

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Knute for Congress

ADDRESS (number and street)

PO Box 190

Check if different than previously reported. (ACC)

Redmond

OR

97756

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00730507

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

STATE ▼ DISTRICT

OR

02

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

M M /

D D /

Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y 2020

through

M M /

D D /

Y Y Y Y 2020

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Lisker, Lisa, , ,

Type or Print Name of Treasurer

Lisker, Lisa, , ,

Signature of Treasurer

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y 2020

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office Use Only

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
Knute 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))....	11010.00	1283923.65
(b) Total Contribution Refunds (from Line 20(d))	126400.00	131200.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	- 115390.00	1152723.65
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	19774.40	1446155.40
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	378.16
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	19774.40	1445777.24
8. Cash on Hand at Close of Reporting Period (from Line 27).....	12608.31	
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).....	288379.75	

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 05/2016)

Write or Type Committee Name

Knute for Congress

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

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).....	50.00	910330.50
(ii) Unitemized.....	960.00	317345.77
(iii) TOTAL of contributions from individuals ▶	1010.00	1227676.27
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	42500.00
(d) The Candidate.....	10000.00	13747.38
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	11010.00	1283923.65
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	300000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	300000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	378.16
15. OTHER RECEIPTS (Dividends, Interest, etc.)	7661.90	7661.90
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	18671.90	1591963.71

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 05/2016)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	19774.40	1446155.40
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
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	126400.00	131200.00
(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)).....	126400.00	131200.00
21. OTHER DISBURSEMENTS	0.00	2000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	146174.40	1579355.40

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	140110.81
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	18671.90
25. SUBTOTAL (add Line 23 and Line 24).....	158782.71
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	146174.40
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	12608.31

**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 36
<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)
Knute for Congress

A. Full Name (Last, First, Middle Initial)
WARD, NANCY, S., ,

Mailing Address 7761 DERKSEN HILL RD. SE

City SALEM	State OR	Zip Code 97317-9375
---------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 28 / 2020

Transaction ID : SA11A.61609

Amount of Each Receipt this Period

50.00

Memo Item
CONTRIBUTION
DEBT RETIREMENT

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

--

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

--

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	50.00
TOTAL This Period (last page this line number only)..... ▶	50.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 OF 36
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Knute for Congress

A. Full Name (Last, First, Middle Initial)
BUEHLER, KNUTE, , ,

Mailing Address PO BOX 190

City REDMOND State OR Zip Code 97756

FEC ID number of contributing federal political committee. **C** H0OR02150

Name of Employer THE CENTER Occupation ORTHOPEDIC SURGION

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1283923.65

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 25 2020

Transaction ID : SA11D.291

Amount of Each Receipt this Period
10000.00

Memo Item
PERSONAL CONTRIBUTION

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	10000.00
TOTAL This Period (last page this line number only).....▶	10000.00

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

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

FOR LINE NUMBER: PAGE 7 OF 36
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Knute for Congress

A. Full Name (Last, First, Middle Initial)
FP1 DIGITAL LLC

Mailing Address 3001 WASHINGTON BLVD.
7TH FLOOR

City ARLINGTON State VA Zip Code 22201

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

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7661.90

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 31 / 2020

Transaction ID : SA15.289

Amount of Each Receipt this Period
 4269.50

Memo Item
LIST RENTAL INCOME

B. Full Name (Last, First, Middle Initial)
FP1 DIGITAL LLC

Mailing Address 3001 WASHINGTON BLVD.
7TH FLOOR

City ARLINGTON State VA Zip Code 22201

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

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7661.90

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2020

Transaction ID : SA15.289

Amount of Each Receipt this Period
 3392.40

Memo Item
LIST RENTAL INCOME

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	7661.90
TOTAL This Period (last page this line number only).....▶	7661.90

**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 8 OF 36			
	<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)
Knute for Congress

