

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

Blumenauer for Congress

ADDRESS (number and street) | 921 SW Washington, Suite 810

Check if different than previously reported. (ACC)

Portland OR 97205

2. **FEC IDENTIFICATION NUMBER** C00307314

CITY STATE ZIP CODE STATE DISTRICT

3. IS THIS REPORT NEW (N) OR AMENDED (A) OR 03

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

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on [] [] [] in the State of []

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

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

Election on [] [] [] in the State of []

5. Covering Period 01 01 2006 through 03 31 2006

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 Henry Hewitt

Signature of Treasurer Electronically Filed by Henry Hewitt Date 07 14 2006

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Blumenauer for Congress

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	46111.16	349219.16
(b) Total Contribution Refunds (from Line 20(d)).....	2100.00	2200.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	44011.16	347019.16
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	58999.35	269789.38
(b) Total Offsets to Operating Expenditures (from Line 14).....	56.03	11046.12
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	58943.32	258743.26
8. Cash on Hand at Close of Reporting Period (from Line 27).....	247440.96	
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)

Write or Type Committee Name
Blumenauer for Congress

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

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).....

14149.11

119684.11

(ii) Unitemized.....

14910.00

47459.00

(iii) TOTAL of contributions

29059.11

167143.11

from individuals..... ▶

27.05

27.05

(b) Political Party Committees.....

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

15025.00

180049.00

(d) The Candidate.....

2000.00

2000.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

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

46111.16

349219.16

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.).....

56.03

11046.12

15. OTHER RECEIPTS

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

1946.85

7446.26

16. TOTAL RECEIPTS (add Lines

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

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

48114.04

367711.54

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	58999.35	269789.38
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	60000.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	2100.00	2200.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	2100.00	2200.00
21. OTHER DISBURSEMENTS.....	875.00	8720.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	61974.35	340709.38

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	261301.27
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	48114.04
25. SUBTOTAL (add Line 23 and Line 24).....	309415.31
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	61974.35
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	247440.96

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 5 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<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)
Blumenauer for Congress

A. Full Name (Last, First, Middle Initial)
Peter A. Krainock

Mailing Address 3150 SW Cascade Ter

City State Zip Code
Portland OR 97205-5815

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

Name of Employer Occupation
American Waterworks Int'l Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 30 / 2006

Transaction ID: CN020306163530Pe

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Erik P. Deeter

Mailing Address 135 SE Main St.

City State Zip Code
Portland OR 97214-

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

Name of Employer Occupation
Cyclone Bicycle Supply Bicycle shop owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2006

Transaction ID: CN020306193139Er

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Lon V. Leneve

Mailing Address 17663 SW 79th Pl.

City State Zip Code
Durham OR 97224-

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

Name of Employer Occupation
Compli President & CFO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2006

Transaction ID: CN020306193728Lo

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Blumenauer for Congress

Full Name (Last, First, Middle Initial) A. Sherman J. Coventry		Date of Receipt MM / DD / YYYY 01 / 27 / 2006
Mailing Address 1251 SW Texas St.		Transaction ID: CN020306193908Sh
City Portland	State OR	Zip Code 97219-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Coventry Cycle	Occupation Bicycle shop owner	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Ciris King		Date of Receipt MM / DD / YYYY 01 / 27 / 2006
Mailing Address 2801 NW Nela		Transaction ID: CN020306200225Ci
City Portland	State OR	Zip Code 97210-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer King Cycle Group	Occupation Owner	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Christine Vernier		Date of Receipt MM / DD / YYYY 02 / 21 / 2006
Mailing Address 1558 SW Upper Hall St		Transaction ID: CN030506205051Ch
City Portland	State OR	Zip Code 97201-2563
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Vernier Software & Technology	Occupation Executive	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2125.00	

SUBTOTAL of Receipts This Page (optional)	▶	1275.00
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 7 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Blumenauer for Congress

A. Full Name (Last, First, Middle Initial)
Lucy Baldwin

Mailing Address 1255 NW 9th Ave., #610

City State Zip Code
Portland OR 97209-

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

Name of Employer James L. Baldwin Ortho-Surgeon
Occupation Office manager

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2006

Transaction ID: CN030406150929Lu

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Daniel A. Rosenfeld

Mailing Address 13745 1-4 Mulholland Dr.

City State Zip Code
Beverly Hills CA 90210-

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

Name of Employer Collage Dance Theatre
Occupation Choreographer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 21 / 2006

Transaction ID: CN030406175314Da

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Carl Farrington

Mailing Address 1119 SW Myrtle Dr.

City State Zip Code
Portland OR 97201-

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

Name of Employer none
Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 21 / 2006

Transaction ID: CN030506200237Ca

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **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: (check only one)	PAGE 8 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Blumenauer for Congress

A. Full Name (Last, First, Middle Initial)
Peter Miller

Mailing Address 1712 SE 33rd

City State Zip Code
Portland OR 97214-

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

Name of Employer
Digital Vision

Occupation
Programmer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 6

Transaction ID: CN030506235751Pe

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Susan Otcenas

Mailing Address 5705 SW Main

City State Zip Code
Beaverton OR 97005-

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

Name of Employer
Team Estogen, Inc.

Occupation
President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 0 3 / 2 0 0 6

Transaction ID: CN030806220119Su

Amount of Each Receipt this Period
400.00

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

C. Full Name (Last, First, Middle Initial)
Christine C. Ryan

Mailing Address 43503 SE Pagh Rd

City State Zip Code
Sandy OR 97055-6609

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

Name of Employer
Synergy Consulting Inc.

Occupation
Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 0 2 / 2 0 0 6

Transaction ID: CN030606001737Ch

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **900.00**

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 9 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Blumenauer for Congress

Full Name (Last, First, Middle Initial) A. William Neuhauser		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2006
Mailing Address 19075 NE Woodland Loop Rd		Transaction ID: CN032306111042Wi
City State Zip Code Yamhill OR 97148-	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer FBR CoMotion Venture Capital	Occupation Managing Partner	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Sven A E Ottersten		Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2006
Mailing Address 9312 N Charleston		Transaction ID: CN032306113651Sv
City State Zip Code Portland OR 97203-	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer none	Occupation Retired	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Olivia N. Clark		Date of Receipt M M / D D / Y Y Y Y 02 / 22 / 2006
Mailing Address 1722 SW Westwood Ct		Transaction ID: CN030506215756O
City State Zip Code Portland OR 97239-2736	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Tri-Met	Occupation Government Affairs	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 207.00	

SUBTOTAL of Receipts This Page (optional) ▶	775.00
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 10 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Blumenauer for Congress

A. Full Name (Last, First, Middle Initial)
Mark W Mullbock

Mailing Address 610 NW Westover Terrace

City Portland State OR Zip Code 97210-

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

Name of Employer Showa Women's University Occupation University Assistant Professor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 28 / 2006

Transaction ID: CN040706122601Ma

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Keith S Tattersall

Mailing Address 47688 McKenzie Hwy

City Vida State OR Zip Code 97488-

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

Name of Employer none Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 29 / 2006

