

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
MAIL ROOM

Oct 25 2 00 PM '96

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)  
Bill With For Congress 1996

ADDRESS (number and street)  Check if different than previously reported.  
P.O. Box 230150 OR/01

CITY, STATE and ZIP CODE Tigard Oregon 97281-0150 STATE/DISTRICT OR/01

2. FEC IDENTIFICATION NUMBER  
C 003 03255

3. IS THIS REPORT AN AMENDMENT?  
 YES  NO

## 4. TYPE OF REPORT

April 15 Quarterly Report

Twelfth day report preceding GENERAL (Type of Election)  
election on NOV. 5 1996 in the State of OREGON

July 15 Quarterly Report

October 15 Quarterly Report

Thirtieth day report following the General Election on \_\_\_\_\_ in the State of \_\_\_\_\_

January 31 Year End Report

July 31 Mid-Year Report (Non-election Year Only)

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
<u>10/1/96</u> through <u>10/16/96</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	120,411.95	443,180.97
(b) Total Contribution Refunds (from Line 20(d))	250.00	1,700.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	120,161.95	441,480.97
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	91,977.34	434,923.15
(b) Total Offsets to Operating Expenditures (from Line 14)	0	140.60
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	91,977.34	434,782.55
8. Cash on Hand at Close of Reporting Period (from Line 27)	127,013.92	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	151,850.53	

For further information contact:  
Federal Election Commission  
599 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-6530  
Local 202-219-3422

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 Frank Fontana

Signature of Treasurer [Signature] Date 10/21/96

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

FEC FORM 3  
(revised 4/87)

# DETAILED SUMMARY PAGE

of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (or full)	Report Covering the Period	
<i>Bill Witt For Congress 1996</i>	From: <i>10/1/96</i>	To: <i>10/16/96</i>
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
<b>(a) Individuals/Persons Other Than Political Committees</b>		
(i) Itemized (use Schedule A) .....	40,635.00	325,616.02
(ii) Unitemized .....	21,552.00	5,250.00
(iii) Total of contributions from individuals .....	62,187.00	325,616.02
(b) Political Party Committees .....	100.00	5,250.00
(c) Other Political Committees (such as PACs) .....	58,124.95	110,222.70
(d) The Candidate .....	0	2,092.25
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d)) .....	120,411.95	443,180.97
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	<b>2,000.00</b>	<b>4,500.00</b>
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate .....	0	124,000.00
(b) All Other Loans .....	0	0
(c) TOTAL LOANS (add 13(a) and (b)) .....	0	124,000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	<b>0</b>	<b>140.60</b>
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	<b>0</b>	<b>0</b>
<b>16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) .....</b>	<b>122,411.95</b>	<b>571,821.57</b>
<b>II. DISBURSEMENTS</b>		
<b>17. OPERATING EXPENDITURES .....</b>	<b>91,977.34</b>	<b>434,923.15</b>
<b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....</b>	<b>0</b>	<b>584.50</b>
<b>19. LOAN REPAYMENTS:</b>		
(a) Of Loans Made or Guaranteed by the Candidate .....	0	7,600.00
(b) Of All Other Loans .....	0	0
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b)) .....	0	7,600.00
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>		
(a) Individuals/Persons Other Than Political Committees .....	250.00	1,700.00
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs) .....	0	0
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c)) .....	250.00	1,700.00
<b>21. OTHER DISBURSEMENTS .....</b>	<b>0</b>	<b>0</b>
<b>22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21) .....</b>	<b>92,227.34</b>	<b>444,807.65</b>
<b>III. CASH SUMMARY</b>		
<b>23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD .....</b>	<b>\$ 96,829.31</b>	<b>23</b>
<b>24. TOTAL RECEIPTS THIS PERIOD (from Line 16) .....</b>	<b>\$ 122,411.95</b>	<b>24</b>
<b>25. SUBTOTAL (add Line 23 and Line 24) .....</b>	<b>\$ 219,241.26</b>	<b>25</b>
<b>26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) .....</b>	<b>\$ 92,227.34</b>	<b>26</b>
<b>27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) .....</b>	<b>\$ 127,013.92</b>	<b>27</b>

SCHEDULE A

ITEMIZED RECEIPTS

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

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

Bill Witt For Congress 1996

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
C. Alexander 30657 SW Beach Cove Rd. West Linn, OR 97068	Viking Industries Occupation: president	10-8-96	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 5 1000.00		
B. Full Name, Mailing Address and ZIP Code Phyllis Anderson 1440 SW Country Commons Lake Oswego, OR 97034	Homeowner Occupation:	10-9-96	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 0 250.00		
G. Full Name, Mailing Address and ZIP Code Lloyd Buehler Jr. P.O. Box 11269 Portland, OR 97211	Buehler Industries Occupation: executive	10-1-96	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 5 1000.00		
G. Full Name, Mailing Address and ZIP Code R. J. Barman 13075 SW Canyon Rd. Beaverton, OR 97005	Self employed Occupation: retail store	10-8-96	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 5 500.00		
E. Full Name, Mailing Address and ZIP Code Robert Deal P.O. Box 1899 Clackamas, OR 97015	Oregon Iron Works Occupation: executive	10-15-96	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 5 250.00		
F. Full Name, Mailing Address and ZIP Code Warren Deal 919 SW Taylor #300 Portland, OR 97205	North Pacific Management Occupation: co-owner	10-1-96	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 5 1000.00		
G. Full Name, Mailing Address and ZIP Code Richard E. Bennett 10236 Gibson Rd. Hayden Lake, ID, 83835	Bennett Lumber Products Occupation: owner	10-15-96	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 5 1000.00		

SUBTOTAL of Receipts This Page (optional)

5,000.00

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 11  
FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (in Full)

