

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
CORNILLES FOR CONGRESS

Report Covering the Period: From: / / To: / /

	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))....	100.00	100.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	100.00	100.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	1490.29	45668.96
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	1490.29	45668.96
8. Cash on Hand at Close of Reporting Period (from Line 27).....	33043.47	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

CORNILLES FOR CONGRESS

Report Covering the Period: From: M M / D D / Y Y Y Y 11 / 23 / 2010 To: M M / D D / Y Y Y Y 12 / 31 / 2010

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).....	0.00	0.00
(ii) Unitemized.....	100.00	100.00
(iii) TOTAL of contributions from individuals ▶	100.00	100.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	100.00	100.00
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.)		
	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	100.00	100.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	1490.29	45668.96
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	20.75	20.75
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	1511.04	45689.71

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	34454.51
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	100.00
25. SUBTOTAL (add Line 23 and Line 24).....	34554.51
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	1511.04
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	33043.47

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 21
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)
CORNILLES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BROUGHTON H BISHOP

Mailing Address PO BOX 3030

City: PORTLAND State: OR Zip Code: 97208

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

Name of Employer: PENDLETON WOOLEN MILLS Occupation: TEXTILES

Receipt For: 2010
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt: 09 / 30 / 2010

Transaction ID : SA11AI.10160

Amount of Each Receipt this Period: 4800.00

CONTRIBUTION

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
BROUGHTON H BISHOP

Mailing Address PO BOX 3030

City: PORTLAND State: OR Zip Code: 97208

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

Name of Employer: PENDLETON WOOLEN MILLS Occupation: TEXTILES

Receipt For: 2010
 Primary General
 Other (specify)

Election Cycle-to-Date: -2150.00

Date of Receipt: 11 / 29 / 2010

Transaction ID : SA11AI.10163

Amount of Each Receipt this Period: -2150.00

Reattribute: CONTRIBUTION

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
MARY BISHOP

Mailing Address 2629 SW ALTA VISTA PL

City: PORTLAND State: OR Zip Code: 97201

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

Name of Employer: N/A Occupation: HOMEMAKER

Receipt For: 2010
 Primary General
 Other (specify)

Election Cycle-to-Date: 2150.00

Date of Receipt: 11 / 29 / 2010

Transaction ID : SA11AI.10162

Amount of Each Receipt this Period: 2150.00

Reattribute: TO SPOUSE

[MEMO ITEM]

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

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

0.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.10160

EXCESS TO BE REFUNDED

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 21
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CHARLIE DENSON

Mailing Address 2820 SW LABBE AVE

City: PORTLAND State: OR Zip Code: 97221

FEC ID number of contributing federal political committee: C

Name of Employer: Nike Brand Occupation: President

Receipt For: 2010
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt: 10 / 22 / 2010

Transaction ID : SA11AI.10187

Amount of Each Receipt this Period: 2000.00

CONTRIBUTION

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
CHARLIE DENSON

Mailing Address 2820 SW LABBE AVE

City: PORTLAND State: OR Zip Code: 97221

FEC ID number of contributing federal political committee: C

Name of Employer: Nike Brand Occupation: President

Receipt For: 2010
 Primary General
 Other (specify)

Election Cycle-to-Date: -600.00

Date of Receipt: 10 / 22 / 2010

Transaction ID : SA11AI.10188

Amount of Each Receipt this Period: -600.00

Reattribute: CONTRIBUTION

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
TINA DENSON

Mailing Address 2820 SW LABBE AVE

City: PORTLAND State: OR Zip Code: 97221

FEC ID number of contributing federal political committee: C

Name of Employer: INFORMATION REQUESTED Occupation: INFORMATION REQUESTED

Receipt For: 2010
 Primary General
 Other (specify)

Election Cycle-to-Date: 600.00

Date of Receipt: 10 / 22 / 2010

Transaction ID : SA11AI.10190

Amount of Each Receipt this Period: 600.00

Reattribute: TO SPOUSE

[MEMO ITEM]

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

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

0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 21
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ANGIE FOGG

Mailing Address 4560 SE INTERNATIONAL WAY
SUITE100

City MILWAUKIE State OR Zip Code 97222

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2010
 Primary General
 Other (specify)

Election Cycle-to-Date
2400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 29 / 2010