Transaction ID: CN040706123944Ke

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Jerry Norquist

Mailing Address 17550 Wilt Rd
PO Box 337

City Sisters State OR Zip Code 97759-

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

Name of Employer 3 - People Productions Occupation Business owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 22 / 2006

Transaction ID: CN030506222750Je

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **1000.00**

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 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Blumenauer for Congress

Full Name (Last, First, Middle Initial) A. Kevin Kohnstamm		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 1 / 2 0 0 6
Mailing Address 3002 NW Luray Circus		Transaction ID: CN030506205647Ke
City State Zip Code Portland OR 97210-2729	Amount of Each Receipt this Period 1100.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer --- Occupation Retired	Election Cycle-to-Date ▼ 2100.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Kevin Kohnstamm		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 1 / 2 0 0 6
Mailing Address 3002 NW Luray Circus		Transaction ID: CN030506205750Ke
City State Zip Code Portland OR 97210-2729	Amount of Each Receipt this Period 1400.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer --- Occupation Retired	Election Cycle-to-Date ▼ 3500.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Lynn Tobias		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 9 / 2 0 0 6
Mailing Address 3100 NE Alameda		Transaction ID: CN032306111439Ly
City State Zip Code Portland OR 97212-	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Quest Schools Occupation School Administrator	Election Cycle-to-Date ▼ 250.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	2750.00
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 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Blumenauer for Congress

Full Name (Last, First, Middle Initial) A. James N. Gonzales		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 6
Mailing Address PO Box 187		Transaction ID: CN030506221124Ja
City State Zip Code North Plains OR 97133-0187	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Gonzales Boring	Occupation Contractor	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 364.00	

Full Name (Last, First, Middle Initial) B. Jay W. Graves		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 6
Mailing Address 2542 NE 26th		Transaction ID: CN030506220706Ja
City State Zip Code Portland OR 97212-	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Bike Gallery	Occupation Business Owner	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Aubrey A. Russell		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 6
Mailing Address 2741 SW Old Orchard Rd		Transaction ID: CN030406154400Au
City State Zip Code Portland OR 97201-1636	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Not presently employed	Occupation Attorney	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

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

**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 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Blumenauer for Congress

Full Name (Last, First, Middle Initial) A. Cow Creek Band Of Umpqua Tribe		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address 2371 NE Stephens St Ste 100		Transaction ID: CN040706124041Co
City Roseburg	State OR	Zip Code 97470-1399
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Indian Tribe	Occupation Indian Tribe	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4200.00	

Full Name (Last, First, Middle Initial) B. Stephen R. McCarthy		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 2 / 2 0 0 6
Mailing Address 1646 NW 32nd Ave		Transaction ID: CN030506213003St
City Portland	State OR	Zip Code 97210-1908
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Clear Creek Distillery	Occupation Owner	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4200.00	

Full Name (Last, First, Middle Initial) C. Loren Wyss		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 0 / 2 0 0 6
Mailing Address 3028 SE Crystal Springs Blvd		Transaction ID: CN030406145409Lo
City Portland	State OR	Zip Code 97202-8561
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Wyss Foundation	Occupation Foundation Executive	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1275.00
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 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Blumenauer for Congress

Full Name (Last, First, Middle Initial) A. Bruce C. Harder		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6
Mailing Address 2555 NE 28th Ave		Transaction ID: CN030506204806Br
City State Zip Code Portland OR 97212-4917	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer None	Occupation Retired	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) B. Bruce C. Harder		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6
Mailing Address 2555 NE 28th Ave		Transaction ID: CN030406172218Br
City State Zip Code Portland OR 97212-4917	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer None	Occupation Retired	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 425.00	

Full Name (Last, First, Middle Initial) C. Victor F. Rhodes		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 6
Mailing Address 4103 SE Pine St		Transaction ID: CN030506214142Vi
City State Zip Code Portland OR 97214-2036	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Rhodes consulting	Occupation Transportation consultant	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 550.00	

SUBTOTAL of Receipts This Page (optional) ▶	175.00
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 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Blumenauer for Congress

Full Name (Last, First, Middle Initial) A. John R. Post		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006
Mailing Address 8490 SW Secretariat Ter		Transaction ID: CN030806220539Jo
City State Zip Code Beaverton OR 97008-9405	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation URS Corp. Consultant	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 525.00	

Full Name (Last, First, Middle Initial) B. Katherine B. Keane		Date of Receipt M M / D D / Y Y Y Y 02 / 27 / 2006
Mailing Address 5903 SE 14th Ave		Transaction ID: CN030506225808Ka
City State Zip Code Portland OR 97202-5201	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Digital Vision, Inc. Executive/computer Software	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Lloyd D. Lindley		Date of Receipt M M / D D / Y Y Y Y 02 / 20 / 2006
Mailing Address 3005 NE 16th Ave		Transaction ID: CN030406164904LI
City State Zip Code Portland OR 97212-3348	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Lloyd D. Lindley, ASLA Urban Designer	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 550.00	

SUBTOTAL of Receipts This Page (optional) ▶	325.00
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 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Blumenauer for Congress

Full Name (Last, First, Middle Initial) A. William C. Scott		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 6
Mailing Address 2013 SW 6th Ave.		Transaction ID: CN030406165704Wi
City State Zip Code Portland OR 97201-	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer FlexCar	Occupation General manager	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 503.00	

Full Name (Last, First, Middle Initial) B. John L. Blackwell		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 6
Mailing Address 4708 SW Fairview Blvd		Transaction ID: CN020306193534Jo
City State Zip Code Portland OR 97221-2626	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer World Forestry Center	Occupation President	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Roger A. Cooke		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address 1910 SW Myrtle St		Transaction ID: CN041406082317Ro
City State Zip Code Portland OR 97201-2375	Amount of Each Receipt this Period 197.64	
FEC ID number of contributing federal political committee. C		In-kind: Catering contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Precision Castparts Corp	Occupation Business Manager	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1197.64	

SUBTOTAL of Receipts This Page (optional)	472.64
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 17 / 62
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Blumenauer for Congress

A. Full Name (Last, First, Middle Initial)
Kenneth Thrasher

Mailing Address 610 NW Westover Ter

City State Zip Code
Portland OR 97210-3134

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

Name of Employer Compli Occupation
CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1201.47

Date of Receipt
M M / D D / Y Y Y Y
03 / 24 / 2006

Transaction ID: CN041406082204Ke

Amount of Each Receipt this Period
201.47

In-Kind: Catering for event
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Kenneth Thrasher

Mailing Address 610 NW Westover Ter

City State Zip Code
Portland OR 97210-3134

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

Name of Employer Compli Occupation
CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2801.47

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2006

Transaction ID: CN071406154048Ke

Amount of Each Receipt this Period
800.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Century Fund allocation

SUBTOTAL of Receipts This Page (optional)	▶	201.47
TOTAL This Period (last page this line number only)	▶	14149.11

**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 18 / 62
	<input type="checkbox"/> 11a <input checked="" 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)
Blumenauer for Congress