Bill Witt FOR Congress 1996

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
C.M. Bishop III 220 NW Broadway Portland, OR 97208	Penetration Woolen mills	10-10-96	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice Chairman	Aggregate Year-to-Date > \$ 1500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
DAVID L. BOWDEN JR. 38610 NW 29th Ave. Woodland, WA 98674	Largiac Fibre Co.	10-15-96	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Executive	Aggregate Year-to-Date > \$ 230.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MARC A. Brinkmeyer Riley Creek Rd. Hackett, ID 83841	Riley Creek Lumber Co.	10-11-96	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Executive	Aggregate Year-to-Date > \$ 1000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
PETER BRIX 121 SW Salmon #1450 Portland, OR 97204	Brix maritime	10-1-96	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: president	Aggregate Year-to-Date > \$ 1000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
DAVID BROWN 17564 Blue Heron Ct. Lake Oswego, OR 97034	Information requested per best efforts	10-8-96	260.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: request	Aggregate Year-to-Date > \$ 260.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Diane Burnett 7112 NE Emerson Portland, OR 97218	Good Impressions printing	10-8-96	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: owner	Aggregate Year-to-Date > \$ 250.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
G.M. Burns Hill Rd. 25900 Sherwood, OR 97140	Allied Systems Co.	10-11-96	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Executive	Aggregate Year-to-Date > \$ 500.00	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

3510.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 11  
FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (In Full)			
Bill West For Congress 1996			
A. Full Name, Mailing Address and ZIP Code Sherry Chew P.O. Box 20115 Tigard, OR 97223	Name of Employer Self-employed	Date (month, day, year) 10-15-96	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Restaurant owner	Aggregate Year-to-Date > 3 300.00	
B. Full Name, Mailing Address and ZIP Code Maurice Chalk 1211 SW 5th #600 Portland, OR 97204	Name of Employer Retired	Date (month, day, year) 10-11-96	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 8 1250.00	
C. Full Name, Mailing Address and ZIP Code Milton Cole P.O. Box 34518 Memphis TN 38184	Name of Employer National Hardwood Lumber Assoc.	Date (month, day, year) 10-15-96	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date > 9 500.00	
D. Full Name, Mailing Address and ZIP Code R.J. Dearmond P.O. Box 3517 Central Point, OR 97502	Name of Employer Double Dee Lumber Co.	Date (month, day, year) 10-15-96	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date > 5 800.00	
E. Full Name, Mailing Address and ZIP Code Henry A. Dick Jr. 31635 SW Village Court Wilsonville, OR 97070	Name of Employer Retired	Date (month, day, year) 10-3-96	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 5 250.00	
F. Full Name, Mailing Address and ZIP Code Cecil Drinkward 1920 SW Greenwood Portland, OR 97219	Name of Employer Hoffman Construction	Date (month, day, year) 10-15-96	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date > 5 500.00	
G. Full Name, Mailing Address and ZIP Code John R. Duffie 2028 SW Jackson St Portland, OR 97201	Name of Employer Boyd Metal Works	Date (month, day, year) 10-3-96	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner	Aggregate Year-to-Date > 5 500.00	
SUBTOTAL of Receipts This Page (optional)			2350.00
TOTAL This Period (see page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 11  
FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (in Full)

Bill Witt For Congress 1996

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
George Eivers, Jr. 12045 SE Milwaukie, OR 97222	Self employed Leather facility owner	10-16-96	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 225.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dennis Ferguson 1741 SW Highland Rd. Portland, OR 97221	J.B.L + R Insurance	10-15-96	300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive Aggregate Year-to-Date > \$ 300.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kenneth Fisher 13100 Skyline Blvd. Woodside, CA 94062	Fisher Investments	10-7-96	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chief Executive Aggregate Year-to-Date > \$ 1000.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sherrilyn Fisher 13100 Skyline Blvd. Woodside, CA 94062	Forbes magazine	10-7-96	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation C.F.O. Aggregate Year-to-Date > \$ 1000.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Flannery 1505 Lakeside Dr. Lake Oswego, OR 97034	Popl + Talbot, Inc	10-11-96	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive Aggregate Year-to-Date > \$ 250.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bill Floberg 934 SW St. Clair Portland, OR 97205	P&F Properties of NW	10-9-96	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation partner Aggregate Year-to-Date > \$ 500.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alan Folkman 14009 Edinberry Ct Lake Oswego, OR 97035	Columbia management Co.	10-9-96	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Investment Advisor Aggregate Year-to-Date > \$ 250.00		

SUBTOTAL of Receipts This Page (optional)

3400.00

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

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NAME OF COMMITTEE (in full)

Bill Witt for Congress 1996

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ailyn C. Frye P.O. Box Roseburg, OR 97470	Roseburg Forest Products Co. Occupation: BUSINESS manager	10-3-96	250. <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$ 250.00			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David R. Ford 16071 SW Waxwing Way Beaverton, OR 97007	Independent Forest Products Assoc Occupation: president	10-15-96	1000. <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$ 1000.00			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
George R. Francis 12325 SW Canyon Beaverton, OR 97005	DAMERON Ford Occupation: auto dealer	10-16-96	500. <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$ 500.00			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rob Frerks P.O. Box 276 Lyons, OR 97358	Frerks Lumber Occupation: executive	10-15-96	1000. <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$ 1000.00			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
George Frye 12175 SW Douglas Portland, OR 97225	Frye Electronics Occupation: owner	10-15-96	250. <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$ 500.00			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
L. R. Givstrom P.O. Box 989 Eugene, OR 97440	Guivria Land & Timber Occupation: executive	10-7-96	250. <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$ 250.00			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Esther R. Gorman 28932 Hollowsbrook Agoura Hills, CA 91301	homemaker Occupation	10-7-96	200. <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$ 500.00			

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

3450.00

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 6 OF 11

FOR LINE NUMBER

11(a) (1)

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NAME OF COMMITTEE (In Full)

