

EXPRESS MAIL
JAN 30 1990

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) KOPETSKI FOR CONGRESS		2. FEC IDENTIFICATION NUMBER 125385
ADDRESS (number and street) ☐ Check if different than previously reported. 458 Dorcas Dr. N		
CITY, STATE and ZIP CODE Salem, OR 97303	STATE/DISTRICT OR/5th	3. IS THIS REPORT AN AMENDMENT? ☐ YES ☒ NO

4. TYPE OF REPORT

- ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☒ January 31 Year End Report
☐ July 31 Mid-Year Report (Non-election Year Only)
☐ Twelfth day report preceding _____ (Type of Election)
election on _____ in the State of _____
☐ Thirtieth day report following the General Election on _____ in the State of _____
☐ Termination Report

This report contains activity for ☒ Primary Election ☐ General Election ☐ Special Election ☐ Runoff Election

SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
7/1/89 through 12/31/89		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	124,750.38	131,295.38
(b) Total Contribution Refunds (from Line 20(d))		
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	124,750.38	131,295.38
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	38,031.31	46,039.04
(b) Total Offsets to Operating Expenditures (from Line 14)	43.82	2,176.18
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	37,987.49	43,862.86
8. Cash on Hand at Close of Reporting Period (from Line 27)	88,453.78	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	9,871.44	

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

Signature of Treasurer

Shirley B. Miller

Date

1/30/90

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

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FEC FORM 3
(revised 4/87)

DETAILED SUMMARY PAGE

of Receipts and Disbursements
(Page 2, FEC FORM 3)

Name of Committee (in full) Kopetski For Congress		Report Covering the Period: From: 7/1/89 To: 12/31/89	
		COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
I. RECEIPTS			
11. CONTRIBUTIONS (other than loans) FROM:			
(a) Individuals/Persons Other Than Political Committees			
(i) Itemized (use Schedule A)		17,200.00	11(a)(i) i
(ii) Unitemized		58,790.48	11(a)(ii) ii
(iii) Total of contributions from individuals		75,990.48	11(a)(iii) iii
(b) Political Party Committees		48,759.48	11(b)
(c) Other Political Committees (such as PACs)		54,259.90	11(c)
(d) The Candidate			11(d)
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))		124,750.38	11(e)
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.			12
13. LOANS:			
(a) Made or Guaranteed by the Candidate			13(a)
(b) All Other Loans			13(b)
(c) TOTAL LOANS (add 13(a) and (b))			13(c)
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		43.82	14
15. OTHER RECEIPTS (Dividends, Interest, etc.)			15
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		124,794.20	16
II. DISBURSEMENTS			
17. OPERATING EXPENDITURES		38,031.31	17
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.			18
19. LOAN REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate			19(a)
(b) Of All Other Loans			19(b)
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))			19(c)
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees			20(a)
(b) Political Party Committees			20(b)
(c) Other Political Committees (such as PACs)			20(c)
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))			20(d)
21. OTHER DISBURSEMENTS			21
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21).		38,031.31	22
III. CASH SUMMARY			
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD		\$ 1690.89	23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)		\$ 124794.20	24
25. SUBTOTAL (add Line 23 and Line 24)		\$ 126485.09	25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).		\$ 38031.31	26
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25).		\$ 88453.78	27

00013891445

SCHEDULE A

ITEMIZED RECEIPTS

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

 PAGE 1 OF 5
FOR LINE NUMBER
11a(i)

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)

Kopetski For Congress

 A. Full Name, Mailing Address and ZIP Code
Joseph Aidlin
5143 Sunset Blvd
Los Angeles, CA 90027
Name of Employer
selfDate (month,
day, year)
12/12/89Amount of Each
Receipt this Period
500.00
 Receipt For: ☒ Primary ☐ General
☐ Other (specify):
Occupation
attorney

Aggregate Year-to-Date > \$ 500.00

 B. Full Name, Mailing Address and ZIP Code
Louisa Bateman
Harriman Rt. Box 24
Klamath Falls, OR 97601
Name of Employer
selfDate (month,
day, year)
10/14/89Amount of Each
Receipt this Period
500.00
 Receipt For: ☒ Primary ☐ General
☐ Other (specify):
Occupation
housewife