A. Full Name (Last, First, Middle Initial)
Democratic Congressional Campaign Comm.

Mailing Address 120 Maryland Ave NE

City State Zip Code
Washington DC 20002-5610

FEC ID number of contributing federal political committee. **C** C00347864

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y
03 / 17 / 2006

Transaction ID: CN031706114631De

Amount of Each Receipt this Period
7.68

In-Kind: faxing services

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

B. Full Name (Last, First, Middle Initial)
Democratic Congressional Campaign Comm.

Mailing Address 120 Maryland Ave NE

City State Zip Code
Washington DC 20002-5610

FEC ID number of contributing federal political committee. **C** C00347864

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2006

Transaction ID: CN041406145223De

Amount of Each Receipt this Period
19.37

In-Kind: Fundraising services

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

SUBTOTAL of Receipts This Page (optional)	▶	27.05
TOTAL This Period (last page this line number only)	▶	27.05

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 / 62
	(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"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Blumenauer for Congress

Full Name (Last, First, Middle Initial) A. NUCA of Oregon & SW Washington		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 6	
Mailing Address PO Box 301251		Transaction ID: CN030506222202NU	
City Portland	State OR	Zip Code 97294-9251	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 25.00		

Full Name (Last, First, Middle Initial) B. Electrical Construction PAC		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 6	
Mailing Address 3 Bethesda Metro Ctr Ste 1100		Transaction ID: CN032406091133EI	
City Bethesda	State MD	Zip Code 20814-6302	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C C00113811		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 7000.00		

Full Name (Last, First, Middle Initial) C. Nat'l Active & Retired Federal Employees Assn		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 6	
Mailing Address 606 N. Washington St.		Transaction ID: CN020306190647Na	
City Alexandria	State VA	Zip Code 22314-1914	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C C00091561		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	3025.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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 / 62
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Blumenauer for Congress

Full Name (Last, First, Middle Initial) A. Nat'l Active & Retired Federal Employees Assn Mailing Address 606 N. Washington St. City State Zip Code Alexandria VA 22314-1914 FEC ID number of contributing federal political committee. C C00091561 Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 3000.00		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006 Transaction ID: CN040706123522Na Amount of Each Receipt this Period 2000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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Full Name (Last, First, Middle Initial) B. International Association Of Fire Fighters Mailing Address 1750 New York Ave NW City State Zip Code Washington DC 20006-5301 FEC ID number of contributing federal political committee. C C70003108 Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 01 / 27 / 2006 Transaction ID: CN020306190046In Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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Full Name (Last, First, Middle Initial) C. International Union Of Operating Engineer EPE Mailing Address 1125 17th St NW City State Zip Code Washington DC 20036-4707 FEC ID number of contributing federal political committee. C C00029504 Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 3500.00		Date of Receipt M M / D D / Y Y Y Y 02 / 20 / 2006 Transaction ID: CN030406154854In Amount of Each Receipt this Period 2500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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SUBTOTAL of Receipts This Page (optional)	5500.00
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 21 / 62
	(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"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Blumenauer for Congress

Full Name (Last, First, Middle Initial) A. UAW V CAP		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 7 / 2 0 0 6	
Mailing Address 8000 E Jefferson Ave		Transaction ID: CN020306190851UA	
City State Zip Code Detroit MI 48214-3963	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C C00002840		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) B. UPSPAC		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 2 / 2 0 0 6	
Mailing Address 55 Glenlake Pkwy NE		Transaction ID: CN030506220525UP	
City State Zip Code Atlanta GA 30328-3474	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C C00064766		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 3000.00		

Full Name (Last, First, Middle Initial) C. Stoel Rives Federal PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 0 / 2 0 0 6	
Mailing Address 900 SW 5th Ave Ste 2600		Transaction ID: CN032906141709St	
City State Zip Code Portland OR 97204-1229	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. C C00289165		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	1625.00
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 22 / 62
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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) Blumenauer for Congress
--

A. Full Name (Last, First, Middle Initial) Stoel Rives Federal PAC	
Mailing Address 900 SW 5th Ave Ste 2600	
City Portland	State Zip Code OR 97204-1229
FEC ID number of contributing federal political committee.	C C00289165
Name of Employer	Occupation
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5125.00

Date of Receipt MM / DD / YYYY 03 / 10 / 2006
Transaction ID: CN032906141642St
Amount of Each Receipt this Period 4875.00
<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	4875.00
TOTAL This Period (last page this line number only)	▶	15025.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 / 62
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input checked="" type="checkbox"/> 11d
		<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Blumenauer for Congress

A. Full Name (Last, First, Middle Initial)
Earl Blumenauer

Mailing Address 729 NE Oregon St., #115

City State Zip Code
Portland OR 97232-

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt

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

Transaction ID: CN030806221443Ea

Amount of Each Receipt this Period
2000.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 24 / 62
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input checked="" type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Blumenauer for Congress

A. Full Name (Last, First, Middle Initial)
Sage A. Dilts

Mailing Address 2841 SE Tibbetts

City State Zip Code
Portland OR 97202-

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

Name of Employer Occupation
Blumenauer for Congress District staff assistant

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
56.03

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	7	/	2	0	0	6

Transaction ID: CN012406173819Sa

Amount of Each Receipt this Period
56.03

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

SUBTOTAL of Receipts This Page (optional)	▶	56.03
TOTAL This Period (last page this line number only)	▶	56.03

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 25 / 62
	<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 type="checkbox"/> 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Blumenauer for Congress

Full Name (Last, First, Middle Initial) A. Earl Blumenauer		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 6 / 2 0 0 6	
Mailing Address 729 NE Oregon St., #115		Transaction ID: CN011306180350Ea	
City State Zip Code Portland OR 97232-	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Reimb: Holiday Party expenses <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Election Cycle-to-Date Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period 1000.00	

Full Name (Last, First, Middle Initial) B. Bank Of America		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 3 1 / 2 0 0 6	
Mailing Address 1200 NE Broadway St # 50		Transaction ID: CN030606151708Ba	
City State Zip Code Portland OR 97232-1260	Amount of Each Receipt this Period 1.85		
FEC ID number of contributing federal political committee. C		Interest <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Election Cycle-to-Date Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period 5557.26	

Full Name (Last, First, Middle Initial) C. Bank Of America		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 3 1 / 2 0 0 6	
Mailing Address 1200 NE Broadway St # 50		Transaction ID: CN030606134848Ba	
City State Zip Code Portland OR 97232-1260	Amount of Each Receipt this Period 14.57		
FEC ID number of contributing federal political committee. C		Interest <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Election Cycle-to-Date Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period 5571.83	

SUBTOTAL of Receipts This Page (optional) ▶	1016.42
TOTAL This Period (last page this line number only) ▶	(Empty box)

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 26 / 62
	<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 type="checkbox"/> 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Blumenauer for Congress

Full Name (Last, First, Middle Initial) Bank Of America		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 0 6	
Mailing Address 1200 NE Broadway St # 50		Transaction ID: CN032506064822Ba	
City Portland	State OR	Zip Code 97232-1260	Amount of Each Receipt this Period 1.67
FEC ID number of contributing federal political committee. C		Interest <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 5573.50			