Bill Witt For Congress 1996

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John D. Gray 6134 SW Riverpointe Dr. Portland, OR 97201	Gray Co. Resources Developer	10-16-96	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Edward H. Halton P.O. Box 3877 Jr. Portland, OR 97208	Halton Tractor officer	10-11-96	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
William R. Hammond 4455 SW Green Hills Portland, OR 97221	Retired	10-7-96	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 350.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Horace Harrison Jr. 4405 SW Selling Dr. Portland, OR 97221	SUNRISE SHIPPING Agency CEO	10-7-96	300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Donald Hartill 3 Box 423 Astoria, OR 97103	Self-employed grocery farmer	10-10-96	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 700.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Art Harwood P.O. Box 224 Grants Pass, OR 95417	Art Harwood Investment Co. investments	10-15-96	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Raymond Henning P.O. Box 647 Corvallis, OR 97331	HAN KIS Grocery grocer	10-1-96	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		

3900.00

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 7 OF 11  
FOR LINE NUMBER 11(a)(4)

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NAME OF COMMITTEE (In Full)			
Bill Witt for Congress 1996			
A. Full Name, Mailing Address and ZIP Code Eric Hoffman P.O. Box 1300 Portland, OR 97207	Name of Employer Hoffman Construction	Date (month, day, year) 10-9-96	Amount of Each Receipt this Period 1000. <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chairman	Aggregate Year-to-Date > \$ 1000. <sup>00</sup>	
B. Full Name, Mailing Address and ZIP Code Russell Chamberst. on 4300 SW Murray Blvd. Beaverton, OR 97005	Name of Employer Russ Chemists	Date (month, day, year) 10-3-96	Amount of Each Receipt this Period 100. <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner	Aggregate Year-to-Date > \$ 350. <sup>00</sup>	
C. Full Name, Mailing Address and ZIP Code Paul Jensen 5287 Blue Grass Ln, NE Silverton, OR 97381	Name of Employer NE Self-employed	Date (month, day, year) 10-16-96	Amount of Each Receipt this Period 1000. <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation farmer	Aggregate Year-to-Date > \$ 1000. <sup>00</sup>	
D. Full Name, Mailing Address and ZIP Code Everett P. Johnson 1717 Whitlens Pl. Rd. Roseburg, OR 97470	Name of Employer C + D Lumber Co.	Date (month, day, year) 8-9-96	Amount of Each Receipt this Period 500. <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Lumberman	Aggregate Year-to-Date > \$ 585. <sup>00</sup>	
E. Full Name, Mailing Address and ZIP Code Reilly C. Jones 3617 SW KANAN DR. Portland, OR 97221	Name of Employer Information requested per best efforts	Date (month, day, year) 10-1-96	Amount of Each Receipt this Period 150. <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation requirement	Aggregate Year-to-Date > \$ 430. <sup>00</sup>	
F. Full Name, Mailing Address and ZIP Code Charles Koady 7400 SW Beaverton Blvd. Portland, OR 97219	Name of Employer Charles Koady Ready or wastes	Date (month, day, year) 10-15-96	Amount of Each Receipt this Period 250. <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation executive owner	Aggregate Year-to-Date > \$ 250. <sup>00</sup>	
G. Full Name, Mailing Address and ZIP Code Henry Lamm 74052 SW Hamper Rd. Lake Oswego, OR 97034	Name of Employer retired	Date (month, day, year) 10-8-96	Amount of Each Receipt this Period 200. <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 225. <sup>00</sup>	
SUBTOTAL of Receipts This Page (optional)			3,200. <sup>00</sup>
TOTAL This Period (last page this line number only)			

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NAME OF COMMITTEE (in Full)

Bill Wite for Congress 1996

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Wendell Lile 19480 SW 118 <sup>th</sup> Ave. Tualatin, OR 97062	Life International Occupation: Corp. executive	10-9-96	250. <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 350.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
George Malarkey 1921 SW Spring St. Portland, OR 97201	Self-employed Occupation: property developer	10-8-96	250. <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Melvin Mark, Jr. 111 SW Columbia Portland, OR 97201	Patwin Mark Properties Occupation: executive	10-16-96	500. <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Dean McGregor 26800 SW 45 <sup>th</sup> Ave. Wilsonville, OR 97070	McGregor/Miller Occupation: real estate	10-16-96	250. <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 800.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Douglas McIver 1265 SW Dravensport St. Portland, OR 97201	Self-employed Occupation: real estate	10-8-96	500. <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Keith McKennon P.O. Box 5542 Stateline, NV 89449	Self-employed Occupation: investor	10-7-96	1,000. <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Randy Miller P.O. Box 1795 Lake Oswego, OR 97035	State of Oregon Occupation: State Senator	10-9-96	500. <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		

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

3250.00

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

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NAME OF COMMITTEE (In Full)			
Bill Witt for Congress 1996			
A. Full Name, Mailing Address and ZIP Code William Radefeld 4935 Fallcrest Circle Sarasota, FL 34233	Name of Employer retired	Date (month, day, year) 10-15-96	Amount of Each Receipt this Period 500. <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500. <sup>00</sup>	
B. Full Name, Mailing Address and ZIP Code Irwin Schimmel Midway Rd. 15564 SW Hillsboro, OR 97123	Name of Employer Power Realty	Date (month, day, year) 10-4-96	Amount of Each Receipt this Period 1,000. <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation owner	Aggregate Year-to-Date > \$ 1,000. <sup>00</sup>	
C. Full Name, Mailing Address and ZIP Code Barbara Sue Seal 1505 SW Edgemoor Trl. Lake Oswego, OR 97034	Name of Employer Barbara Sue Seal Realtors	Date (month, day, year) 10-4-96	Amount of Each Receipt this Period 500. <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation president	Aggregate Year-to-Date > \$ 500. <sup>00</sup>	
D. Full Name, Mailing Address and ZIP Code William Sorenson 13959 SW Folsberg Rd. Lake Oswego, OR 97034	Name of Employer Sorenson Photography	Date (month, day, year) 10-8-96	Amount of Each Receipt this Period 1,000. <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation owner	Aggregate Year-to-Date > \$ 1,625. <sup>00</sup>	
E. Full Name, Mailing Address and ZIP Code Gregory Specht 15400 SW Millikan Wy. Beaverton, OR 97006	Name of Employer Specht Development Inc.	Date (month, day, year) 10-15-96	Amount of Each Receipt this Period 500. <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation developer	Aggregate Year-to-Date > \$ 500. <sup>00</sup>	
F. Full Name, Mailing Address and ZIP Code Sue A. Springer 4347 NW Tam-O-Shanter WY. Portland, OR 97229	Name of Employer homemaker	Date (month, day, year) 10-8-96 10-15-96	Amount of Each Receipt this Period 150. <sup>00</sup> 300. <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 490. <sup>00</sup>	
G. Full Name, Mailing Address and ZIP Code L.L. Seeware P.O. Box 10293 Eugene OR 97440	Name of Employer retired	Date (month, day, year) 10-7-96	Amount of Each Receipt this Period 250. <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250. <sup>00</sup>	
SUBTOTAL of Receipts This Page (optional)			4200.00
TOTAL This Period (last page this line number only)			