Transaction ID : SA11AI.10166

Amount of Each Receipt this Period
2400.00

Reattribute: TO SPOUSE

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
PHILIP G. FOGG

Mailing Address 4560 SE INTERNATIONAL WAY
SUITE100

City MILWAUKIE State OR Zip Code 97222

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

Name of Employer SELF Occupation BUSINESS OWNER

Receipt For: 2010
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2010

Transaction ID : SA11AI.10164

Amount of Each Receipt this Period
2400.00

CONTRIBUTION

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
PHILIP G. FOGG

Mailing Address 4560 SE INTERNATIONAL WAY
SUITE100

City MILWAUKIE State OR Zip Code 97222

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

Name of Employer SELF Occupation BUSINESS OWNER

Receipt For: 2010
 Primary General
 Other (specify)

Election Cycle-to-Date
-2400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 29 / 2010

Transaction ID : SA11AI.10165

Amount of Each Receipt this Period
-2400.00

Reattribute: CONTRIBUTION

[MEMO ITEM]

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

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

0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 21
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DEBORAH U. GREGSON

Mailing Address 22675 SW MIAMI DRIVE

City TUALATIN State OR Zip Code 97062

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

Name of Employer N/A Occupation HOMEMAKER

Receipt For: 2010
 Primary General
 Other (specify)

Election Cycle-to-Date
2400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 04 / 2010

Transaction ID : SA11AI.10182

Amount of Each Receipt this Period
2400.00

Reattribute: TO SPOUSE

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
NORMAN DEAN GREGSON

Mailing Address 22675 SW MIAMI DR

City TUALATIN State OR Zip Code 97062

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

Name of Employer SELF Occupation DENTIST

Receipt For: 2010
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 05 / 2010

Transaction ID : SA11AI.10180

Amount of Each Receipt this Period
2400.00

CONTRIBUTION

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
NORMAN DEAN GREGSON

Mailing Address 22675 SW MIAMI DR

City TUALATIN State OR Zip Code 97062

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

Name of Employer SELF Occupation DENTIST

Receipt For: 2010
 Primary General
 Other (specify)

Election Cycle-to-Date
-2400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 04 / 2010

Transaction ID : SA11AI.10181

Amount of Each Receipt this Period
-2400.00

Reattribute: CONTRIBUTION

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER: PAGE 10 OF 21
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DALE SAUSE

Mailing Address 155 E MARKET AVE

City State Zip Code
COOS BAY OR 97420

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

Name of Employer Occupation
SAUSE BROTHERS PRESIDENT

Receipt For: 2010
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2010

Transaction ID : SA11AI.10172

Amount of Each Receipt this Period
 4800.00

CONTRIBUTION

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
DALE SAUSE

Mailing Address 155 E MARKET AVE

City State Zip Code
COOS BAY OR 97420

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

Name of Employer Occupation
SAUSE BROTHERS PRESIDENT

Receipt For: 2010
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 29 / 2010

Transaction ID : SA11AI.10176

Amount of Each Receipt this Period
 -2400.00

Reattribute: CONTRIBUTION

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
HEIDI SAUSE

Mailing Address 155 E MARKET AVE

City State Zip Code
COOS BAY OR 97420

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2010
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 29 / 2010

Transaction ID : SA11AI.10175

Amount of Each Receipt this Period
 2400.00

Reattribute: TO SPOUSE

[MEMO ITEM]

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

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

0.00

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

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

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Donna J. Spackman

Mailing Address 22915 SW Erio Place

City Tualatin State OR Zip Code 97062

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

Name of Employer Intl. Health Terminology Stds. Occupation Officer

Receipt For: 2010
 Primary General
 Other (specify)

Election Cycle-to-Date
1200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 29 / 2010

Transaction ID : SA11AI.10179

Amount of Each Receipt this Period
1200.00

Reattribute: TO SPOUSE

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
KENT A SPACKMAN

Mailing Address 22915 SW ERIO PLACE

City TUALATIN State OR Zip Code 97062

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

Name of Employer IHTSDO Occupation EXECUTIVE

Receipt For: 2010
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2010

Transaction ID : SA11AI.10177

Amount of Each Receipt this Period
1200.00

CONTRIBUTION

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
KENT A SPACKMAN

Mailing Address 22915 SW ERIO PLACE

City TUALATIN State OR Zip Code 97062

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

Name of Employer IHTSDO Occupation EXECUTIVE

Receipt For: 2010
 Primary General
 Other (specify)

Election Cycle-to-Date
-1200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 29 / 2010

Transaction ID : SA11AI.10178

Amount of Each Receipt this Period
-1200.00

Reattribute: CONTRIBUTION

[MEMO ITEM]

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

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

0.00

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

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

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ELIZABETH WARREN

Mailing Address 2373 SW MADISON STREET

City: PORTLAND State: OR Zip Code: 97205

FEC ID number of contributing federal political committee: C

Name of Employer: INFORMATION REQUESTED Occupation: INFORMATION REQUESTED

Receipt For: 2010
 Primary General
 Other (specify)