Aggregate Year-to-Date > \$ 500.00

 C. Full Name, Mailing Address and ZIP Code
Susan Bennett
3971 Ash Ave SE
Salem, OR 97302
Name of Employer
Oregon State
HospitalDate (month,
day, year)
12/31/89Amount of Each
Receipt this Period
300.00
 Receipt For: ☒ Primary ☐ General
☐ Other (specify):
Occupation
psychologist

Aggregate Year-to-Date > \$ 300.00

 D. Full Name, Mailing Address and ZIP Code
Bruce Corwin
8727 W Third St
Los Angeles, CA 90048
Name of Employer
Metropolitan
TheatersDate (month,
day, year)
12/07/89Amount of Each
Receipt this Period
500.00
 Receipt For: ☒ Primary ☐ General
☐ Other (specify):
Occupation
president

Aggregate Year-to-Date > \$ 600.00

 E. Full Name, Mailing Address and ZIP Code
Eleanor Demarest
162 Mountain Ave
Summit, NJ 07901
Name of Employer
selfDate (month,
day, year)
12/11/89Amount of Each
Receipt this Period
1000.00
 Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation

investor

Aggregate Year-to-Date > \$ 1000.00

 F. Full Name, Mailing Address and ZIP Code
Harold Demarest
3621 NW Sylvan Dr
Corvallis, OR 97330
Name of Employer
Astro ResearchDate (month,
day, year)
12/2/89Amount of Each
Receipt this Period
1000.00
 Receipt For: ☒ Primary ☐ General
☐ Other (specify):
Occupation
president

Aggregate Year-to-Date > \$ 1000.00

 G. Full Name, Mailing Address and ZIP Code
Merry Demarest
3621 NW Sylvan Dr
Corvallis, OR 97330
Name of Employer
selfDate (month,
day, year)
12/2/89Amount of Each
Receipt this Period
1000.00
 Receipt For: ☒ Primary ☐ General
☐ Other (specify):
Occupation
activist

Aggregate Year-to-Date > \$ 1000.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 5
FOR LINE NUMBER
11a(i)

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NAME OF COMMITTEE (in Full)

Kopetski For Congress

A. Full Name, Mailing Address and ZIP Code
William Dickey
225 SW Broadway
Portland, OR 97205

Name of Employer
Dakota Corporation

Date (month,
day, year)
11/22/89
12/30/89

Amount of Each
Receipt this Period
500.00
500.00

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation
president

Aggregate Year-to-Date > \$ 1000.00

B. Full Name, Mailing Address and ZIP Code
Marjorie Fasman
701 N Rexford Dr
Beverly Hills, CA 90210

Name of Employer
self

Date (month,
day, year)
12/7/89

Amount of Each
Receipt this Period
1000.00

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation
philanthropist

Aggregate Year-to-Date > \$ 1000.00

C. Full Name, Mailing Address and ZIP Code
Stephen Griffith
6220 SW 47th Pl
Portland, OR 97221

Name of Employer
Stoel, Rives, Boley
et al

Date (month,
day, year)
9/13/89

Amount of Each
Receipt this Period
300.00

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation
attorney

Aggregate Year-to-Date > \$ 300.00

D. Full Name, Mailing Address and ZIP Code
Rebecca Habbert
1133 21st St NW Suite 500
Washington, DC 20036

Name of Employer
self

Date (month,
day, year)
11/14/89

Amount of Each
Receipt this Period
250.00

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation
attorney

Aggregate Year-to-Date > \$ 250.00

E. Full Name, Mailing Address and ZIP Code
Andrew Harris
2065 High St SE
Salem, OR 97302

Name of Employer
self

Date (month,
day, year)
9/11/89

Amount of Each
Receipt this Period
500.00

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation
ophthalmologist

Aggregate Year-to-Date > \$ 500.00

F. Full Name, Mailing Address and ZIP Code
John Hunting
2130 P ST NW # 1024
Washington, OR 20037

Name of Employer
self

Date (month,
day, year)
11/21/89

Amount of Each
Receipt this Period
500.00

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation
investor

Aggregate Year-to-Date > \$ 500.00

G. Full Name, Mailing Address and ZIP Code
Myron Katz
6 Monticello Dr
Lake Oswego, OR 97035

Name of Employer
Oregon Public
Utilities Comm

Date (month,
day, year)
11/28/89

Amount of Each
Receipt this Period
250.00

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation
commissioner

Aggregate Year-to-Date > \$ 250.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