Full Name (Last, First, Middle Initial) A. ADP		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2020
Mailing Address 1 ADP BOULEVARD		FEC Identification Number C
City ROSELAND	State NJ	Zip Code 07068
Purpose of Disbursement INSURANCE		Amount of Each Disbursement this Period 130.78
Candidate Name		Transaction ID : SB17.I293
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. ADP		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2020
Mailing Address 1 ADP BOULEVARD		FEC Identification Number C
City ROSELAND	State NJ	Zip Code 07068
Purpose of Disbursement PAYROLL SERVICE		Amount of Each Disbursement this Period 119.36
Candidate Name		Transaction ID : SB17.I295
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. ADP		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2020
Mailing Address 1 ADP BOULEVARD		FEC Identification Number C
City ROSELAND	State NJ	Zip Code 07068
Purpose of Disbursement PAYROLL SERVICE		Amount of Each Disbursement this Period 91.70
Candidate Name		Transaction ID : SB17.I296
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	341.84
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 9 OF 36
	<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)
Knute for Congress

Full Name (Last, First, Middle Initial) A. BB&T FINANCIAL		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2020
Mailing Address 300 S WASHINGTON ST.		FEC Identification Number C
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement CREDIT CARD PAYMENT- SEE MEMOS		Amount of Each Disbursement this Period 32.63
Candidate Name		Transaction ID : SB17.I294
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. MAIL AND MORE		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2020
Mailing Address 527 NW ELM AVE. #3		FEC Identification Number C
City REDMOND	State OR	Zip Code 97756
Purpose of Disbursement POSTAGE		Amount of Each Disbursement this Period 9.64
Candidate Name		Transaction ID : SB17.I300
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. BB&T FINANCIAL		Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2020
Mailing Address 300 S WASHINGTON ST.		FEC Identification Number C
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement CREDIT CARD PAYMENT- SEE MEMOS		Amount of Each Disbursement this Period 289.64
Candidate Name		Transaction ID : SB17.I298
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	322.27
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 10 OF 36	
	<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)
Knute for Congress

Full Name (Last, First, Middle Initial) A. BEND BROADBAND			Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2020	
Mailing Address 63090 SHERMAN RD.			FEC Identification Number C	
City BEND	State OR	Zip Code 97703	Amount of Each Disbursement this Period 286.65	
Purpose of Disbursement UTILITIES		Category/ Type	Transaction ID : SB17.I304	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. BB&T FINANCIAL			Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2020	
Mailing Address 300 S WASHINGTON ST.			FEC Identification Number C	
City ALEXANDRIA	State VA	Zip Code 22314	Amount of Each Disbursement this Period 2.99	
Purpose of Disbursement CREDIT CARD PAYMENT- WEB SERVICE: NO VENDORS REQ. ITEM.		Category/ Type	Transaction ID : SB17.I299	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. G SQUARED LLC			Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2020	
Mailing Address 800 W MAIN ST. STE. 1420			FEC Identification Number C	
City BOISE	State ID	Zip Code 83702	Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement STRATEGIC CONSULTING- DEBT PAYMENT		Category/ Type	Transaction ID : SB17.I364	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	5002.99
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 11 OF 36			
	<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)
Knute for Congress

Full Name (Last, First, Middle Initial) A. G SQUARED LLC			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2020		
Mailing Address 800 W MAIN ST. STE. 1420			FEC Identification Number C		
City BOISE	State ID	Zip Code 83702	Amount of Each Disbursement this Period 5000.00		
Purpose of Disbursement STRATEGIC CONSULTING- DEBT PAYMENT		Category/Type	Transaction ID : SB17.I365		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. HUCKABY DAVIS LISKER			Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2020		
Mailing Address 228 S WASHINGTON ST. #115			FEC Identification Number C		
City ALEXANDRIA	State ID VA	Zip Code 22314	Amount of Each Disbursement this Period 3027.30		
Purpose of Disbursement COMPLIANCE CONSULTING_ DEBT PAYMENT		Category/Type	Transaction ID : SB17.I297		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. LORI HARDWICK FUNDRAISING INC.			Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2020		
Mailing Address 7675 SW MAPLE DR.			FEC Identification Number C		
City PORTLAND	State ID OR	Zip Code 97225	Amount of Each Disbursement this Period 3000.00		
Purpose of Disbursement FUNDRAISING CONSULTING- DEBT PAYMENT		Category/Type	Transaction ID : SB17.I363		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	11027.30
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 12 OF 36	
	<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)
Knute for Congress