Full Name (Last, First, Middle Initial) Bank Of America		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 0 6	
Mailing Address 1200 NE Broadway St # 50		Transaction ID: CN032506064752Ba	
City Portland	State OR	Zip Code 97232-1260	Amount of Each Receipt this Period 13.18
FEC ID number of contributing federal political committee. C		Interest <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 5586.68			

Full Name (Last, First, Middle Initial) Bank Of America		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 3 / 2 0 0 6	
Mailing Address 1200 NE Broadway St # 50		Transaction ID: CN041406144020Ba	
City Portland	State OR	Zip Code 97232-1260	Amount of Each Receipt this Period 451.50
FEC ID number of contributing federal political committee. C		Interest <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 6038.18			

SUBTOTAL of Receipts This Page (optional)	466.35
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 27 / 62 (check only one) <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 type="checkbox"/> 14 <input checked="" type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
Blumenauer for Congress

A. Full Name (Last, First, Middle Initial) Bank Of America Mailing Address 1200 NE Broadway St # 50 City Portland State OR Zip Code 97232-1260 FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2006 Transaction ID: CN041406144119Ba Amount of Each Receipt this Period 451.63
Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 6489.81 Interest <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial) Bank Of America Mailing Address 1200 NE Broadway St # 50 City Portland State OR Zip Code 97232-1260 FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006 Transaction ID: CN041406140610Ba Amount of Each Receipt this Period 1.85
Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 6491.66 Interest <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial) Bank Of America Mailing Address 1200 NE Broadway St # 50 City Portland State OR Zip Code 97232-1260 FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006 Transaction ID: CN041406150029Ba Amount of Each Receipt this Period 10.60
Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 6502.26 Interest <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶	464.08
TOTAL This Period (last page this line number only) ▶	1946.85

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Blumenauer for Congress

Full Name (Last, First, Middle Initial) A. Timothy P. Daly		Transaction ID: EX020306202543Ti Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6
Mailing Address 18 Chestnut Hill South		Amount of Each Disbursement this Period 887.90
City Loudenville State NY Zip Code 12211-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Wages Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Timothy P. Daly		Transaction ID: EX032606192814Ti Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 18 Chestnut Hill South		Amount of Each Disbursement this Period 887.90
City Loudenville State NY Zip Code 12211-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Wages Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Timothy P. Daly		Transaction ID: EX041406145447Ti Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address 18 Chestnut Hill South		Amount of Each Disbursement this Period 887.90
City Loudenville State NY Zip Code 12211-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Wages Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2663.70
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 / 62

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

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NAME OF COMMITTEE (In Full)
Blumenauer for Congress

Full Name (Last, First, Middle Initial) A. R.J. Cervantes		Transaction ID: EX030506204251R. Date of Disbursement 02 / 21 / 2006
Mailing Address 6707 N. Van Houten Ave.		Amount of Each Disbursement this Period 71.85 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Portland State OR Zip Code 97203-	Purpose of Disbursement Reimb: office supplies & postage Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type: 001		

Full Name (Last, First, Middle Initial) B. R.J. Cervantes		Transaction ID: EX032606192305R. Date of Disbursement 02 / 28 / 2006
Mailing Address 6707 N. Van Houten Ave.		Amount of Each Disbursement this Period 454.41 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Portland State OR Zip Code 97203-	Purpose of Disbursement Wages Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type: 001		

Full Name (Last, First, Middle Initial) C. R.J. Cervantes		Transaction ID: EX032306091505R. Date of Disbursement 03 / 10 / 2006
Mailing Address 6707 N. Van Houten Ave.		Amount of Each Disbursement this Period 31.49 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Portland State OR Zip Code 97203-	Purpose of Disbursement Reimb: Mileage, office supplies Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type: 001		

SUBTOTAL of Disbursements This Page (optional) ▶	557.75
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Blumenauer for Congress

Full Name (Last, First, Middle Initial) A. R.J. Cervantes		Transaction ID: EX041406145329R. Date of Disbursement 03 / 31 / 2006
Mailing Address 6707 N. Van Houten Ave.		Amount of Each Disbursement this Period 853.08 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Portland State OR Zip Code 97203-	Purpose of Disbursement Wages Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Witham & Dickey Inc		Transaction ID: EX030606114622Wi Date of Disbursement 02 / 28 / 2006
Mailing Address PO Box 4625		Amount of Each Disbursement this Period 9420.87 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Portland State OR Zip Code 97208-4625	Purpose of Disbursement Fundraising letter Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Witham & Dickey Inc		Transaction ID: EX032506064933Wi Date of Disbursement 03 / 21 / 2006
Mailing Address PO Box 4625		Amount of Each Disbursement this Period 78.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Portland State OR Zip Code 97208-4625	Purpose of Disbursement Bsuiness cards Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	10351.95
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Blumenauer for Congress

Full Name (Last, First, Middle Initial) A. IRS/OR Dept.of Revenue		Transaction ID: EX012406175017IR Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6
Mailing Address 955 Center St NE		Amount of Each Disbursement this Period 729.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Salem State OR Zip Code 97310-	Purpose of Disbursement Form 1120 POL taxes Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. IRS/OR Dept.of Revenue		Transaction ID: EX020306202936IR Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6
Mailing Address 955 Center St NE		Amount of Each Disbursement this Period 3002.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Salem State OR Zip Code 97310-	Purpose of Disbursement Payroll taxes Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. IRS/OR Dept.of Revenue		Transaction ID: EX030606114158IR Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 6
Mailing Address 955 Center St NE		Amount of Each Disbursement this Period 6.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Salem State OR Zip Code 97310-	Purpose of Disbursement Payroll tax adjustment Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3737.60
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Blumenauer for Congress

Full Name (Last, First, Middle Initial) A. IRS/OR Dept.of Revenue		Transaction ID: EX030606131039IR Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6
Mailing Address 955 Center St NE		Amount of Each Disbursement this Period 2923.79 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Salem State OR Zip Code 97310-	Purpose of Disbursement Payroll taxes Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. IRS/OR Dept.of Revenue		Transaction ID: EX041406145919IR Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address 955 Center St NE		Amount of Each Disbursement this Period 2784.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Salem State OR Zip Code 97310-	Purpose of Disbursement Payroll taxes Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Elizabeth Kirk		Transaction ID: EX032306104626EI Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 6
Mailing Address 7607 SE Schiller		Amount of Each Disbursement this Period 300.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Portland State OR Zip Code 97206-	Purpose of Disbursement Computer lease Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	6008.54
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Blumenauer for Congress

<p>A. Cingular</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address PO Box 8229</p> <p>City Aurora State IL Zip Code 60572-8229</p> <p>Purpose of Disbursement Cell phone service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: EX030606125515Ci</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="74.20"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p><input type="text" value="001"/></p>

<p>B. Cingular</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address PO Box 8229</p> <p>City Aurora State IL Zip Code 60572-8229</p> <p>Purpose of Disbursement Cell phone service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: EX030606123408Ci</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="65.49"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p><input type="text" value="001"/></p>

<p>C. Mandate Media, Inc.</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 2014 SE 39th Ave.</p> <p>City Portland State OR Zip Code 97214-</p> <p>Purpose of Disbursement Web hosting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: EX020306201052Ma</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="300.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p><input type="text" value="001"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="439.69"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Blumenauer for Congress