PAGE 3 OF 5
FOR LINE NUMBER
11a(i)

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NAME OF COMMITTEE (in Full)
Kopetski For Congress

A. Full Name, Mailing Address and ZIP Code
Kenneth Lewis
2880 NW Ariel Terr
Portland, OR 97210

Name of Employer
Lasco Shipping

Date (month,
day, year)
12/27/89

Amount of Each
Receipt this Period
500.00

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation
president

Aggregate Year-to-Date > \$ 500.00

B. Full Name, Mailing Address and ZIP Code
Tom Mason
PO Box 9005
Portland, OR 97207

Name of Employer
State of Oregon
House of
Representatives

Date (month,
day, year)
12/19/89

Amount of Each
Receipt this Period
250.00

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation
Representative

Aggregate Year-to-Date > \$ 250.00

C. Full Name, Mailing Address and ZIP Code
Kathleen Moss
1626 Foxhall Rd NW
Washington, DC 20007

Name of Employer
Camp, Barsch, Bates
& Tate

Date (month,
day, year)
11/16/89

Amount of Each
Receipt this Period
250.00

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation
attorney

Aggregate Year-to-Date > \$ 250.00

D. Full Name, Mailing Address and ZIP Code
Kenneth Novack
3303 SW Sherwood Pl
Portland, OR 97201

Name of Employer
Ball, Janik & Novack

Date (month,
day, year)
12/27/89

Amount of Each
Receipt this Period
500.00

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation
attorney

Aggregate Year-to-Date > \$ 500.00

E. Full Name, Mailing Address and ZIP Code
Dan O'Leary
3320 SW Underwood
Portland, OR 97225

Name of Employer
Pozzi, Wilson,
Atchison et al

Date (month,
day, year)
11/10/89

Amount of Each
Receipt this Period
500.00

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation
attorney

Aggregate Year-to-Date > \$ 500.00

F. Full Name, Mailing Address and ZIP Code
Charles Pualson
1001 SW 5th Suite 1905
Portland, OR 97204

Name of Employer
self

Date (month,
day, year)
11/14/89

Amount of Each
Receipt this Period
500.00

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation
attorney

Aggregate Year-to-Date > \$ 500.00

G. Full Name, Mailing Address and ZIP Code
Frank Pozzi
910 Standard Plaza
Portland, OR 97204

Name of Employer
Pozzi, Wilson,
Atchison et al

Date (month,
day, year)
11/10/89

Amount of Each
Receipt this Period
500.00

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation
attorney

Aggregate Year-to-Date > \$ 500.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

PAGE 4 OF 5
FOR LINE NUMBER 11a(i)

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NAME OF COMMITTEE (in Full)