Full Name (Last, First, Middle Initial) A. LORI HARDWICK FUNDRAISING INC.			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2020	
Mailing Address 7675 SW MAPLE DR.			FEC Identification Number C	
City PORTLAND	State OR	Zip Code 97225	Amount of Each Disbursement this Period 3000.00	
Purpose of Disbursement FUNDRAISING CONSULTING- DEBT PAYMENT			Transaction ID : SB17.I366	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. PELROY & ASSOCIATES LLC			Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2020	
Mailing Address 1075 WASHINGTON ST. #212			FEC Identification Number C	
City EUGENE	State OR	Zip Code 97401	Amount of Each Disbursement this Period 80.00	
Purpose of Disbursement DATA MANAGEMENT			Transaction ID : SB17.I292	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" 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			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement			Memo Item	
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).....▶	3080.00
TOTAL This Period (last page this line number only).....▶	19774.40

**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 13 OF 36			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Knute for Congress

Full Name (Last, First, Middle Initial) A. BAKER, CURTIS, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2020		
Mailing Address P.O. BOX 4807			FEC Identification Number C		
City SUNRIVER	State OR	Zip Code 97707	Amount of Each Disbursement this Period 2800.00		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Transaction ID : SB20A.I306		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. BRIX, PETER, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2020		
Mailing Address 7211 SE WILSHIRE CT			FEC Identification Number C		
City MILWAULKIE	State OR	Zip Code 97267	Amount of Each Disbursement this Period 2700.00		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Transaction ID : SB20A.I308		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. CAMPBELL, DUNCAN, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2020		
Mailing Address 0841 SW GAINES ST, UNIT 2304			FEC Identification Number C		
City PORTLAND	State OR	Zip Code 97239	Amount of Each Disbursement this Period 2200.00		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Transaction ID : SB20A.I309		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	7700.00
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 14 OF 36			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Knute for Congress

Full Name (Last, First, Middle Initial) A. CARLSON, PETER, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2020		
Mailing Address 1605 NE FORBES RD			FEC Identification Number C		
City BEND	State OR	Zip Code 97701	Amount of Each Disbursement this Period 200.00		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Transaction ID : SB20A.I310		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. CARTER, JOHN, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2020		
Mailing Address 17575 LITTLE RIVER DR.			FEC Identification Number C		
City BEND	State OR	Zip Code 97707	Amount of Each Disbursement this Period 2800.00		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Transaction ID : SB20A.I311		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. COCHRAN, RONALD, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2020		
Mailing Address 18624 PINEHURST RD			FEC Identification Number C		
City BEND	State OR	Zip Code 97703	Amount of Each Disbursement this Period 500.00		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Transaction ID : SB20A.I312		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	3500.00
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 15 OF 36			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Knute for Congress

Full Name (Last, First, Middle Initial) A. DAUENHAUER, DENNIS, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2020		
Mailing Address 18883 SUTHERLAND CT			FEC Identification Number C		
City BEND	State OR	Zip Code 97702			
Purpose of Disbursement CONTRIBUTION REFUND			Transaction ID : SB20A.I313		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. DICE, RICK, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2020		
Mailing Address 1199 NORTHEAST HEMLOCK AVENUE			FEC Identification Number C		
City REDMOND	State OR	Zip Code 97756			
Purpose of Disbursement CONTRIBUTION REFUND			Transaction ID : SB20A.I314		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. ELLIS, WILLIAM, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2020		
Mailing Address 2300 NE 8TH ST.			FEC Identification Number C		
City BEND	State OR	Zip Code 97701			
Purpose of Disbursement CONTRIBUTION REFUND			Transaction ID : SB20A.I315		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	1425.00
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 16 OF 36			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Knute for Congress