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NAME OF COMMITTEE (In Full)

Bill Witt for Congress 1996

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Peter Scott 121 SW Morrison St #1500 Portland, OR 97204	Crown Pacific president	10-2-96	500. <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500. <sup>00</sup>		
<i>memo</i> Steven Swanson 4923 Azalea Blvd. Gladstone, OR 97042	Superior Lumber president (100% duty received 6-3-96)	10-1-96	1000. <sup>00</sup> <1000. <sup>00</sup> > memo entry
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2000. <sup>00</sup>		
Steven Swanson 4923 Azalea Blvd. Gladstone, OR 97042	Superior Lumber president	10-1-96 re-designated to primary election	1,000. <sup>00</sup>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2000. <sup>00</sup>		
C.R. Sweet 13485 Atwater Ln. Lake Oswego, OR 97034	Lazerquick executive	10-15-96	1,000. <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000. <sup>00</sup>		
Ernest Swigert 42 Swigert Rd. Washougal, WA 98671	retired	10-16-96 10-16-96	1,000. <sup>00</sup> 1,000. <sup>00</sup>
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2000. <sup>00</sup>		
Mary Tench 758 Condon Ln. Brunswick OHIO 44212	homemaker	10-8-96	500. <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500. <sup>00</sup>		
Harriet Workman 4381 SW Fairview Blvd. Portland, OR 97221	homemaker	10-8-96	250. <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 350. <sup>00</sup>		

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

5250.00

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

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NAME OF COMMITTEE (in Full)

Bill Witt for Congress 1996

A. Full Name, Mailing Address and ZIP Code William Sorenson 13959 SW Farberg Rd. Lake Oswego, OR 97034	Name of Employer Sorenson Photography	Date (month, day, year) 10-8-96	Amount of Each Receipt this Period 625. <sup>00</sup>
	Occupation photographer	Aggregate Year-to-Date > \$ 1625. <sup>00</sup>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

B. Full Name, Mailing Address and ZIP Code Bruce Stevenson 919 SW Taylor #300 Portland, OR 97205	Name of Employer Stevenson Lumber Co.	Date (month, day, year) 10-9-96	Amount of Each Receipt this Period 1,000. <sup>00</sup>
	Occupation owner	Aggregate Year-to-Date > \$ 2000. <sup>00</sup>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

MEMO entry

C. Full Name, Mailing Address and ZIP Code Brighton Bishop P.O. Box 3030 Portland, OR 97208	Name of Employer Rendleton Woolen Mills	Date (month, day, year) 10-1-96	Amount of Each Receipt this Period 1000. <sup>00</sup> (250. <sup>00</sup> ) MEMO ENTRY
	Occupation president	Aggregate Year-to-Date > \$ 1250. <sup>00</sup>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			

D. Full Name, Mailing Address and ZIP Code Brighton Bishop P.O. Box 3030 Portland, OR 97208	Name of Employer Rendleton Woolen Mills	Date (month, day, year) 10-1-96	Amount of Each Receipt this Period 250. <sup>00</sup> re-designated to sub-2E primary
	Occupation (contribution)	Aggregate Year-to-Date > \$ 1250. <sup>00</sup> (96)	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

E. Full Name, Mailing Address and ZIP Code Mark Sawyer P.O. Box 40608 Portland, OR 97240	Name of Employer Louisiana Pavise	Date (month, day, year) 10-14-96	Amount of Each Receipt this Period 500. <sup>00</sup>
	Occupation president	Aggregate Year-to-Date > \$ 500. <sup>00</sup>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			

MEMO ENTRY

F. Full Name, Mailing Address and ZIP Code Myron Johnson 8818 S. Monte Cristo Rd. Woodburn, OR 97071	Name of Employer Williamette Egg Farms	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Farmer	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			

MEMO entry to add information

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

earlier entry 2E15 quarterly report line 11(a)(i) P:18

SUBTOTAL of Receipts This Page (optional) ..... 3,125.<sup>00</sup>

TOTAL This Period (last page this line number only) ..... 40,635.<sup>00</sup>

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NAME OF COMMITTEE (In Full)

Bill List for Congress 1996

A. Full Name, Mailing Address and ZIP Code <i>Clatsop Co. Rep. General P.O. Box 1030 Astoria, OR 97103</i>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	<i>10-16-96</i>	<i>100.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ <i>100.00</i>		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

*100.00*

TOTAL This Period (last page this line number only)

*100.00*

11(c)

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NAME OF COMMITTEE (In Full)