Kopetski For Congress

A. Full Name, Mailing Address and ZIP Code
Alida Rol
3040 NE 37th 97212
Portland, OR 97212

Name of Employer
Women's Care Assoc

Date (month,
day, year)
12/30/89

Amount of Each
Receipt this Period
500.00

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation
physician

Aggregate Year-to-Date > \$ 500.00

B. Full Name, Mailing Address and ZIP Code
Galton, Scott & Colett
One SW Columbia #1100
Portland, OR 97258-2013

Name of Employer
Galton, Scott

Date (month,
day, year)
12/11/89

Amount of Each
Receipt this Period
500.00

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation
attornies

Aggregate Year-to-Date > \$ 500.00

C. Full Name, Mailing Address and ZIP Code
Ruth Singer
1001 Loma Vista Dr
Beverly Hills, CA 90210

Name of Employer
self

Date (month,
day, year)
12/7/89

Amount of Each
Receipt this Period
250.00

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation
activist

Aggregate Year-to-Date > \$ 250.00

D. Full Name, Mailing Address and ZIP Code
John Stone
3513 SW Barbur #P1
Portland, OR 97201

Name of Employer
Pozzi, Wilson et al

Date (month,
day, year)
11/10/89

Amount of Each
Receipt this Period
250.00

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation
attorney

Aggregate Year-to-Date > \$ 250.00

E. Full Name, Mailing Address and ZIP Code
Keith and Karen Swanson
3408 Mock Orange Ct S
Salem, OR 97302

Name of Employer
Burt, Swanson et al

Date (month,
day, year)
12/6/89

Amount of Each
Receipt this Period
500.00

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation
attorney

Aggregate Year-to-Date > \$ 500.00

F. Full Name, Mailing Address and ZIP Code
Anne Taft
38 Oakridge Dr
Binghamton, NY 13903

Name of Employer
self

Date (month,
day, year)
12/27/89

Amount of Each
Receipt this Period
1000.00

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation
tutor

Aggregate Year-to-Date > \$ 1000.00

G. Full Name, Mailing Address and ZIP Code
Robert Udziela
14150 SW Martingale
Beaverton, OR 97005

Name of Employer
Pozzi, Wilson et al

Date (month,
day, year)
11/10/89

Amount of Each
Receipt this Period
250.00

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation
attorney

Aggregate Year-to-Date > \$ 250.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

PAGE 5 OF 5
FOR LINE NUMBER 11a(i)

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NAME OF COMMITTEE (in Full)
Kopetski For Congress

A. Full Name, Mailing Address and ZIP Code Edgar Villchur PO Box 306 Woodstock, NY 12498 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Foundation For Hearing Aid Research Occupation director Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 10/13/89	Amount of Each Receipt this Period 1000.00
B. Full Name, Mailing Address and ZIP Code Rosemary Villchur PO Box 306 Woodstock, NY 12498 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer self Occupation home manager Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 10/13/89	Amount of Each Receipt this Period 1000.00
C. Full Name, Mailing Address and ZIP Code Donald Wilson 910 Standard Plaza Portland, OR 97204 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Pozzi, Wilson, et al Occupation attorney Aggregate Year-to-Date > \$ 350.00	Date (month, day, year) 11/10/89	Amount of Each Receipt this Period 350.00
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

17,200.00

90013391450

SCHEDULE A

**ITEMIZED RECEIPTS
PACS**

Use separate schedule(s)
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PAGE 1 OF 5
FOR LINE NUMBER 11c

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NAME OF COMMITTEE (in Full)

Kopetski For Congress

A. Full Name, Mailing Address and ZIP Code Am Fed of Teachers COPE 555 New Jersey Ave Washington, DC 20001 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 2500.00	Date (month, day, year) 11/29/89	Amount of Each Receipt this Period 2500.00
B. Full Name, Mailing Address and ZIP Code Am Trial Lawyers A PAC 1050 31st NW Washington, DC 20007 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 2500.00	Date (month, day, year) 8/7/89	Amount of Each Receipt this Period 2500.00
C. Full Name, Mailing Address and ZIP Code Bldg. & Const: Pol Ed Fund 815 16th St NW Room 603 Washington, DC 20006 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 11/9/89	Amount of Each Receipt this Period 250.00
D. Full Name, Mailing Address and ZIP Code Bro of Loco Engrs: Legis Leag 1370 Ontario St Cleveland, OH 44113 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 11/6/89	Amount of Each Receipt this Period 250.00
E. Full Name, Mailing Address and ZIP Code Carpenters' Legis Improve 101 Constitution Ave NW Washington, DC 20001 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 10/6/89 11/9/89	Amount of Each Receipt this Period 500.00 500.00
F. Full Name, Mailing Address and ZIP Code Comm Pol Ed - AFL-CIO 815 16th St NW Washington, DC 20006 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 2500.00	Date (month, day, year) 10/20/89	Amount of Each Receipt this Period 2500.00
G. Full Name, Mailing Address and ZIP Code CWA - COPE 1925 K St NW Washington, DC 20006 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 11/3/89	Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

151433913000

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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PAGE **2** of **5**
FOR LINE NUMBER
11c

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NAME OF COMMITTEE (in Full)