Full Name (Last, First, Middle Initial) A. ERICKSON, SCOTT, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2020		
Mailing Address 3322 BELVEDERE ST NW			FEC Identification Number C		
City SALEM	State OR	Zip Code 97304			
Purpose of Disbursement CONTRIBUTION REFUND			Transaction ID : SB20A.I316		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. FORD, ALLYN, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2020		
Mailing Address 3660 GATEWAY ST			FEC Identification Number C		
City SPRINGFIELD	State OR	Zip Code 97477			
Purpose of Disbursement CONTRIBUTION REFUND			Transaction ID : SB20A.I317		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. GANZ, MARK, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2020		
Mailing Address 2715 SW MAYFIELD AVE			FEC Identification Number C		
City PORTLAND	State OR	Zip Code 97225			
Purpose of Disbursement CONTRIBUTION REFUND			Transaction ID : SB20A.I318		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	5850.00
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 17 OF 36			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Knute for Congress

Full Name (Last, First, Middle Initial) A. GOODMAN, CLARK, , ,		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2020
Mailing Address 1710 WILLOW CREEK CIRCLE		FEC Identification Number C
City EUGENE	State OR	Zip Code 97402
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 2800.00
Candidate Name		Transaction ID : SB20A.I319
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. HART, BRAD, , ,		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2020
Mailing Address 17975 SOUTH CRESTLINE DRIVE		FEC Identification Number C
City LAKE OSEWGO	State OR	Zip Code 97034
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 2800.00
Candidate Name		Transaction ID : SB20A.I320
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. HART, MICHELE, , ,		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2020
Mailing Address 17975 SOUTH CRESTLINE DRIVE		FEC Identification Number C
City LAKE OSWEGO	State OR	Zip Code 97034
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 2800.00
Candidate Name		Transaction ID : SB20A.I321
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	8400.00
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 18 OF 36			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Knute for Congress

Full Name (Last, First, Middle Initial) A. KEITH, CAROLYN, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2020		
Mailing Address 36 AUGUSTA CANYON WAY					
City LAS VEGAS	State NV	Zip Code 89141	FEC Identification Number C		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Amount of Each Disbursement this Period 2800.00		
Candidate Name		Transaction ID : SB20A.I322			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item		
State:	District:				

Full Name (Last, First, Middle Initial) B. KEITH, LARRY, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2020		
Mailing Address 36 AUGUSTA CANYON WAY					
City LAS VEGAS	State NV	Zip Code 89141	FEC Identification Number C		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Amount of Each Disbursement this Period 2800.00		
Candidate Name		Transaction ID : SB20A.I323			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item		
State:	District:				

Full Name (Last, First, Middle Initial) C. KNIGHT, PENNY, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2020		
Mailing Address 34645 SW CLOUDREST LANE					
City HILLSBORO	State OR	Zip Code 97123	FEC Identification Number C		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Amount of Each Disbursement this Period 2800.00		
Candidate Name		Transaction ID : SB20A.I324			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item		
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....▶	8400.00
TOTAL This Period (last page this line number only).....▶	8400.00

**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 19 OF 36			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Knute for Congress