Bill With FOR Congress 1996

A. Full Name, Mailing Address and ZIP Code American Council of 1001 Pennsylvania Ave NW Washington DC, 20004	Name of Employer  Occupation	Date (month, day, year) 10-11-96	Amount of Each Receipt this Period 1500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1500.00		
B. Full Name, Mailing Address and ZIP Code American Medical PAC 801 Vermont Ave NW Washington, D.C. 20005	Name of Employer  Occupation	Date (month, day, year) 10-10-96	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
C. Full Name, Mailing Address and ZIP Code American PAC P.O. Box 1682 Bellevue, WA 98009	Name of Employer  Occupation	Date (month, day, year) 10-1-96	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000.00		
D. Full Name, Mailing Address and ZIP Code AMP PAC P.O. Box 3608 Harrisburg, PA 17105	Name of Employer  Occupation	Date (month, day, year) 10-1-96	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2000.00		
E. Full Name, Mailing Address and ZIP Code Appraisal Institute PAC 2600 Virginia Ave NW Washington, DC 20037 #200	Name of Employer  Occupation	Date (month, day, year) 10-1-96	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		
F. Full Name, Mailing Address and ZIP Code ARCO PAC 515 S. Flower St. #4087 Los Angeles, CA 90071	Name of Employer  Occupation	Date (month, day, year) 10-7-96	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
G. Full Name, Mailing Address and ZIP Code Assoc. Builders Contractors 1300 N. 17th St. PAC Rosslyn VA 22204	Name of Employer  Occupation	Date (month, day, year) 10-9-96	Amount of Each Receipt this Period 2500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5000.00		

SUBTOTAL of Receipts This Page (optional)

11,800.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

Bill Withers Congress 1996

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BLACK Americans PAC 2029 P. St. NW #202 Washington DC 20036		10-18-96	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation	Aggregate Year-to-Date	\$ 500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Brinker International (PAC) 6820 LBJ Fwy. #200 DALLAS, TX 75240		10-10-96	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation	Aggregate Year-to-Date	\$ 1000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Campaign America 11711 N. Pennsylvania St. #100 Carmel, IN 46032		10-18-96	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation	Aggregate Year-to-Date	\$ 1000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Champions for Good Gov't of Champion Fabric Corp. 1875 Eye St. #540 Washington D.C. 20006		10-4-96	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation	Aggregate Year-to-Date	\$ 500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Chemical Mfg. ASSOC 2501 M. St NW PAC Washington, DC 20037		10-15-96	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation	Aggregate Year-to-Date	\$ 500.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Comm. for Through Agriculture P.O. Box Pol. Education 6609 Blanco St. (Assoc. of the producers) San Antonio, TX 78279		10-15-96	2000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation	Aggregate Year-to-Date	\$ 2000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Cooper Industries PAC P.O. Box 4446 Houston, TX 77210		10-4-96	2000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation	Aggregate Year-to-Date	\$ 2000.00

SUBTOTAL of Receipts This Page (optional)

7500.00

TOTAL This Period (last page this line number only)



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NAME OF COMMITTEE (in Full)

Bill Watt For Congress 1996

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Crop Protection PAC 1156 15th St. NW #400 Washington DC 20005		10-1-96	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Eagle Forum P.O. Box 618 Aiken, SC 29802		10-4-96 10-15-96	500.00 1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Fireman's Fund 777 San Joaquin Blvd (PAC) Novato, CA 94945		10-10-96	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 750.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lockheed Martin PAC Employee of OMAS Heavy 1725 Jefferson Ave Arlington, VA 22202		10-15-96	2000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Majority Leader's Fund P.O. Box 995 Lewisville, TX 75067		10-15-96	2000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 3000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
McDonald's PAC one McDonald's Plaza Oak Brook, IL 60521		10-3-96	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 3000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Monday Morning PAC P.O. Box 10497 Arlington, VA 22210		10-16-96	5000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 5000.00	

SUBTOTAL of Receipts This Page (optional)

11,750.00

TOTAL This Period (last page this line number only)

11(c)

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NAME OF COMMITTEE (in Full)

Bill List For Congress 1996

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Montgomery Ward PAC 1 Montgomery Ward Plaza Chicago, IL 60671		10-15-96	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Natl Assoc of Conservation Stores 1605 King St. Alexandria, VA 22314		10-15-96	3000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 3000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Natl Hardwood Lumber Assoc P.O. Box 34518 Memphis, TN 38184		10-15-96	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NRA Political Victory 11250 Waples Mill Rd. Fairfax, VA 22030		10-1-96	2450.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2450.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Outback Steakhouse, Inc 550 N. Reid St #204 Tampa, FL 33609		10-10-96	2000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gay PAC 10689 Wilshire Blvd. Los Angeles, CA 90024		10-2-96	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Penney PAC (J.C. Penney) 1156 15th St NW Washington, D.C. 20005		10-3-96	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	

SUBTOTAL of Receipts This Page (optional)

9950.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (in Full)

BIA WITH FOR Congress 1996

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Retirees Assoc of American Small Businessmen 1901 N. Fort Myer Comm, A Arlington, VA 22209 M.	Occupation Aggregate Year-to-Date > \$ 1000.00	10-7-96	500.00
P.O. Box 11588 Richmond, VA 23230	Occupation Aggregate Year-to-Date > \$ 500.00	10-14-96	500.00
Potlatch Employee Pol. One Maritime Plaza San Francisco, CA 94111	Occupation Aggregate Year-to-Date > \$ 500.00	10-15-96	500.00
Right to Life Oregon PAC 4335 Rowland N. Salem, OR 97303 433	Occupation Aggregate Year-to-Date > \$ 1500.00	10-18-96	500.00
S+A Restaurant Corp. Employee PAC 12404 Park Central Dr. Dallas, TX 75251	Occupation Aggregate Year-to-Date > \$ 500.00	10-10-96	500.00
Services Group of America P.O. Box 3627 Seattle, WA 98124	Occupation Aggregate Year-to-Date > \$ 3000.00	10-16-96	3000.00
Freedom Project P.O. Box 507 West Chester, OH 45071	Occupation Aggregate Year-to-Date > \$ 2000.00	10-8-96	2000.00

SUBTOTAL of Receipts This Page (optional)

7500.00

TOTAL This Period (last page title line number only)

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NAME OF COMMITTEE (in Full)