Election Cycle-to-Date: 2400.00

Date of Receipt: 12 / 12 / 2010

Transaction ID : SA11AI.10186

Amount of Each Receipt this Period: 2400.00

Reattribute: TO SPOUSE

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
ROBERT WARREN

Mailing Address 2373 SW MADISON STREET

City: PORTLAND State: OR Zip Code: 97205

FEC ID number of contributing federal political committee: C

Name of Employer: INFORMATION REQUESTED Occupation: INFORMATION REQUESTED

Receipt For: 2010
 Primary General
 Other (specify)

Election Cycle-to-Date:

Date of Receipt: 10 / 13 / 2010

Transaction ID : SA11AI.10183

Amount of Each Receipt this Period: 4800.00

CONTRIBUTION

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
ROBERT WARREN

Mailing Address 2373 SW MADISON STREET

City: PORTLAND State: OR Zip Code: 97205

FEC ID number of contributing federal political committee: C

Name of Employer: INFORMATION REQUESTED Occupation: INFORMATION REQUESTED

Receipt For: 2010
 Primary General
 Other (specify)

Election Cycle-to-Date: -2400.00

Date of Receipt: 12 / 12 / 2010

Transaction ID : SA11AI.10185

Amount of Each Receipt this Period: -2400.00

Reattribute: CONTRIBUTION

[MEMO ITEM]

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

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

0.00

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

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

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DANA AVERY WESTENHAVER

Mailing Address 9845 SW IOWA DR

City TUALATIN State OR Zip Code 97062

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

Name of Employer DEL MAR INVESTMENTS, INC. Occupation INSURANCE SALES

Receipt For: 2010
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 24 / 2010

Transaction ID : SA11AI.10193

Amount of Each Receipt this Period
1000.00

Reattribute: TO SPOUSE

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
J. E. WESTENHAVER

Mailing Address 21158 SW WYNDHAM HILL CT

City TUALATIN State OR Zip Code 97062

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

Name of Employer N/A Occupation HOMEMAKER

Receipt For: 2010
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 24 / 2010

Transaction ID : SA11AI.10191

Amount of Each Receipt this Period
3000.00

CONTRIBUTION

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
J. E. WESTENHAVER

Mailing Address 21158 SW WYNDHAM HILL CT

City TUALATIN State OR Zip Code 97062

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

Name of Employer N/A Occupation HOMEMAKER

Receipt For: 2010
 Primary General
 Other (specify)

Election Cycle-to-Date
-1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 24 / 2010

Transaction ID : SA11AI.10192

Amount of Each Receipt this Period
-1000.00

Reattribute: CONTRIBUTION

[MEMO ITEM]

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

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

0.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.10192

EXCESS TO BE REFUNDED

Form/Schedule:

Transaction ID:

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

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

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CHRIS WOLCOTT

Mailing Address 1075 W HIST COLUMBIA RIVER HWY

City TROUTDALE State OR Zip Code 97060

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2010
 Primary General
 Other (specify)

Election Cycle-to-Date
-2400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 29 / 2010

Transaction ID : SA11AI.10171

Amount of Each Receipt this Period
-2400.00

Reattribute: TO SPOUSE

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
GUY R WOLCOTT

Mailing Address 1075 W HIST COLUMBIA RIVER HWY

City TROUTDALE State OR Zip Code 97060

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

Name of Employer SELF Occupation BUSINESS OWNER

Receipt For: 2010
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2010

Transaction ID : SA11AI.10168

Amount of Each Receipt this Period
4800.00

CONTRIBUTION

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
GUY R WOLCOTT

Mailing Address 1075 W HIST COLUMBIA RIVER HWY

City TROUTDALE State OR Zip Code 97060

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

Name of Employer SELF Occupation BUSINESS OWNER

Receipt For: 2010
 Primary General
 Other (specify)

Election Cycle-to-Date
-2400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 29 / 2010

Transaction ID : SA11AI.10170

Amount of Each Receipt this Period
-2400.00

Reattribute: CONTRIBUTION

[MEMO ITEM]

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

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

0.00

0.00

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

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ADP INC		Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2010
Mailing Address 1 ADP BLVD		Amount of Each Disbursement this Period 48.00 Transaction ID : SB17.10128
City ROSELAND	State NJ	
Zip Code 07068	Purpose of Disbursement PAYROLL SERVICE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. ADP INC		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2010
Mailing Address 1 ADP BLVD		Amount of Each Disbursement this Period 44.80 Transaction ID : SB17.10145
City ROSELAND	State NJ	
Zip Code 07068	Purpose of Disbursement PAYROLL SERVICE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. BB&T		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2010
Mailing Address 300 S WASHINGTON ST		Amount of Each Disbursement this Period 34.60 Transaction ID : SB17.10194
City ALEXANDRIA	State VA	
Zip Code 22314	Purpose of Disbursement BANK FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	127.40
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 17 OF 21	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