Full Name (Last, First, Middle Initial) A. KNIGHT, PHILIP, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2020		
Mailing Address 34645 SW CLOUDREST LANE			FEC Identification Number C		
City HILLSBORO	State OR	Zip Code 97123	Amount of Each Disbursement this Period 2800.00		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Transaction ID : SB20A.I325		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. KOFF, HOWARD, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2020		
Mailing Address 1641 NW WILD RYE CIR			FEC Identification Number C		
City BEND	State OR	Zip Code 97703	Amount of Each Disbursement this Period 2800.00		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Transaction ID : SB20A.I326		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. KOFF, MARCIA, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2020		
Mailing Address 1641 NW WILD RYE CIR			FEC Identification Number C		
City BEND	State OR	Zip Code 97703	Amount of Each Disbursement this Period 2800.00		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Transaction ID : SB20A.I327		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	8400.00
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 36			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Knute for Congress

Full Name (Last, First, Middle Initial) A. LEES, JOHN, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2020		
Mailing Address 1345 NW BROADWAY ST.			FEC Identification Number C		
City ALBANY	State OR	Zip Code 97321			
Purpose of Disbursement CONTRIBUTION REFUND			Transaction ID : SB20A.I328		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. MAGUIRE, BRIAN, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2020		
Mailing Address 1300 SW HOFFMAN RD			FEC Identification Number C		
City WEST LINN	State OR	Zip Code 97608			
Purpose of Disbursement CONTRIBUTION REFUND			Transaction ID : SB20A.I329		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. MCCORMICK, WILLIAM, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2020		
Mailing Address 61882 BUNKER HILL CT			FEC Identification Number C		
City BEND	State OR	Zip Code 97702			
Purpose of Disbursement CONTRIBUTION REFUND			Transaction ID : SB20A.I330		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	8400.00
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 21 OF 36			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Knute for Congress

Full Name (Last, First, Middle Initial) A. METWALLY, YASER, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2020		
Mailing Address 475 SHAFER LN					
City JACKSONVILLE	State OR	Zip Code 97530	FEC Identification Number C		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Amount of Each Disbursement this Period 2800.00		
Candidate Name		Transaction ID : SB20A.I331			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item		
State:	District:				

Full Name (Last, First, Middle Initial) B. MURPHY, CHRISSY, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2020		
Mailing Address 3993 SPRING BLVD.					
City EUGENE	State OR	Zip Code 97405	FEC Identification Number C		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Amount of Each Disbursement this Period 2800.00		
Candidate Name		Transaction ID : SB20A.I332			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item		
State:	District:				

Full Name (Last, First, Middle Initial) C. MURPHY, JOHN, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2020		
Mailing Address 3993 SPRING BLVD.					
City EUGENE	State OR	Zip Code 97405	FEC Identification Number C		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Amount of Each Disbursement this Period 2800.00		
Candidate Name		Transaction ID : SB20A.I333			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item		
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	8400.00
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 22 OF 36			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Knute for Congress

Full Name (Last, First, Middle Initial) A. NYGAARD, MARTIN, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2020		
Mailing Address 285 W IRVING AVE					
City ASTORIA	State OR	Zip Code 97103	FEC Identification Number C		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Amount of Each Disbursement this Period 1400.00		
Candidate Name		Transaction ID : SB20A.I334			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item		
State:	District:				

Full Name (Last, First, Middle Initial) B. O'KEEFE, PATRICK, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2020		
Mailing Address 19915 HERON LOOP					
City BEND	State OR	Zip Code 97702	FEC Identification Number C		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Amount of Each Disbursement this Period 100.00		
Candidate Name		Transaction ID : SB20A.I335			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item		
State:	District:				

Full Name (Last, First, Middle Initial) C. PAHLISCH, BEVERLY, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2020		
Mailing Address 60260 SUNSET VIEW DR.					
City BEND	State OR	Zip Code 97702	FEC Identification Number C		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Amount of Each Disbursement this Period 2800.00		
Candidate Name		Transaction ID : SB20A.I336			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item		
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....▶	4300.00
TOTAL This Period (last page this line number only).....▶	4300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 36			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Knute for Congress