Bill With Fox Congress 1996

A. Full Name, Mailing Address and ZIP Code Voluntary Contributions for 1101 Pennsylvania Ave. NW Washington DC 20004	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	10-15-96	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	\$ 1000.00	

B. Full Name, Mailing Address and ZIP Code WAL PAC 702 South Bentonville, AR 72716	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	10-1-96	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	\$ 500.00	

C. Full Name, Mailing Address and ZIP Code Wholesale Distributor PAC 1725 K St. NW Washington, D.C. 20006	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	10-15-96	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	\$ 500.00	

D. Full Name, Mailing Address and ZIP Code WIL PAC 3800 First Interstate Fort Lauderdale, FL 33301	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	10-7-96	2000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	\$ 2000.00	

E. Full Name, Mailing Address and ZIP Code Madison Project P.O. Box 479 Hamilton, VA 20159	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	10-8-96	1242.35 IN KIND
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	\$ 1242.35	

F. Full Name, Mailing Address and ZIP Code NFB Safe Trust 53 Century Blvd. Nashville TN 37214	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	10-11-96	4382.60 IN KIND
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	\$ 4382.60	

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	\$	

SUBTOTAL of Receipts This Page (optional) ..... 9,624.95

TOTAL This Period (last page this line number only) ..... 58,124.95

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NAME OF COMMITTEE (In Full)

*All With For Congress 1996*

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Friends of Sam Johnson #2 P.O. Box 516145 DALLAS, TX 75251</i>		<i>10-7-96</i>	<i>1000.00</i>
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$ <i>1000.00</i>	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>WALLY Harger for Congress P.O. Box 2223 Colton Marysville, CA 95901</i>		<i>10-7-96</i>	<i>1000.00</i>
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$ <i>1000.00</i>	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional):	<i>2,000.00</i>
TOTAL This Period (last page this line number only):	<i>2,000.00</i>

SCHEDULE B

ITEMIZED DISBURSEMENTS

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)

Bill Witt for Congress 1996

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
McWilliams and Co. 3739 SE 8th Ave. Portland, Oregon 97202	advertising Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-1-96	21,420. <sup>50</sup>
Montgomery Parr 2701 NW Vaughn St, #424 Portland, OR 97210	room rental Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-1-96	65. <sup>00</sup>
Frank Fontana 6985 SW 184th Alsea, Oregon 97007	accounting Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-1-96	250. <sup>00</sup>
Eric Christen 15130 SW 92nd Ave. Tigard, Oregon 97224	expense reimbursement (supplies) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-1-96	165. <sup>00</sup>
US Postmaster	postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-1-96	640. <sup>00</sup>
Good Impressions Printing Co. 7112 NE Emerson Portland, OR 97218	printing Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-2-96	2,445. <sup>00</sup>
McWilliams and Co. 3739 SE 8th Ave. Portland, OR 97202	advertising Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-2-96	15,550. <sup>00</sup>
Guy Rodgers and Associates 745 Montebello Circle Chesapeake, VA 23320	consulting Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-2-96	3,250. <sup>00</sup>
Calcom, Inc. 1822 NE Grand Ave. Portland, OR 97212	supplies (ink) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-2-96	47. <sup>95</sup>

SUBTOTAL of Disbursements This Page (optional)

43,833.45

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 6  
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

Bill Witt for Congress 1996

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Joe Foxall 1146 N. Jantzen Portland, Oregon 97217	Consulting Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-3-96	1,302. <sup>50</sup>
Allen's Press Clipping Bureau 621 W. Alder Portland, Oregon 97205	press clippings Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-3-96	72. <sup>38</sup>
AT and T Wireless Services P.O. Box 78248 Phoenix, AZ 85062	cellular phones Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-3-96	616. <sup>53</sup>
BCSR, Inc. 11335 NE 122 <sup>nd</sup> Way #105 Kirkland, WA 98034	miscellaneous rental Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-3-96	150. <sup>00</sup>
Creative Media Partners 101 1/2 S. Union St. Alexandria, VA 22314	Consulting Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-3-96	1,813. <sup>29</sup>
D. Scott Peterson 2800 Greenway Blvd. Falls Church, VA 22042	Research Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-3-96	230. <sup>00</sup>
Hammond and Associates P.O. Box 16021 Alexandria, VA 22302	Consulting Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-3-96	2,765. <sup>12</sup>
Moba Media, Inc. P.O. Box 1593 Portland, Oregon 97207	media reproduction Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-3-96	50. <sup>00</sup>
Shilo Inn - Beaverton 9900 SW Canyon Rd. Portland, Oregon 97225	room charge Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-3-96	73. <sup>83</sup>

SUBTOTAL of Disbursements This Page (optional)

7073.70

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 6  
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

Bill Witt for Congress 1996

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
West Coast Paper Company P.O. Box 84145 Seattle, WA 98124	paper Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-3-96	288. <sup>20</sup>
B. Full Name, Mailing Address and ZIP Code Washington County Elections 155 N. First Ave B10 Hillsboro, Oregon 97124	election data Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-4-96	40. <sup>00</sup>
C. Full Name, Mailing Address and ZIP Code David Ashcraft 288 S. Ivy St. Corvallis, Oregon 97331	salary Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-4-96	849. <sup>55</sup>
D. Full Name, Mailing Address and ZIP Code Eric Christen 15130 SW 92nd Ave Tigard, Oregon 97224	expense reimbursement for travel/supplies Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-7-96	168. <sup>81</sup>
E. Full Name, Mailing Address and ZIP Code Good Impressions Printing Co. 7112 NE Emmon Portland, Oregon 97218	printing Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-7-96	1,422. <sup>00</sup>
F. Full Name, Mailing Address and ZIP Code John Lansing 323 SW Belmont Ave. Wilsonville, Oregon 97150	consulting Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-7-96	1,000. <sup>00</sup>
G. Full Name, Mailing Address and ZIP Code US Postmaster	postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-10-96	320. <sup>00</sup>
H. Full Name, Mailing Address and ZIP Code McWilliams and Co. 3739 SE 12 Ave Portland, Oregon 97202	advertising Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-11-96	12,915. <sup>64</sup>
I. Full Name, Mailing Address and ZIP Code Tim Ryan 10986 SW Durham Rd #83 Tigard, OR 97224	supplies (signs) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-11-96	172. <sup>00</sup>

