name (Last, First, Middle Initial) A. Melanie Strahon		Transaction ID: SB17-e10000688D Date of Disbursement 11 / 17 / 2003		
Mailing Address 38340 Wendling Road		Amount of Each Disbursement this Period 27.50 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
City Marcola	State OR			Zip Code 97454
Purpose of Disbursement Reim. Mileage				001 Category/ Type
Candidate Name				
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼			
State: District				

Full Name (Last, First, Middle Initial) B. Melanie Strahon		Transaction ID: SB17-e10000688D Date of Disbursement 10 / 27 / 2003		
Mailing Address 38340 Wendling Road		Amount of Each Disbursement this Period 28.75 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
City Marcola	State OR			Zip Code 97454
Purpose of Disbursement Reim. Fuel Expense				001 Category/ Type
Candidate Name				
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼			
State: District				

Full Name (Last, First, Middle Initial) C. Melanie Strahon		Transaction ID: SB17-e10000689D Date of Disbursement 12 / 31 / 2003		
Mailing Address 38340 Wendling Road		Amount of Each Disbursement this Period 936.92 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
City Marcola	State OR			Zip Code 97454
Purpose of Disbursement Administrative/Salary/Overhead-Payroll				001 Category/ Type
Candidate Name				
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼			
State: District				

SUBTOTAL of Disbursements This Page (optional)	▶	993.17
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	17 20a	<input type="checkbox"/>	18 20b	<input type="checkbox"/>	19a 20c	<input type="checkbox"/>	19b 21
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NAME OF COMMITTEE (In Full)
 DeFazio for Congress

Full Name (Last, First, Middle Initial) A. ENTERPRISE RENTAL		Transaction ID: SB17-e1000006881	
Mailing Address 810 W. 6TH AVENUE		Date of Disbursement 11 / 17 / 2003	
City Eugene	State OR	Zip Code 97401	Amount of Each Disbursement this Period 87.98 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Hood River Rental Car		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 X Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. Staples Supply		Transaction ID: SB17-e1000006820	
Mailing Address 2370 W 11th Avenue		Date of Disbursement 12 / 15 / 2003	
City Eugene	State OR	Zip Code 97402	Amount of Each Disbursement this Period 24.53 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Office supplies		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 X Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional)	▶	112.51
TOTAL This Period (last page this line number only)	▶	36538.78