Full Name (Last, First, Middle Initial) A. PAHLISCH, DENNIS, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2020		
Mailing Address 210 SW WILSON AVE. SUITE 100			FEC Identification Number C		
City BEND	State OR	Zip Code 97702	Amount of Each Disbursement this Period 2800.00		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Transaction ID : SB20A.I337		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. PARRISH, LONI, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2020		
Mailing Address P.O. BOX 1060			FEC Identification Number C		
City NEWBURG	State OR	Zip Code 97132	Amount of Each Disbursement this Period 2800.00		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Transaction ID : SB20A.I338		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. PARRISH, SCOTT, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2020		
Mailing Address P.O. BOX 1060			FEC Identification Number C		
City NEWBURG	State OR	Zip Code 97132	Amount of Each Disbursement this Period 2800.00		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Transaction ID : SB20A.I339		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	8400.00
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 24 OF 36			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Knute for Congress

Full Name (Last, First, Middle Initial) A. PIERCE, GRETCHEN, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2020		
Mailing Address 31434 FOX HOLLOW RD			FEC Identification Number C		
City EUGENE	State OR	Zip Code 97405			
Purpose of Disbursement CONTRIBUTION REFUND			Transaction ID : SB20A.I341		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. PIERCE, WILLIAM, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2020		
Mailing Address 961 GLEN EDEN CT NW			FEC Identification Number C		
City SALEM	State OR	Zip Code 97304			
Purpose of Disbursement CONTRIBUTION REFUND			Transaction ID : SB20A.I342		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. POLLMAN, DEAN, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2020		
Mailing Address P.O. BOX 2176			FEC Identification Number C		
City TUALATIN	State OR	Zip Code 97062			
Purpose of Disbursement CONTRIBUTION REFUND			Transaction ID : SB20A.I343		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	6300.00
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 25 OF 36			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Knute for Congress

Full Name (Last, First, Middle Initial) A. POLYKRONIS, ROBERT, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2020		
Mailing Address 60376 SILVER CLOUD CT.			FEC Identification Number C		
City BEND	State OR	Zip Code 97702			
Purpose of Disbursement CONTRIBUTION REFUND			Transaction ID : SB20A.I344		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. PREBLE, WALLACE, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2020		
Mailing Address 13805 NW THOMPSON RD			FEC Identification Number C		
City PORTLAND	State OR	Zip Code 97229			
Purpose of Disbursement CONTRIBUTION REFUND			Transaction ID : SB20A.I345		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. RAY, RODERICK, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2020		
Mailing Address 21621 NE BUTLER MARKET RD.			FEC Identification Number C		
City BEND	State OR	Zip Code 97701			
Purpose of Disbursement CONTRIBUTION REFUND			Transaction ID : SB20A.I346		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	7100.00
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 26 OF 36			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Knute for Congress

Full Name (Last, First, Middle Initial) A. ROBBERSON, JEFF, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2020		
Mailing Address 891 NW STONEPINE DR.					
City BEND	State OR	Zip Code 97703	FEC Identification Number C		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Amount of Each Disbursement this Period 1000.00		
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB20A.I347 <input type="checkbox"/> Memo Item		
State:	District:				

Full Name (Last, First, Middle Initial) B. RUSH, CHEYENNE, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2020		
Mailing Address 12978 SE COOPER CT.					
City HAPPY VALLEY	State OR	Zip Code 97086	FEC Identification Number C		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Amount of Each Disbursement this Period 2800.00		
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB20A.I348 <input type="checkbox"/> Memo Item		
State:	District:				

Full Name (Last, First, Middle Initial) C. RUSH, TRAVIS, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2020		
Mailing Address 12978 SE COOPER CT.					
City HAPPY VALLEY	State OR	Zip Code 97086	FEC Identification Number C		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Amount of Each Disbursement this Period 2800.00		
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB20A.I349 <input type="checkbox"/> Memo Item		
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....▶	6600.00
TOTAL This Period (last page this line number only).....▶	6600.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: PAGE 27 OF 36
(check only one)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Knute for Congress