Kopetski For Congress

A. Full Name, Mailing Address and ZIP Code Drive Political Fund 25 Louisiana Ave NW Washington, DC 20001 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 2500.00	Date (month, day, year) 11/20/89	Amount of Each Receipt this Period 2500.00
B. Full Name, Mailing Address and ZIP Code IBEW - COPE 1125 15th St NW Washington, DC 20005 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 11/7/89	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and ZIP Code KidsPAC 80 Trowbridge St Cambridge, MA 02138 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 11/8/89	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and ZIP Code Machinists Political League 1300 Connecticut Ave Washington, DC 20036 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 5000.00	Date (month, day, year) 10/11/89	Amount of Each Receipt this Period 5000.00
E. Full Name, Mailing Address and ZIP Code NARAL -PAC 1101 14th St NW Washington, DC 20005 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 2500.00	Date (month, day, year) 11/17/89	Amount of Each Receipt this Period 2500.00
F. Full Name, Mailing Address and ZIP Code Natl Assn Letter Carriers Comm on Political Education 100 Indiana Ave NW Washington, DC 20001 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 12/6/89	Amount of Each Receipt this Period 1000.00
G. Full Name, Mailing Address and ZIP Code NCP Social Security - PAC 3151 Airway Ave M-1 Costa Mesa, CA 92626 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 12/4/89	Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

2
1
5
9
1
3
6
9
1
3
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SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (in Full)
Kopetski For Congress

A. Full Name, Mailing Address and ZIP Code
Oregon League of Conserv Voters
506 SW 6th #1004
Portland, OR 97204

Name of Employer

Date (month,
day, year)
12/19/89

Amount of Each
Receipt this Period
25.00

Occupation

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Aggregate Year-to-Date > \$25.00

B. Full Name, Mailing Address and ZIP Code
Plasterers' & C/M Action Comm
1125 17th St NW
Washington, DC 20036

Name of Employer

Date (month,
day, year)
11/14/89

Amount of Each
Receipt this Period
300.00

Occupation

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Aggregate Year-to-Date > \$300.00

C. Full Name, Mailing Address and ZIP Code
Responsible Citizens Pol Leag
3 Research Place
Rockville, MD 20859

Name of Employer

Date (month,
day, year)
11/9/89

Amount of Each
Receipt this Period
250.00

Occupation

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Aggregate Year-to-Date > \$250.00

D. Full Name, Mailing Address and ZIP Code
SEIU COPE Fund
1313 L St NW
Washington, DC 20005

Name of Employer

Date (month,
day, year)
11/21/89
12/21/89

Amount of Each
Receipt this Period
1000.00
2000.00

Occupation

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Aggregate Year-to-Date > \$3000.00

E. Full Name, Mailing Address and ZIP Code
Sierra Club COPE
730 Polk St
San Francisco, CA 94109

Name of Employer

Date (month,
day, year)
12/1/89
12/19/89

Amount of Each
Receipt this Period
250.00
2500.00

Occupation

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Aggregate Year-to-Date > \$2750.00

F. Full Name, Mailing Address and ZIP Code
Transportation Pol Ed Leag
14600 Detroit Ave
Cleveland, OH 44107

Name of Employer

Date (month,
day, year)
10/31/89
11/13/89

Amount of Each
Receipt this Period
200.00
250.00

Occupation

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Aggregate Year-to-Date > \$450.00

G. Full Name, Mailing Address and ZIP Code
U. A. Political Ed Comm
901 Massachusetts Ave NW
Washington, DC 20001

Name of Employer

Date (month,
day, year)
11/13/89

Amount of Each
Receipt this Period
1000.00

Occupation

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Aggregate Year-to-Date > \$1000.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

00013891453

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (in Full)

Kopetski For Congress

A. Full Name, Mailing Address and ZIP Code
UFCW Active Ballot Club
1775 K St NW
Washington, DC 20006

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

10/26/89

250.00

Occupation

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Aggregate Year-to-Date > \$ 250.00

B. Full Name, Mailing Address and ZIP Code
Washington PAC
444 North Capitol St NW
Washington, DC 20001

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

10/24/89

250.00

Occupation

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Aggregate Year-to-Date > \$ 250.00

C. Full Name, Mailing Address and ZIP Code
WMI PAC
3003 Butterfield Road
Oak Brook IL 60521

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

11/29/89

500.00

Occupation

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Aggregate Year-to-Date > \$ 500.00