SUBTOTAL of Disbursements This Page (optional)

17,176.20

TOTAL This Period (last page this line number only)



SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)  
**Bill Witt for Congress 1996**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Allen's Press Clipping Bureau 621 SW Alder Portland, OR 97205	press clipping service Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-11-96	53. <sup>00</sup>
Creative Media Partners 10112 S. Union St Alexandria, VA 22314	consulting Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-11-96	1,004. <sup>90</sup>
Frontier Communication Services Location 127b Cincinnati, OH 45274	long distance phones Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-11-96	12. <sup>39</sup>
Good Impressions Printing Co. 7112 NE Emerson Portland, OR 97218	printing Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-11-96	437. <sup>00</sup>
GTE NW Payment Processing Center Inglwood, CA 90313	phones Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-11-96	634. <sup>64</sup>
Guy Rodgers and Associates 748 Montebello Circle Chesapeake, VA 23320	consulting Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-11-96	907. <sup>42</sup>
Hammond and Associates P.O. Box 16021 Alexandria, VA 22307	consulting Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-11-96	1,342. <sup>17</sup>
Lynette Harrington 17215 Summerlark, #2 Beaverton, OR 97006	video production Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-11-96	250. <sup>00</sup>
Rizzo Studio 733 NW Everett Portland, OR 97209	photos Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-11-96	85. <sup>00</sup>

SUBTOTAL of Disbursements This Page (optional) ..... 4,726.52

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 5 OF 6

FOR LINE NUMBER

17

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NAME OF COMMITTEE (in Full)

Bill Witt for Congress 1996

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
SAIF Corporation 350 WATER ST. NE #300 Salem Oregon 97310	worker's comp. inter acct Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-11-96	295.56
Transport Logic LLC 50 SW 3rd Ave. #510 Portland, OR 97204	internet access Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-11-96	25.00
Wallbuilders, Inc. P.O. Box 397 Alledo, TX 76008	expenses for travel Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-11-96	284.24
The Polling Company 1337 Connecticut Ave. NW Washington, D.C. 20036	polling Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-15-96	3,615.34
Frank Fontana 6985 SW 184th Alsea, OR 97007	accounting Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-16-96	250.00
Wittco Systems, Inc. 16250 SW Upper Boone Ferry Portland, Oregon 97224	 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-16-96	1,813.28
Bank of America 16209 SW Bryant Rd. Lake Oswego, OR 97035	federal withholding taxes Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-2-96 10-2-96	1687.99 11.35
Oregon Int'l. Revenue P.O. Box # 14800 SALEM, OR 97309	state taxes (payroll) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-2-96	638.79
Bank of America 16209 SW Bryant Rd. Lake Oswego, OR 97035	service charges Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-3-96	70.27

SUBTOTAL of Disbursements This Page (optional)

8693.24

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

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FOR LINE NUMBER 7

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NAME OF COMMITTEE (In Full)

Bill Witt For Congress 1996

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
William S. Witt 13197 NW Helen Ln Portland, OR 97229	reimbursement FOR Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-3-96	1277.16
Eric Christen 15130 SW 92nd Tigard, Oregon 97224	purpose of reimbursement pages & reimbursement for travel expenses Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-4-96	963.87
Loretta Schaeffler 3216 SW Nebraska Portland, Oregon 97201	Purpose of Disbursement wages Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-4-96	512.28
Scott Burge 52664 Eastview Dr. Scappoose, Oregon 97056	Purpose of Disbursement wages Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-4-96	466.10
Timothy Knopf P.O. Box 6145 Scend, Oregon 97708	Purpose of Disbursement wages Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-4-96	1629.87
Madison Project P.O. Box 479 Hamilton, VA 20159	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-8-96	1242.35 In Kind
NFIB SAFE Trust 53 Century Blvd. Nashville, TN 37214	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-11-96	4382.60 In Kind
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

10,474.23

TOTAL This Period (last page this line number only)

91,977.34

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedules) for each category of the Detailed Summary Page

PAGE 1 OF 1  
FOR LINE NUMBER 20 (c)

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)

*Bill With For Congress 1996*

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
<i>Frank Warrlow 4025 SW Nicholas Cir Portland, OR 97201</i>	<i>refund excess contribution</i>	<i>10-16-96</i>	<i>250.00</i>
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

*250.00*

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

*250.00*

**SCHEDULE C**

(Revised 9/80)

**LOANS**

Page 1 of 2  
 LINE NUMBER 73(a)  
 (Use separate schedules for each numbered line)

Name of Committee (In Full) <b>Bill Witt For Congress 1996</b>			
A. Full Name, Mailing Address and ZIP Code of Loan Source <b>William D. Witt 13197 NW Helen Portland, OR 97229</b>	Original Amount of Loan <b>95,000.00 (personal funds)</b>	Cumulative Payment To Date <b>\$100.00 on 8-9-96 \$150.00 on 8-21-96</b>	Balance Outstanding at Close of This Period <b>93,400.00</b>
Election: <input checked="" type="radio"/> Primary <input type="radio"/> General    Other (specify):			
Terms: Date Incurred <b>7-29-96</b> Date Due <b>demand</b> Interest Rate <b>0</b> % (APR)    Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
B. Full Name, Mailing Address and ZIP Code of Loan Source <b>William D. Witt 13197 NW Helen Ave Portland, OR 97229</b>			
Election: <input checked="" type="radio"/> Primary <input type="radio"/> General    Other (specify):			
Terms: Date Incurred <b>5-1-96</b> Date Due <b>demand</b> Interest Rate <b>0</b> % (APR)    Secured			
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
SUBTOTALS This Period This Page (optional) .....			<b>105,400.00</b>
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**

(Revised 3/80)

**LOANS**

Page 2 of 2 for  
 LINE NUMBER 13(a)  
 (Use separate schedules  
 for each numbered line)