Full Name (Last, First, Middle Initial) A. Mandate Media, Inc.		Transaction ID: EX030506204057Ma Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6
Mailing Address 2014 SE 39th Ave.		Amount of Each Disbursement this Period 300.00
City Portland State OR Zip Code 97214-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Web hosting Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Mandate Media, Inc.		Transaction ID: EX032306091418Ma Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6
Mailing Address 2014 SE 39th Ave.		Amount of Each Disbursement this Period 373.11
City Portland State OR Zip Code 97214-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Web maintenance & hosting Candidate Name		004 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Ashforth Pacific, Inc		Transaction ID: EX020306200747As Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 6
Mailing Address 825 NE Multnomah St Ste 1275		Amount of Each Disbursement this Period 857.53
City Portland State OR Zip Code 97232-2147	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Office rent Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1530.64
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Blumenauer for Congress

Full Name (Last, First, Middle Initial) A. Ashforth Pacific, Inc		Transaction ID: EX020306203110As Date of Disbursement 01 / 31 / 2006
Mailing Address 825 NE Multnomah St Ste 1275		Amount of Each Disbursement this Period 857.53 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Portland State OR Zip Code 97232-2147	Purpose of Disbursement Office rent Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Ashforth Pacific, Inc		Transaction ID: EX020306203032As Date of Disbursement 01 / 31 / 2006
Mailing Address 825 NE Multnomah St Ste 1275		Amount of Each Disbursement this Period 24.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Portland State OR Zip Code 97232-2147	Purpose of Disbursement Office parking Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Ashforth Pacific, Inc		Transaction ID: EX030606134318As Date of Disbursement 02 / 28 / 2006
Mailing Address 825 NE Multnomah St Ste 1275		Amount of Each Disbursement this Period 857.53 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Portland State OR Zip Code 97232-2147	Purpose of Disbursement Office rent Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1739.06
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Blumenauer for Congress

Full Name (Last, First, Middle Initial) A. Ashforth Pacific, Inc		Transaction ID: EX032606194406As Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6
Mailing Address 825 NE Multnomah St Ste 1275		Amount of Each Disbursement this Period 857.53 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Portland State OR Zip Code 97232-2147	Purpose of Disbursement Office rent Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Dial Long Distance, Inc		Transaction ID: EX011806221711Di Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6
Mailing Address 762 W Ventura Blvd		Amount of Each Disbursement this Period 11.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Camarillo State CA Zip Code 93010-8382	Purpose of Disbursement Long distance phone Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Dial Long Distance, Inc		Transaction ID: EX030606114518Di Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 762 W Ventura Blvd		Amount of Each Disbursement this Period 11.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Camarillo State CA Zip Code 93010-8382	Purpose of Disbursement Long distance phone Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	879.53
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Blumenauer for Congress

Full Name (Last, First, Middle Initial) A. Dial Long Distance, Inc		Transaction ID: EX032506064633Di Date of Disbursement 03 / 14 / 2006
Mailing Address 762 W Ventura Blvd		Amount of Each Disbursement this Period 11.17
City Camarillo State CA Zip Code 93010-8382	Purpose of Disbursement Long distance phone Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. T-Mobile		Transaction ID: EX020306180755T- Date of Disbursement 01 / 02 / 2006
Mailing Address 1256 Lloyd Ctr		Amount of Each Disbursement this Period 1.27
City Portland State OR Zip Code 97232-	Purpose of Disbursement Telephone Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

Full Name (Last, First, Middle Initial) C. T-Mobile		Transaction ID: EX032506070726T- Date of Disbursement 02 / 28 / 2006
Mailing Address 1256 Lloyd Ctr		Amount of Each Disbursement this Period 144.99
City Portland State OR Zip Code 97232-	Purpose of Disbursement Telephone Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	11.17
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	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Blumenauer for Congress

<p>A. T-Mobile</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1256 Lloyd Ctr</p> <p>City Portland State OR Zip Code 97232-</p> <p>Purpose of Disbursement Telephone Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: EX032506065248T- Date of Disbursement</p> <p><input type="text" value="03"/> / <input type="text" value="21"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="177.40"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] Credit card detail</p>
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<p>B. Integra Telecom</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address PO Box 3034</p> <p>City Portland State OR Zip Code 97208-3034</p> <p>Purpose of Disbursement Telecommunications services Telephone Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: EX012406175656In Date of Disbursement</p> <p><input type="text" value="02"/> / <input type="text" value="01"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="164.20"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
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<p>C. Integra Telecom</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address PO Box 3034</p> <p>City Portland State OR Zip Code 97208-3034</p> <p>Purpose of Disbursement Telecommunications services Telephone Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: EX030606114333In Date of Disbursement</p> <p><input type="text" value="03"/> / <input type="text" value="04"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="168.73"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
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<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="332.93"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Blumenauer for Congress

Full Name (Last, First, Middle Initial) A. Milos City Cafe		Transaction ID: EX020306173558Mi Date of Disbursement 12 / 12 / 2005
Mailing Address 1325 NE Broadway St		Amount of Each Disbursement this Period 25.90
City Portland State OR Zip Code 97232-1235	Purpose of Disbursement Meals Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

Full Name (Last, First, Middle Initial) B. Higgins Restaurant & Bar		Transaction ID: EX020306173420Hi Date of Disbursement 12 / 09 / 2005
Mailing Address 1239 SW Broadway		Amount of Each Disbursement this Period 86.75
City Portland State OR Zip Code 97205-	Purpose of Disbursement Meals Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

Full Name (Last, First, Middle Initial) C. Sage A. Dilts		Transaction ID: EX020306202628Sa Date of Disbursement 01 / 31 / 2006
Mailing Address 2841 SE Tibbetts		Amount of Each Disbursement this Period 1245.57
City Portland State OR Zip Code 97202-	Purpose of Disbursement Wages Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	1245.57
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)

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

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NAME OF COMMITTEE (In Full)
Blumenauer for Congress

Full Name (Last, First, Middle Initial) A. Sage A. Dilts		Transaction ID: EX032606192851Sa Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 2841 SE Tibbetts		Amount of Each Disbursement this Period 1245.57 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Portland State OR Zip Code 97202-	001 Category/Type	
Purpose of Disbursement Wages Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Sage A. Dilts		Transaction ID: EX032506065003Sa Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 6
Mailing Address 2841 SE Tibbetts		Amount of Each Disbursement this Period 37.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Portland State OR Zip Code 97202-	001 Category/Type	
Purpose of Disbursement Reimb: postage Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Sage A. Dilts		Transaction ID: EX041406145414Sa Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address 2841 SE Tibbetts		Amount of Each Disbursement this Period 1813.08 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Portland State OR Zip Code 97202-	001 Category/Type	
Purpose of Disbursement Wages Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3096.45
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Blumenauer for Congress

Full Name (Last, First, Middle Initial) A. Cadillac Cafe		Transaction ID: EX032506065555Ca Date of Disbursement MM / DD / YYYY 03 / 21 / 2006
Mailing Address 1801 NE Broadway St		Amount of Each Disbursement this Period 27.00
City Portland State OR Zip Code 97232-1429	Purpose of Disbursement Candidate lunch Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Credit card detail