D. Full Name, Mailing Address and ZIP Code
Employees Legislative Equality
AFSCME
1625 L St NW
Washington, DC 20036

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

12/29/89

5000.00

Occupation

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Aggregate Year-to-Date > \$ 5000.00

E. Full Name, Mailing Address and ZIP Code
Voters For Choice
Friends of Family Planning
2000 P St NW
Washington, DC 20036

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

12/29/89

1000.00

Occupation

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Aggregate Year-to-Date > \$ 1000.00

F. Full Name, Mailing Address and ZIP Code
Human Rights Campaign Fund PAC
PO Box 1396
Washington, DC 20013

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

12/28/89

2500.00

Occupation

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Aggregate Year-to-Date > \$ 2500.00

G. Full Name, Mailing Address and ZIP Code
Chiropractic PAC
3903 SW Kelly Suite 150
Portland, OR 97201

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

12/28/89

5000.00

Occupation

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Aggregate Year-to-Date > \$ 5000.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

**ITEMIZED RECEIPTS
PACS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Kopetski For Congress

A. Full Name, Mailing Address and ZIP Code Air Line Pilots PAC 1625 Massachusetts Ave NW Washington, DC 20036 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 2500.00	Date (month, day, year) 12/26/89	Amount of Each Receipt this Period 2500.00
B. Full Name, Mailing Address and ZIP Code IBPAT Political Action Together Political Fund 1750 New York Ave NW Washington, DC 20006 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 12/26/89	Amount of Each Receipt this Period 500.00
C. Full Name, Mailing Address and ZIP Code Committee For Demo Opportunity PO Box 18806 Philadelphia, PA 19119 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer (in kind) Occupation Aggregate Year-to-Date > \$ 1484.90	Date (month, day, year) 11/13/89 11/14/89	Amount of Each Receipt this Period 1000.00 484.90
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

48,759.48

SCHEDULE B

**ITEMIZED DISBURSEMENTS
PRE PAID EXPENSES**

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

PAGE 1 OF 6
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)
Kopetski For Congress

A. Full Name, Mailing Address and ZIP Code Public Affairs Counsel 867 Liberty NE Salem, OR 97301	Purpose of Disbursement pre-paid direct mail Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 12/20/89	Amount of Each Disbursement This Period 20,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

90013891456

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
Kopetski For Congress

A. Full Name, Mailing Address and ZIP Code United Savings Bank PO Box 868 Salem, OR 97308	Purpose of Disbursement endorsement stamp Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/10/89	Amount of Each Disbursement This Period 7.50
B. Full Name, Mailing Address and ZIP Code John H. McKesson Rt 4, Box 113 Astoria, OR 97103	Purpose of Disbursement office supplies Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/16/89 11/8/89 11/15/89	Amount of Each Disbursement This Period 31.76 81.72 39.47
C. Full Name, Mailing Address and ZIP Code Travel Concepts 554 Chemeketa Salem, OR 97301	Purpose of Disbursement airfare Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/18/89	Amount of Each Disbursement This Period 396.00
D. Full Name, Mailing Address and ZIP Code Microage Computer Stores 3335 Commercial SE Salem, OR 97302	Purpose of Disbursement printer supplies Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/20/89	Amount of Each Disbursement This Period 109.00
E. Full Name, Mailing Address and ZIP Code Kinkos 1220 State St Salem, OR 97301	Purpose of Disbursement copying Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 11/02/89	Amount of Each Disbursement This Period 11.89
F. Full Name, Mailing Address and ZIP Code Copi Office Products 205 Chemeketa St NE Salem, OR 97301	Purpose of Disbursement copier supplies Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 11/02/89 12/11/89	Amount of Each Disbursement This Period 94.95 189.90
G. Full Name, Mailing Address and ZIP Code Emily J. Smith 2345 Franklin Ave E #4 Seattle, WA 98102	Purpose of Disbursement Party expenses Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 11/3/89 11/8/89	Amount of Each Disbursement This Period 98.52 90.07
H. Full Name, Mailing Address and ZIP Code Emily J. Smith 2245 Franklin Ave E #4 Seattle, WA 98102	Purpose of Disbursement 1099 wages Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 11/8/89 11/28/89 12/14/89	Amount of Each Disbursement This Period 1250.00 1250.00 1250.00
I. Full Name, Mailing Address and ZIP Code Ted C. Coran 565 McGilchrist Salem, OR 97302	Purpose of Disbursement 1099 wages Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 11/28/89 12/14/89	Amount of Each Disbursement This Period 500.00 500.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