Full Name (Last, First, Middle Initial) A. SHEPARD, CHARLES, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2020		
Mailing Address 3334 N BRAID DR.			FEC Identification Number C		
City BEND	State OR	Zip Code 97703	Amount of Each Disbursement this Period 2800.00		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Transaction ID : SB20A.I350		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. SHEPARD, PATRICIA, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2020		
Mailing Address 3334 N BRAID DR.			FEC Identification Number C		
City BEND	State OR	Zip Code 97703	Amount of Each Disbursement this Period 1600.00		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Transaction ID : SB20A.I351		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. SIKORA, PETER, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2020		
Mailing Address 35428 SUNNY HILL LANE			FEC Identification Number C		
City PLEASANT HILL	State OR	Zip Code 97455	Amount of Each Disbursement this Period 100.00		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Transaction ID : SB20A.I353		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	4500.00
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 28 OF 36	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Knute for Congress

Full Name (Last, First, Middle Initial) A. SILVER, BARBARA, , ,		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2020
Mailing Address 1025 NW COUCH ST #1413		FEC Identification Number C
City PORTLAND	State OR	Zip Code 97209
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 2800.00
Candidate Name		Transaction ID : SB20A.I352
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. SILVER, PHIL, , ,		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2020
Mailing Address 1025 NW COUCH ST #1413		FEC Identification Number C
City PORTLAND	State OR	Zip Code 97209
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 2800.00
Candidate Name		Transaction ID : SB20A.I354
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. VON SCHLEGELL, JOHN, , ,		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2020
Mailing Address 935 SW DAVENPORT ST.		FEC Identification Number C
City PORTLAND	State OR	Zip Code 97201
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 2800.00
Candidate Name		Transaction ID : SB20A.I355
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....▶	8400.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 36			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Knute for Congress

Full Name (Last, First, Middle Initial) A. WATSON, HAYDEN, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2020		
Mailing Address 963 SW SIMPSON AVE.			FEC Identification Number C		
City BEND	State OR	Zip Code 97702			
Purpose of Disbursement CONTRIBUTION REFUND			Transaction ID : SB20A.I356		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. WATSON, KRISTIN, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2020		
Mailing Address 963 SW SIMPSON AVE.			FEC Identification Number C		
City BEND	State OR	Zip Code 97702			
Purpose of Disbursement CONTRIBUTION REFUND			Transaction ID : SB20A.I357		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. WENDT, RODERICK, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2020		
Mailing Address 2120 FAIRMOUNT STREET			FEC Identification Number C		
City KLAMATH FALLS	State OR	Zip Code 97601			
Purpose of Disbursement CONTRIBUTION REFUND			Transaction ID : SB20A.I358		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	8400.00
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 30 OF 36			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Knute for Congress

Full Name (Last, First, Middle Initial) A. WILCOX, BRETT, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2020		
Mailing Address 2727 NW WESTOVER RD			FEC Identification Number C		
City PORTLAND	State OR	Zip Code 97210	Amount of Each Disbursement this Period 700.00		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Transaction ID : SB20A.I359		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. WILLIAMS, KATHLEEN, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2020		
Mailing Address 5189 SOLAR HEIGHTS DRIVE			FEC Identification Number C		
City EUGENE	State OR	Zip Code 97405	Amount of Each Disbursement this Period 2800.00		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Transaction ID : SB20A.I360		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. WILLIAMS, RICK, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2020		
Mailing Address 10444 NE VINEYARD WAY			FEC Identification Number C		
City TERREBONNE	State OR	Zip Code 97760	Amount of Each Disbursement this Period 25.00		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Transaction ID : SB20A.I361		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	3525.00
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 31 OF 36			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Knute for Congress