Full Name (Last, First, Middle Initial) B. Democratic Congressional Campaign Comm.		Transaction ID: EX031706114631De Date of Disbursement MM / DD / YYYY 03 / 17 / 2006
Mailing Address 120 Maryland Ave NE		Amount of Each Disbursement this Period 7.68
City Washington State DC Zip Code 20002-5610	Purpose of Disbursement In-Kind: faxing services Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Democratic Congressional Campaign Comm.		Transaction ID: EX041406145223De Date of Disbursement MM / DD / YYYY 03 / 31 / 2006
Mailing Address 120 Maryland Ave NE		Amount of Each Disbursement this Period 19.37
City Washington State DC Zip Code 20002-5610	Purpose of Disbursement In-Kind: Fundraising services Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	27.05
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Blumenauer for Congress

Full Name (Last, First, Middle Initial) A. Christa Shively		Transaction ID: EX010106160013Ch Date of Disbursement 01 / 01 / 2006
Mailing Address 1814 NE 67th		Amount of Each Disbursement this Period 188.50
City Portland State OR Zip Code 97213-	Purpose of Disbursement Reimb parking & health insurance Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Christa Shively		Transaction ID: EX011806221917Ch Date of Disbursement 01 / 09 / 2006
Mailing Address 1814 NE 67th		Amount of Each Disbursement this Period 500.00
City Portland State OR Zip Code 97213-	Purpose of Disbursement Salary bonus Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Christa Shively		Transaction ID: EX020306203203Ch Date of Disbursement 01 / 31 / 2006
Mailing Address 1814 NE 67th		Amount of Each Disbursement this Period 188.50
City Portland State OR Zip Code 97213-	Purpose of Disbursement Reimb parking & health insurance Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	877.00
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Blumenauer for Congress

Full Name (Last, First, Middle Initial) A. Christa Shively		Transaction ID: EX020306202747Ch Date of Disbursement 01 / 31 / 2006
Mailing Address 1814 NE 67th		Amount of Each Disbursement this Period 2087.67 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Portland State OR Zip Code 97213-	001 Category/Type	
Purpose of Disbursement Wages Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) B. Christa Shively		Transaction ID: EX032606193153Ch Date of Disbursement 02 / 28 / 2006
Mailing Address 1814 NE 67th		Amount of Each Disbursement this Period 2263.13 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Portland State OR Zip Code 97213-	001 Category/Type	
Purpose of Disbursement Wages Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) C. Christa Shively		Transaction ID: EX030606122035Ch Date of Disbursement 02 / 28 / 2006
Mailing Address 1814 NE 67th		Amount of Each Disbursement this Period 448.88 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Portland State OR Zip Code 97213-	001 Category/Type	
Purpose of Disbursement Reimb parking, office & health insurance Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	4799.68
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Blumenauer for Congress

Full Name (Last, First, Middle Initial) A. Christa Shively		Transaction ID: EX041406145826Ch Date of Disbursement 03 / 31 / 2006
Mailing Address 1814 NE 67th		Amount of Each Disbursement this Period 2263.13
City Portland State OR Zip Code 97213-	Purpose of Disbursement Wages Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Metal Edge Inc		Transaction ID: EX032506070828Me Date of Disbursement 02 / 28 / 2006
Mailing Address 6340 Bandini Ave		Amount of Each Disbursement this Period 227.84
City Commerce State CA Zip Code 90040-	Purpose of Disbursement Office supplies Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Credit card detail

Full Name (Last, First, Middle Initial) C. Metal Edge Inc		Transaction ID: EX032506065653Me Date of Disbursement 03 / 21 / 2006
Mailing Address 6340 Bandini Ave		Amount of Each Disbursement this Period 183.60
City Commerce State CA Zip Code 90040-	Purpose of Disbursement Office supplies Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Credit card detail

SUBTOTAL of Disbursements This Page (optional) ▶	2263.13
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Blumenauer for Congress

Full Name (Last, First, Middle Initial) A. William D. Smith		Transaction ID: EX020306202819Wi Date of Disbursement 01 / 31 / 2006
Mailing Address 5930 NE Hoyt St		Amount of Each Disbursement this Period 2132.96 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Portland State OR Zip Code 97213-3784	001 Category/Type	
Purpose of Disbursement Wages Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. William D. Smith		Transaction ID: EX032606193238Wi Date of Disbursement 02 / 28 / 2006
Mailing Address 5930 NE Hoyt St		Amount of Each Disbursement this Period 2132.96 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Portland State OR Zip Code 97213-3784	001 Category/Type	
Purpose of Disbursement Wages Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. William D. Smith		Transaction ID: EX041406145847Wi Date of Disbursement 03 / 31 / 2006
Mailing Address 5930 NE Hoyt St		Amount of Each Disbursement this Period 1465.85 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Portland State OR Zip Code 97213-3784	001 Category/Type	
Purpose of Disbursement Wages Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	5731.77
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)

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

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NAME OF COMMITTEE (In Full)
Blumenauer for Congress

Full Name (Last, First, Middle Initial) A. Thomas B. Markgraf		Transaction ID: EX032606192629Th Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 211 N Ainsworth St		Amount of Each Disbursement this Period 184.70 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Portland State OR Zip Code 97217-2105	Purpose of Disbursement Wages Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Thomas B. Markgraf		Transaction ID: EX041406145748Th Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address 211 N Ainsworth St		Amount of Each Disbursement this Period 184.55 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Portland State OR Zip Code 97217-2105	Purpose of Disbursement Wages Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Roger A. Cooke		Transaction ID: EX041406082317Ro Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address 1910 SW Myrtle St		Amount of Each Disbursement this Period 197.64 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Portland State OR Zip Code 97201-2375	Purpose of Disbursement In-kind: Catering contribution Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	566.89
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Blumenauer for Congress

Full Name (Last, First, Middle Initial) A. Kenneth Thrasher		Transaction ID: EX041406082204Ke Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address 610 NW Westover Ter		Amount of Each Disbursement this Period 201.47
City Portland State OR Zip Code 97210-3134	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement In-Kind: Catering for event Candidate Name		Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. US Postal Service		Transaction ID: EX020306185533US Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 5
Mailing Address 204 SW 5th Ave		Amount of Each Disbursement this Period 10.00
City Portland State OR Zip Code 97204-1804	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Postage Candidate Name		Category/Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. US Postal Service		Transaction ID: EX032506071232US Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 204 SW 5th Ave		Amount of Each Disbursement this Period 239.06
City Portland State OR Zip Code 97204-1804	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Postage Candidate Name		Category/Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Credit card detail
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	201.47
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Blumenauer for Congress

Full Name (Last, First, Middle Initial) A. C&E Systems, LLC		Transaction ID: EX020306200947C& Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 6
Mailing Address 921 SW Washington St Ste 810		Amount of Each Disbursement this Period 527.20
City Portland State OR Zip Code 97205-2826	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Database & FEC reporting services Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. C&E Systems, LLC		Transaction ID: EX030606130002C& Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6
Mailing Address 921 SW Washington St Ste 810		Amount of Each Disbursement this Period 1004.87
City Portland State OR Zip Code 97205-2826	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Database & FEC reporting services Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. C&E Systems, LLC		Transaction ID: EX032606194149C& Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 6
Mailing Address 921 SW Washington St Ste 810		Amount of Each Disbursement this Period 1185.92
City Portland State OR Zip Code 97205-2826	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Database & FEC reporting services Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2717.99
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Blumenauer for Congress