7
4
5
9
1
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SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

Kopetski For Congress

900013891458

A. Full Name, Mailing Address and ZIP Code US Postoffice Main Post Office Salem, OR 97309	Purpose of Disbursement stamps Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 11/17/89 12/6/89 12/12/89	Amount of Each Disbursement This Period 75.00 250.00 100.00
B. Full Name, Mailing Address and ZIP Code US Postmaster Main Post Office Salem, OR 97308	Purpose of Disbursement bulk permit fee Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 12/12/89	Amount of Each Disbursement This Period 60.00
C. Full Name, Mailing Address and ZIP Code US Postmaster Main Post Office Salem, OR 97308	Purpose of Disbursement bulk stamps Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 12/7/89	Amount of Each Disbursement This Period 330.00
D. Full Name, Mailing Address and ZIP Code Ted C. Coran 565 McGilchrist Salem, OR 97302	Purpose of Disbursement phone reimbursement Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 11/15/89 12/11/89	Amount of Each Disbursement This Period 50.00 21.37
E. Full Name, Mailing Address and ZIP Code Catherine Wood 10019 Menlo Ave Silver Spring, MD 20910	Purpose of Disbursement catering for Mott Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 11/12/89	Amount of Each Disbursement This Period 420.00
F. Full Name, Mailing Address and ZIP Code Ace Beverage 2446 18th St NW Washington, DC 20009	Purpose of Disbursement beverages for Mott Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 11/12/89	Amount of Each Disbursement This Period 267.27
G. Full Name, Mailing Address and ZIP Code Mike Kopetski 458 Dorcas Dr N Salem, OR 97303	Purpose of Disbursement travel cash Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 12/6/89 12/11/89	Amount of Each Disbursement This Period 200.00 106.75
H. Full Name, Mailing Address and ZIP Code Political Publishing Co PO Box 4406 Alexandria, VA 22303	Purpose of Disbursement computer software Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 9/29/89	Amount of Each Disbursement This Period 210.00
I. Full Name, Mailing Address and ZIP Code Linda Zuckerman 458 Dorcas Dr N Salem, OR 97303	Purpose of Disbursement Mike's phone bill Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 12/11/89 12/11/89	Amount of Each Disbursement This Period 362.62 110.83

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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NAME OF COMMITTEE (in Full)

Kopetski For Congress

A. Full Name, Mailing Address and ZIP Code Mike Kopetski 458 Dorcas Dr N Salem, OR 97303	Purpose of Disbursement Mobile phone bill Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 12/11/89	Amount of Each Disbursement This Period 79.07
B. Full Name, Mailing Address and ZIP Code Pringle Road Mini Warehouse 1875 Salishan St SE Salem, OR 97302	Purpose of Disbursement storage Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 12/11/89	Amount of Each Disbursement This Period 93.00
C. Full Name, Mailing Address and ZIP Code Jim Loewen 14988 Bent Lane Sublimity, OR 97385	Purpose of Disbursement party expense Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 12/14/89	Amount of Each Disbursement This Period 45.00
D. Full Name, Mailing Address and ZIP Code Oregon AFL-CIO 1900 Hines St SE Salem, OR 97302	Purpose of Disbursement directories Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 12/14/89	Amount of Each Disbursement This Period 20.00
E. Full Name, Mailing Address and ZIP Code Oregon Peace Works 333 State St Salem, OR 97301	Purpose of Disbursement phone expenses Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 12/20/89	Amount of Each Disbursement This Period 10.00
F. Full Name, Mailing Address and ZIP Code Donna Bill 1716 Kamela Dr S Salem, OR 97306	Purpose of Disbursement consulting fee Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 12/22/89	Amount of Each Disbursement This Period 50.00
G. Full Name, Mailing Address and ZIP Code NARAL 1101 14th St NW Washington, DC 20005	Purpose of Disbursement mailing list rental Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 12/19/89	Amount of Each Disbursement This Period 65.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

90013891459

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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NAME OF COMMITTEE (in Full)