Full Name (Last, First, Middle Initial) A. YOUNG, JAMES, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2020		
Mailing Address P.O. BOX 97					
City LEBANON	State OR	Zip Code 97355	FEC Identification Number C		
Purpose of Disbursement CONTRIBUTION REFUND			Amount of Each Disbursement this Period 2800.00		
Candidate Name		Category/Type	Transaction ID : SB20A.I362		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

Full Name (Last, First, Middle Initial) B. CHERRY CITY HOLDINGS LLC			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2020		
Mailing Address 55955 HASHKNIFE RD					
City BEND	State OR	Zip Code 97707	FEC Identification Number C		
Purpose of Disbursement CONTRIBUTION REFUND			Amount of Each Disbursement this Period 2800.00		
Candidate Name		Category/Type	Transaction ID : SB20A.I307		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

Full Name (Last, First, Middle Initial) C. RED RIVER LAB LLC			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2020		
Mailing Address 430 SW 13TH AVE.					
City PORTLAND	State OR	Zip Code 97205	FEC Identification Number C		
Purpose of Disbursement CONTRIBUTION REFUND			Amount of Each Disbursement this Period 2800.00		
Candidate Name		Category/Type	Transaction ID : SB20A.I340		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	8400.00
TOTAL This Period (last page this line number only).....▶	126400.00

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Knute for Congress** Transaction ID : **C.050520**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item BUEHLER, KNUTE , , ,		Election: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 190		
City REDMOND	State OR	ZIP Code 97756
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
150000.00	0.00	100000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 04 / D 28 / Y 2020	M M / D D / Y NONE	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	100000.00
TOTALS This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SC/10

Transaction ID : C.050520

Portion of Candidate Loan converted to contribution from Candidate

Form/Schedule:

Transaction ID:

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Knute for Congress** Transaction ID : **C.050820**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item BUEHLER, KNUTE , , ,		Election: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 190		
City REDMOND	State OR	ZIP Code 97756
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	0.00	100000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 05 / D 08 / Y 2020	M M / D D / Y NONE	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	100000.00
TOTALS This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Knute for Congress** Transaction ID : **C.051120**

LOAN SOURCE Full Name (Last, First, Middle Initial) BUEHLER, KNUTE , , ,		<input type="checkbox"/> Memo Item	Election: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 190			
City REDMOND	State OR	ZIP Code 97756	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 50000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 50000.00
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TERMS	Date Incurred M 05 / D 11 / Y 2020	Date Due M M / D D / Y NONE	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	50000.00
TOTALS This Period (last page in this line only).....▶	250000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
Knute for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor G Squared LLC			Nature of Debt (Purpose): Strategic Consulting
Mailing Address 800 W. Main St., Ste. 1420			
City Boise	State ID	Zip Code 83702	

Outstanding Balance Beginning This Period 30000.00	Transaction ID : d.002.063020	
Amount Incurred This Period 0.00	Payment This Period 10000.00	Outstanding Balance at Close of This Period 20000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Huckaby Davis Lisker Inc.			Nature of Debt (Purpose): Compliance Consulting
Mailing Address 228 S. Washington St., STe. 115			
City Alexandria	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period 5500.00	Transaction ID : d.001.063020	
Amount Incurred This Period 907.05	Payment This Period 3027.30	Outstanding Balance at Close of This Period 3379.75

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Lori Hardwick Fundraising			Nature of Debt (Purpose): Fundraising Consulting
Mailing Address PO Box 25445			
City Portland	State OR	Zip Code 97298	

Outstanding Balance Beginning This Period 21000.00	Transaction ID : d.003.063020	
Amount Incurred This Period 0.00	Payment This Period 6000.00	Outstanding Balance at Close of This Period 15000.00

1) SUBTOTALS This Period This Page (optional)	▶	38379.75
2) TOTALS This Period (last page this line number only)	▶	38379.75
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	▶	250000.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	288379.75