Full Name (Last, First, Middle Initial) A. COMCAST		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2010
Mailing Address PO BOX 34227		Amount of Each Disbursement this Period 318.47
City SEATTLE	State WA	
Zip Code 98124	Purpose of Disbursement UTILITIES	Transaction ID : SB17.10132
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ELAVON		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2010
Mailing Address ONE CONCOURSE PARKWAY, SUITE 300		Amount of Each Disbursement this Period 28.00
City ATLANTA	State GA	
Zip Code 30328	Purpose of Disbursement CREDIT CARD MERCHANT FEE	Transaction ID : SB17.10129
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. KOLDKIST BOTTLED WATER		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2010
Mailing Address 909 N COLUMBIA BLVD		Amount of Each Disbursement this Period 38.50
City PORTLAND	State OR	
Zip Code 97217	Purpose of Disbursement EQUIPMENT RENTAL	Transaction ID : SB17.10130
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	384.97
TOTAL This Period (last page this line number only).....	

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

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

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A. US BANK

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 790408

City ST LOUIS State MO Zip Code 63179

Purpose of Disbursement CREDIT CARD PAYMENT

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 12 / 31 / 2010

Amount of Each Disbursement this Period: 957.92

Transaction ID : SB17.10144

B. WHOLE FOODS MARKET

Full Name (Last, First, Middle Initial)
Mailing Address 550 BOWIE ST

City AUSTIN State TX Zip Code 78703

Purpose of Disbursement FOOD/BEVERAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 12 / 31 / 2010

Amount of Each Disbursement this Period: 54.31

Transaction ID : SB17.10144.0

[MEMO ITEM]

C. UWAJIMAYA

Full Name (Last, First, Middle Initial)
Mailing Address 600 5TH AVE S

City SEATTLE State WA Zip Code 98104

Purpose of Disbursement FOOD/BEVERAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 12 / 31 / 2010

Amount of Each Disbursement this Period: 167.48

Transaction ID : SB17.10144.1

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) 957.92

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

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PACIFIC COAST MOVING		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2010
Mailing Address 8630 SW SCHOOLS FERRY RD #312		Amount of Each Disbursement this Period 400.00
City BEAVERTON State OR Zip Code 97008	Purpose of Disbursement EQUIPMENT RENTAL	Transaction ID : SB17.10144.2 [MEMO ITEM]
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. OFFICE DEPOT		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2010
Mailing Address 6600 N MILITARY TRAIL		Amount of Each Disbursement this Period 184.96
City BOCA RATON State FL Zip Code 33496	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB17.10144.3 [MEMO ITEM]
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. SHRED IT		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2010
Mailing Address 2794 S SHERIDAN WAY		Amount of Each Disbursement this Period 45.00
City OAKVILLE, ONTARIO State Zip Code	Purpose of Disbursement RECORDS MANAGEMENT SERVICE	Transaction ID : SB17.10144.4 [MEMO ITEM]
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

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

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

Full Name (Last, First, Middle Initial) A. VONAGE		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2010
Mailing Address 23 MAIN STREET		Amount of Each Disbursement this Period 31.17
City HOLMDEL	State NJ	
Zip Code 07733	Purpose of Disbursement TELEPHONE SERVICE	[MEMO ITEM]
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. CONSTANT CONTACT		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2010
Mailing Address 1601 TRAPELO RD		Amount of Each Disbursement this Period 75.00
City WALTHAM	State MA	
Zip Code 02451	Purpose of Disbursement WEB SERVICE	[MEMO ITEM]
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2010
Mailing Address 19190 SW 90TH		Amount of Each Disbursement this Period 20.00
City TUALATIN	State OR	
Zip Code 97062	Purpose of Disbursement POSTAGE	[MEMO ITEM]
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	20.00
TOTAL This Period (last page this line number only).....	1490.29

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

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

Full Name (Last, First, Middle Initial) A. OREGON MAJORITY COMMITTEE		Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2010
Mailing Address PO BOX 365		Amount of Each Disbursement this Period 20.75
City MCLEAN	State VA	
Zip Code 22101	Purpose of Disbursement TRANSFER TO JFC - CREDIT CARD FEE	Transaction ID : SB18.10196
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	20.75
TOTAL This Period (last page this line number only).....	20.75