Kopetski For Congress

A. Full Name, Mailing Address and ZIP Code United Savings Bank PO Box 868 Salem, OR 97308	Purpose of Disbursement Service charge Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 7/25/89	Amount of Each Disbursement This Period 5.00
B. Full Name, Mailing Address and ZIP Code US Postal Service Main Post Office Salem, OR 97309	Purpose of Disbursement bulk mail Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 9/11/89 9/12/89 10/20/89	Amount of Each Disbursement This Period 8.12 66.00 330.45
C. Full Name, Mailing Address and ZIP Code Currier/McCormick 707 13th SE Salem, OR 97301	Purpose of Disbursement printing Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 9/24/89 11/2/89	Amount of Each Disbursement This Period 697.54 1522.35
D. Full Name, Mailing Address and ZIP Code Emily Smith 2345 Franklin Ave E #4 Seattle, WA 98102	Purpose of Disbursement travel expenses Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 9/29/89	Amount of Each Disbursement This Period 227.15
E. Full Name, Mailing Address and ZIP Code Emily J. Smith 2345 Franklin Ave E #4 Seattle, WA 98102	Purpose of Disbursement 1099 wages Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 9/29/89 10/23/89 10/15/89	Amount of Each Disbursement This Period 1000.00 1000.00 500.00
F. Full Name, Mailing Address and ZIP Code US Postmaster Main Post Office Salem, OR 97309	Purpose of Disbursement stamps Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/3/89 10/27/89 11/6/89	Amount of Each Disbursement This Period 100.00 90.00 50.00
G. Full Name, Mailing Address and ZIP Code John H. McKesson Rt 4, Box 113 Astoria, OR 97103	Purpose of Disbursement 1099 wages Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/5/89 11/7/89 11/29/89	Amount of Each Disbursement This Period 100.00 100.00 1300.00
H. Full Name, Mailing Address and ZIP Code United Parcel Service 1685 Salem Industrial Dr NE Salem, OR 97303	Purpose of Disbursement shipping Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/10/89 11/1/89	Amount of Each Disbursement This Period 28.00 17.00
I. Full Name, Mailing Address and ZIP Code Ted C. Coran 565 McGilchrist Salem, OR 97302	Purpose of Disbursement 1099 wages Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/15/89 10/31/89 11/15/89	Amount of Each Disbursement This Period 500.00 500.00 500.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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NAME OF COMMITTEE (in Full)

Kopetski For Congress

A. Full Name, Mailing Address and ZIP Code Currier-McCormick 707 13th SE Salem, OR 97301	Purpose of Disbursement debt retirement G1988 printing Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 1988	Date (month, day, year) 11/7/89	Amount of Each Disbursement This Period 0.80
B. Full Name, Mailing Address and ZIP Code Oregon Dept of Revenue 955 Center NE Salem, OR 97301	Purpose of Disbursement debt retirement mailing list Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 1988	Date (month, day, year) 12/13/89	Amount of Each Disbursement This Period 77.31
C. Full Name, Mailing Address and ZIP Code Committee For Demo Opportunity PO Box 18806 Philadelphia, PA 19119	Purpose of Disbursement luncheon Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 12/20/89	Amount of Each Disbursement This Period 484.90 in kind
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

38,031.31

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page 1 of 1 for
LINE NUMBER
(Use separate schedules
for each numbered line)

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
Kopetski For Congress				
A. Full Name, Mailing Address and Zip Code of Debtor or Creditor Public Affairs Counsel 867 Liberty NE Salem, OR 97301	5072.72	0.00	0.00	5072.72
Nature of Debt (Purpose): polling 1072.72 Primary 88 direct mail 4000.00				
B. Full Name, Mailing Address and Zip Code of Debtor or Creditor Public Affairs Counsel 867 Liberty NE Salem, OR 97301	4798.72	0.00	0.00	4798.72
Nature of Debt (Purpose): General 88 direct mail 4798.72				
C. Full Name, Mailing Address and Zip Code of Debtor or Creditor Currier-McCormick 707 13th SE Salem, OR 97301	0.80	0.00	0.80	0.00
Nature of Debt (Purpose): General 88 printing				
D. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				9871.44
2) TOTAL This Period (last page this line only)				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				