Full Name (Last, First, Middle Initial) A. Fred Meyer Stores		Transaction ID: EX020306184916Fr Date of Disbursement 12 / 12 / 2005
Mailing Address PO Box 42121		Amount of Each Disbursement this Period 7.68
City Portland State OR Zip Code 97242-0121	Purpose of Disbursement Office supplies Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

Full Name (Last, First, Middle Initial) B. Fred Meyer Stores		Transaction ID: EX020306181039Fr Date of Disbursement 12 / 22 / 2005
Mailing Address PO Box 42121		Amount of Each Disbursement this Period 172.11
City Portland State OR Zip Code 97242-0121	Purpose of Disbursement Holiday event expense Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

Full Name (Last, First, Middle Initial) C. Secretary Of State		Transaction ID: EX032606193615Se Date of Disbursement 03 / 06 / 2006
Mailing Address 141 State Capitol		Amount of Each Disbursement this Period 1000.00
City Salem State OR Zip Code 97310-	Purpose of Disbursement Voter's pamphlet Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Blumenauer for Congress

Full Name (Last, First, Middle Initial) A. Secretary Of State		Transaction ID: EX032506065816Se Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2006
Mailing Address 141 State Capitol		Amount of Each Disbursement this Period 100.00
City Salem State OR Zip Code 97310-	Purpose of Disbursement Filing fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] credit card detail

Full Name (Last, First, Middle Initial) B. Earl Blumenauer		Transaction ID: EX011806222100Ea Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2006
Mailing Address 729 NE Oregon St., #115		Amount of Each Disbursement this Period 321.68
City Portland State OR Zip Code 97232-	Purpose of Disbursement Reimb: SF trip Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Earl Blumenauer		Transaction ID: EX020306173019Ea Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2006
Mailing Address 729 NE Oregon St., #115		Amount of Each Disbursement this Period 222.25
City Portland State OR Zip Code 97232-	Purpose of Disbursement Reimb: Mileage, parking Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

543.93

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Blumenauer for Congress

Full Name (Last, First, Middle Initial) A. ADP Easypay		Transaction ID: EX012406173325AD Date of Disbursement 01 / 11 / 2006
Mailing Address 4099 SE International Way Ste 203		Amount of Each Disbursement this Period 31.00
City Milwaukie	State OR Zip Code 97222-8853	
Purpose of Disbursement Payroll services		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. ADP Easypay		Transaction ID: EX012406175212AD Date of Disbursement 01 / 23 / 2006
Mailing Address 4099 SE International Way Ste 203		Amount of Each Disbursement this Period 47.02
City Milwaukie	State OR Zip Code 97222-8853	
Purpose of Disbursement Payroll taxes		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. ADP Easypay		Transaction ID: EX020306202408AD Date of Disbursement 01 / 27 / 2006
Mailing Address 4099 SE International Way Ste 203		Amount of Each Disbursement this Period 73.89
City Milwaukie	State OR Zip Code 97222-8853	
Purpose of Disbursement Payroll services		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	151.91
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Blumenauer for Congress

Full Name (Last, First, Middle Initial) A. ADP Easypay		Transaction ID: EX030606130816AD Date of Disbursement MM / DD / YYYY 02 / 23 / 2006
Mailing Address 4099 SE International Way Ste 203		Amount of Each Disbursement this Period <input type="text" value="6.00"/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Milwaukie	State OR	
Zip Code 97222-8853		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Payroll services	Category/ Type 001	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. ADP Easypay		Transaction ID: EX032606190943AD Date of Disbursement MM / DD / YYYY 02 / 24 / 2006
Mailing Address 4099 SE International Way Ste 203		Amount of Each Disbursement this Period <input type="text" value="77.75"/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Milwaukie	State OR	
Zip Code 97222-8853		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Payroll services	Category/ Type 001	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. ADP Easypay		Transaction ID: EX032606192135AD Date of Disbursement MM / DD / YYYY 03 / 08 / 2006
Mailing Address 4099 SE International Way Ste 203		Amount of Each Disbursement this Period <input type="text" value="6.00"/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Milwaukie	State OR	
Zip Code 97222-8853		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Payroll services	Category/ Type 001	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="89.75"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Blumenauer for Congress

Full Name (Last, First, Middle Initial) A. ADP Easypay		Transaction ID: EX041406145129AD Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 6
Mailing Address 4099 SE International Way Ste 203		Amount of Each Disbursement this Period 77.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Milwaukie	State OR Zip Code 97222-8853	
Purpose of Disbursement Payroll services	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Bank Of America (merchant Services)		Transaction ID: EX020306200852Ba Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 6
Mailing Address PO Box 2485		Amount of Each Disbursement this Period 79.54 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Spokane	State WA Zip Code 99210-	
Purpose of Disbursement Merchant services	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Bank Of America (merchant Services)		Transaction ID: EX030606125753Ba Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6
Mailing Address PO Box 2485		Amount of Each Disbursement this Period 86.97 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Spokane	State WA Zip Code 99210-	
Purpose of Disbursement Merchant services	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	244.26
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Blumenauer for Congress

Full Name (Last, First, Middle Initial) A. Bank Of America (merchant Services)		Transaction ID: EX032606193522Ba Date of Disbursement																					
Mailing Address PO Box 2485		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		0	1		2	0	0	6														
City Spokane	State WA	Zip Code 99210-																					
Purpose of Disbursement Merchant services		<table border="1"> <tr> <td>001</td> </tr> </table>		001																			
001																							
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Amount of Each Disbursement this Period

110.69

Full Name (Last, First, Middle Initial) B. Bank Of America (Visa)		Transaction ID: EX020306180659Ba Date of Disbursement																					
Mailing Address PO Box 53155		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	2		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	1		0	2		2	0	0	6														
City Phoenix	State AZ	Zip Code 85072-3155																					
Purpose of Disbursement Annual membership fee		<table border="1"> <tr> <td>001</td> </tr> </table>		001																			
001																							
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Amount of Each Disbursement this Period

35.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. Bank Of America (Visa)		Transaction ID: EX020306180614Ba Date of Disbursement																					
Mailing Address PO Box 53155		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	2		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	1		0	2		2	0	0	6														
City Phoenix	State AZ	Zip Code 85072-3155																					
Purpose of Disbursement Annual membership fee		<table border="1"> <tr> <td>001</td> </tr> </table>		001																			
001																							
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Amount of Each Disbursement this Period

35.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

110.69

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

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NAME OF COMMITTEE (In Full)
Blumenauer for Congress

Full Name (Last, First, Middle Initial) A. Bank Of America (Visa)		Transaction ID: EX020306173316Ba Date of Disbursement 01 / 24 / 2006
Mailing Address PO Box 53155		Amount of Each Disbursement this Period 915.83
City Phoenix State AZ Zip Code 85072-3155	Purpose of Disbursement Credit card - see memos Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Bank Of America (Visa)		Transaction ID: EX032506071349Ba Date of Disbursement 02 / 28 / 2006
Mailing Address PO Box 53155		Amount of Each Disbursement this Period 35.00
City Phoenix State AZ Zip Code 85072-3155	Purpose of Disbursement Annual membership fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Credit card detail