Name of Contribution (in full) <b>Bill With For Congress 1996</b>			
A. Full Name, Mailing Address and ZIP Code of Loan Source <b>William S With 13197 NW Helen Ln Portland OR 97229</b>	Original Amount of Loan <b>11,000.00 (personal funds)</b>	Cumulative Payment To Date <b>0</b>	Balance Outstanding at Close of This Period <b>11,000.00</b>
Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred <b>5-15-96</b> Date Due <b>demand</b> Interest Rate <b>0</b> % (apr) Secured <input type="checkbox"/>			
List All Employers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
B. Full Name, Mailing Address and ZIP Code of Loan Source			
Original Amount of Loan			
Cumulative Payment To Date			
Balance Outstanding at Close of This Period			
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr) Secured <input type="checkbox"/>			
List All Employers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
SUBTOTALS This Period This Page (optional) .....			<b>11,000.00</b>
TOTALS This Period (last page in this line only) .....			<b>116,400.00</b>
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**  
(Revised 3/80)

**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

Page 1 of 3 for  
LINE NUMBER 10  
(Use separate schedules  
for each numbered line)

Name of Creditor (In Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<i>Bill with for Congress 1996</i>				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor <i>AT + T Wireless P.O. Box 78248 Phoenix AZ 85062</i>	<i>616.53</i>	<i>0</i>	<i>616.53</i>	<i>0</i>
Nature of Debt (Purpose): <i>cellular phones</i>				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor <i>Creative Media Partners 101 W. S. Union St. Alexandria, VA 22314</i>	<i>1813.29</i>	<i>190.<sup>00</sup></i>	<i>1813.29</i>	<i>190.<sup>00</sup></i>
Nature of Debt (Purpose): <i>consulting</i>				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor <i>Letters of Taste Caterers P.O. Box 1248 Alexandria, VA 22313</i>	<i>924.28</i>	<i>0</i>	<i>0</i>	<i>924.28</i>
Nature of Debt (Purpose): <i>catering</i>				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor <i>William S. Witt 13197 NW Helen Ln Portland, OR 97229</i>	<i>1277.16</i>	<i>0</i>	<i>1277.16</i>	<i>0</i>
Nature of Debt (Purpose): <i>expenses reimbursement</i>				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor <i>BANK OF AMERICA 16209 SW Bryant Rd, Lake Oswego, OR 97035</i>	<i>1722.31</i>	<i>844.97</i>	<i>1,699.34</i>	<i>868.94</i>
Nature of Debt (Purpose): <i>federal payroll taxes</i>				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor <i>Oregon Dept. of Revenue P.O. Box 14800 Salem, OR 97309</i>	<i>639.32</i>	<i>314.77</i>	<i>639.79</i>	<i>314.30</i>
Nature of Debt (Purpose): <i>state payroll taxes</i>				
1) SUBTOTALS This Period This Page (optional)				<i>2,297.52</i>
2) TOTALS This Period (last page in 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)				

**SCHEDULE D**  
(Revised 3/80)

**DEBTS AND OBLIGATIONS**  
Excluding Loans

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<i>Bill Witt For Congress 1996</i>				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor <i>D. Scott Peterson 2800 Greenway Blvd. Falls Church, VA 22042</i>	<i>230.00</i>	<i>0</i>	<i>230.00</i>	<i>0</i>
Nature of Debt (Purpose): <i>research</i>				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor <i>Portland Restaurant Corp. 9900 SW Canyon Rd. Portland, OR 97225</i>	<i>643.08</i>	<i>0</i>	<i>0</i>	<i>643.08</i>
Nature of Debt (Purpose): <i>catering for event</i>				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor <i>Hammond &amp; Assoc. P.O. Box 16021 Alexandria, VA 22302</i>	<i>4107.34</i>	<i>0</i>	<i>4107.34</i>	<i>0</i>
Nature of Debt (Purpose): <i>consulting</i>				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor <i>Ad Group/Industrial Lingo P.O. Box 2628 Eugene, OR 97402</i>	<i>6878.15</i>	<i>0</i>	<i>0</i>	<i>6878.15</i>
Nature of Debt (Purpose): <i>printing</i>				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor <i>Good Impressions 7112 NE Emerson Portland, OR 97218</i>	<i>3801.00</i>	<i>5,146.00</i>	<i>4304.00</i>	<i>4643.00</i>
Nature of Debt (Purpose): <i>printing</i>				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor <i>GTE Northwest Payment Processing Ingwood, CA 94313</i>	<i>634.64</i>	<i>0</i>	<i>634.64</i>	<i>0</i>
Nature of Debt (Purpose): <i>phone</i>				
1) SUBTOTALS This Period This Page (optional)				<i>12,164.23</i>
2) TOTALS This Period (last page in 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)				



**SCHEDULE D**  
(Revised 3/80)

**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<i>Bill With For Congress 1996</i>				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor: <i>Robert Thomas &amp; Co 3739 SE 8th Ave. Portland, OR 97202</i>	<i>7432.29</i>	<i>51869.40</i>	<i>49886.14</i>	<i>9415.61</i>
Nature of Debt (Purpose): <i>consulting/</i> <i>advertising</i>				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor: <i>With Systems, Inc. 16250 SW Upper Boones Ferry Rd. Portland, OR 97224</i>	<i>8127.20</i>	<i>1187.00</i>	<i>1813.20</i>	<i>7501.80</i>
Nature of Debt (Purpose): <i>repayment</i> <i>supplier services cost</i>				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor: <i>Guy Rodgers 748 Montebello Circle Chesapeake, VA 23320</i>	<i>4157.42</i>	<i>4071.37</i>	<i>4157.42</i>	<i>4071.37</i>
Nature of Debt (Purpose): <i>consulting</i>				
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)	<i>20,988.78</i>
2) TOTALS This Period (last page in this line only)	<i>35,450.53</i>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	<i>116,400.00</i>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<i>151,850.53</i>

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