

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Ben West for Oregon

| | | | |
|---|--|--|------------------------------------|
| A. Full Name (Last, First, Middle Initial) Elizabeth Vitu | | Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2016 | |
| Mailing Address 2823 NE 67th Avenue | | Transaction ID : INCA116 | |
| City Portland | State OR | Zip Code 97213 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 150.00 | |
| Name of Employer Genetech | Occupation Sales Rep | | <input type="checkbox"/> Memo Item |
| Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 400.00 | | |
| B. Full Name (Last, First, Middle Initial) Tamiko Warren | | Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2016 | |
| Mailing Address 5460 NW Primino Avenue | | Transaction ID : INCA112 | |
| City Portland | State OR | Zip Code 97229 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 | |
| Name of Employer Self Employed | Occupation Realtor | | <input type="checkbox"/> Memo Item |
| Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 250.00 | | |
| C. Full Name (Last, First, Middle Initial) Monica Wehby | | Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2016 | |
| Mailing Address 5815 SW Orchid Dr. | | Transaction ID : INCA141 | |
| 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 Randall Childrens Hospital | Occupation Director of Pediatric Neurosurgery | | <input type="checkbox"/> Memo Item |
| Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 1450.00 | | |
| SUBTOTAL of Receipts This Page (optional)..... | | 650.00 | |
| TOTAL This Period (last page this line number only)..... | | 37700.00 | |