Full Name (Last, First, Middle Initial) C. Bank Of America (Visa)		Transaction ID: EX030606134548Ba Date of Disbursement 02 / 28 / 2006
Mailing Address PO Box 53155		Amount of Each Disbursement this Period 1853.98
City Phoenix State AZ Zip Code 85072-3155	Purpose of Disbursement Credit card - see memos Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	2769.81
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)

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

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NAME OF COMMITTEE (In Full)
Blumenauer for Congress

Full Name (Last, First, Middle Initial) A. Bank Of America (Visa)		Transaction ID: EX032506065135Ba
Mailing Address PO Box 53155		Date of Disbursement MM / DD / YYYY 03 / 21 / 2006
City Phoenix	State AZ	Zip Code 85072-3155
Purpose of Disbursement Credit card - see memos	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Amount of Each Disbursement this Period 1718.80	
<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		

Full Name (Last, First, Middle Initial) B. Office Depot		Transaction ID: EX032506070510Of
Mailing Address 323 SE M L King Blvd		Date of Disbursement MM / DD / YYYY 02 / 28 / 2006
City Portland	State OR	Zip Code 97214-1143
Purpose of Disbursement Office supplies	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Amount of Each Disbursement this Period 230.07	
<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
[MEMO ITEM] Credit card detail		

Full Name (Last, First, Middle Initial) C. Office Depot		Transaction ID: EX032506065334Of
Mailing Address 323 SE M L King Blvd		Date of Disbursement MM / DD / YYYY 03 / 21 / 2006
City Portland	State OR	Zip Code 97214-1143
Purpose of Disbursement Office supplies	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Amount of Each Disbursement this Period 168.09	
<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
[MEMO ITEM] Credit card detail		

SUBTOTAL of Disbursements This Page (optional)	▶	1718.80
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary 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
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Blumenauer for Congress

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Transaction ID: EX032506071157Ve Date of Disbursement 02 / 28 / 2006
Mailing Address PO Box 9622		Amount of Each Disbursement this Period 119.96
City Mission Hills State CA Zip Code 91346-9622	Purpose of Disbursement Cell phone expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] Credit card detail

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Transaction ID: EX030606122201Ve Date of Disbursement 02 / 28 / 2006
Mailing Address PO Box 9622		Amount of Each Disbursement this Period 241.52
City Mission Hills State CA Zip Code 91346-9622	Purpose of Disbursement Cell phone expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Transaction ID: EX032506070803Ve Date of Disbursement 02 / 28 / 2006
Mailing Address PO Box 9622		Amount of Each Disbursement this Period 189.99
City Mission Hills State CA Zip Code 91346-9622	Purpose of Disbursement Cell phone expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	241.52
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Blumenauer for Congress

A. Full Name (Last, First, Middle Initial) Susan E. Gustafson		Transaction ID: EX012406174839Su Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6
Mailing Address 1620 NE Broadway #616		Amount of Each Disbursement this Period 81.94 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Portland State OR Zip Code 97232-	Purpose of Disbursement Reimburse office supplies Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B. Full Name (Last, First, Middle Initial) Susan E. Gustafson		Transaction ID: EX020306202710Su Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6
Mailing Address 1620 NE Broadway #616		Amount of Each Disbursement this Period 467.29 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Portland State OR Zip Code 97232-	Purpose of Disbursement Wages Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C. Full Name (Last, First, Middle Initial) Susan E. Gustafson		Transaction ID: EX032606193104Su Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 1620 NE Broadway #616		Amount of Each Disbursement this Period 548.56 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Portland State OR Zip Code 97232-	Purpose of Disbursement Wages Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1097.79
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
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Blumenauer for Congress

Full Name (Last, First, Middle Initial) A. Susan E. Gustafson		Transaction ID: EX032406103102Su Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 6	
Mailing Address 1620 NE Broadway #616		Amount of Each Disbursement this Period 58.00	
City Portland State OR Zip Code 97232-	Purpose of Disbursement reimb: Beverages for event Candidate Name	Category/Type 007 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Susan E. Gustafson		Transaction ID: EX041406145513Su Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6	
Mailing Address 1620 NE Broadway #616		Amount of Each Disbursement this Period 690.78	
City Portland State OR Zip Code 97232-	Purpose of Disbursement Wages Candidate Name	Category/Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ►

748.78

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

58496.80

**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 60 / 62

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

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NAME OF COMMITTEE (In Full)
Blumenauer for Congress

Full Name (Last, First, Middle Initial)
A. Richard H. Parker, Jr.

Transaction ID: EX020306172840Ri

Date of Disbursement

Mailing Address 1275 Skyland Dr

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	0		2	0	0	6

City State Zip Code
Lake Oswego OR 97034-6436

Amount of Each Disbursement this Period

2100.00

Purpose of Disbursement
Refund of over-limit contribution

010

Category/
Type

Candidate Name

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

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

2100.00

TOTAL This Period (last page this line number only)

2100.00

**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 61 / 62

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

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NAME OF COMMITTEE (In Full)
Blumenauer for Congress

Full Name (Last, First, Middle Initial) A. Planned Parenthood of the Columbia/Willamette		Transaction ID: EX012406174343PI Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6
Mailing Address 3231 SE 50th Ave.		Amount of Each Disbursement this Period 375.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Portland State OR Zip Code 97206-	Purpose of Disbursement Event tickets Candidate Name Category/Type 012	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. NARAL Pro-Choice America PAC		Transaction ID: EX032506065724NA Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 6
Mailing Address 1156 15th Street NW Suite 700		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20005-	Purpose of Disbursement Tickets to fundraiser Candidate Name Category/Type 012	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] Credit card detail

Full Name (Last, First, Middle Initial) C. River City Bicycles		Transaction ID: EX020306180917Ri Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 5
Mailing Address 706 SE M L King Blvd		Amount of Each Disbursement this Period 29.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Portland State OR Zip Code 97214-2143	Purpose of Disbursement Gifts for event Candidate Name Category/Type 012	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	375.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 62 / 62

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

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NAME OF COMMITTEE (In Full)
Blumenauer for Congress

A. Full Name (Last, First, Middle Initial)
River City Bicycles

Mailing Address 706 SE M L King Blvd

City Portland State OR Zip Code 97214-2143

Purpose of Disbursement
Gifts for event

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: EX032506071305Ri
Date of Disbursement

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

Amount of Each Disbursement this Period

99.99

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

[MEMO ITEM]
Credit card detail

B. Full Name (Last, First, Middle Initial)
Oregon Women's Political Caucus

Mailing Address PO Box 40465

City Portland State OR Zip Code 97240-0465

Purpose of Disbursement
Campaign School (OWCREF)

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: EX012406174619Or
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	7	/	2	0	0	6

Amount of Each Disbursement this Period

500.00

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

SUBTOTAL of Disbursements This Page (optional) ►

500.00

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

875.00