

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee  
(Summary Page)

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USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <u>LONSDALE FOR SENATE COMMITTEE</u>		2. FEC IDENTIFICATION NUMBER <u>C00241034</u>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. <u>19695 RIDGEWOOD DRIVE</u>		3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
CITY, STATE and ZIP CODE <u>BEND, OR 97701</u>	STATE/DISTRICT <u>OR</u>	

## 4. TYPE OF REPORT

- ☐ April 15 Quarterly Report  
☐ July 15 Quarterly Report  
☐ October 15 Quarterly Report  
☐ January 31 Year End Report  
☐ July 31 Mid-Year Report (Non-election Year Only)  
☐ Twelfth day report preceding \_\_\_\_\_ (Type of Election) election on \_\_\_\_\_ in the State of \_\_\_\_\_  
☒ Thirtieth day report following the General Election on Nov. 7, 1990 in the State of OREGON  
☐ Termination Report
- This report contains activity for ☒ Primary Election ☒ General Election ☐ Special Election ☐ Runoff Election

## SUMMARY

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>OCT. 18, 1990</u> through <u>Nov. 26, 1990</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	270581.35	695,779.34
(b) Total Contribution Refunds (from Line 20(d))	2090.00	2790.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	268491.35	692,989.34
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	392050.87	1,406,311.80
(b) Total Offsets to Operating Expenditures (from Line 14)	2451.54	2961.54
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	389598.73	1,403,350.26
8. Cash on Hand at Close of Reporting Period (from Line 27)	11617.90	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	720504.12	

For further information contact:  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9530  
Local 202-376-3120

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

SHIRLEY RICHARDS

Signature of Treasurer

Shirley Richards

Date

12/6/90

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

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FEC FORM  
(revised)

**DETAILED SUMMARY PAGE**  
of Receipts and Disbursements  
(Page 2, FEC FORM 3)

Name of Committee (in full)  
LONSDALE FOR SENATE COMMITTEE

Report Covering the Period:  
From: OCT. 18, 1990 To: NOV. 26, 1990

I. RECEIPTS		COLUMN A Total This Period	COLUMN B Calendar Year-To-Date	
11. CONTRIBUTIONS (other than loans) FROM:				
(a) Individuals/Persons Other Than Political Committees				11(a)(i)
(i) Itemized (use Schedule A)		180,000.00		11(a)(ii)
(ii) Unitemized		56,031.35		11(a)(iii)
(iii) Total of contributions from individuals		236,031.35	621,080.58	11(b)
(b) Political Party Committees		34,550.00	52,050.00	11(c)
(c) Other Political Committees (such as PACs)				11(d)
(d) The Candidate				11(e)
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))		270,581.35	695,779.34	
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.				12
13. LOANS:				
(a) Made or Guaranteed by the Candidate		61,000.00	790,504.12	13(a)
(b) All Other Loans				13(b)
(c) TOTAL LOANS (add 13(a) and (b))		61,000.00	790,504.12	13(c)
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		245,154	296,154	14
15. OTHER RECEIPTS (Dividends, Interest, etc.)		932.25	1,474.70	15
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		334,965.14	1,490,719.70	16
II. DISBURSEMENTS				
17. OPERATING EXPENDITURES		392,050.27	1,406,311.80	17
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.				18
19. LOAN REPAYMENTS:				
(a) Of Loans Made or Guaranteed by the Candidate			70,000.00	19(a)
(b) Of All Other Loans				19(b)
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))			70,000.00	19(c)
20. REFUNDS OF CONTRIBUTIONS TO:				
(a) Individuals/Persons Other Than Political Committees		2090.00	2790.00	20(a)
(b) Political Party Committees				20(b)
(c) Other Political Committees (such as PACs)				20(c)
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))				20(d)
21. OTHER DISBURSEMENTS		2090.00	2790.00	21
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21).		394,140.27	1,479,101.80	22

### III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD . . . . .	\$	70,793.03	23.
24. TOTAL RECEIPTS THIS PERIOD (from Line 16) . . . . .	\$	334,965.14	24.
25. SUBTOTAL (add Line 23 and Line 24) . . . . .	\$	405,758.17	25.
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22). . . . .	\$	394,140.27	26.
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25). . . . .	\$	11,617.90	27.

Page 1 of 2 for  
LINE NUMBER 10-SUMMARY  
(Use separate schedules  
for each numbered line)

Name of Committee (in Full) <b>LONSDALE FOR SENATE COMMITTEE</b>			
A. Full Name, Mailing Address and ZIP Code of Loan Source <b>HARRY LONSDALE 19695 RIDGEWOOD DRIVE BEND, OR 97701</b>		Original Amount of Loan <b>141,000.00</b>	Cumulative Payment To Date <b>147,418.10</b>
Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Balance Outstanding at Close of This Period <b>141,000.00</b>	
Terms: Date Incurred <b>*SEE BELOW</b> Date Due _____		Interest Rate <b>0</b> % (apr)	<input type="checkbox"/> Secured
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code <b>* 1/22/90 25,000 2/5/90 25,000 3/15/90 16,000 3/28/90 75,000</b>		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding: \$	
2. Full Name, Mailing Address and ZIP Code <b>THE ABOVE AMOUNTS REPRESENT LOANS FROM THE CANDIDATE'S PERSONAL FUNDS. THEREFORE, THE INTEREST RATE OF 0 IS APPROPRIATE.</b>		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding: \$	
3. Full Name, Mailing Address and ZIP Code <b>4/23/90 147,418.10</b>		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding: \$	
B. Full Name, Mailing Address and ZIP Code of Loan Source <b>HARRY LONSDALE 19695 RIDGEWOOD DRIVE BEND, OR 97701</b>		Original Amount of Loan <b>200.00</b>	Cumulative Payment To Date <b>70886.02</b>
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Balance Outstanding at Close of This Period <b>200.00</b>	
Terms: Date Incurred <b>*SEE BELOW</b> Date Due _____		Interest Rate <b>0</b> % (apr)	<input type="checkbox"/> Secured
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code <b>THE ABOVE AMOUNT REPRESENTS LOANS FROM THE CANDIDATE'S PERSONAL FUNDS. THEREFORE, AN INTEREST RATE OF 0 IS APPROPRIATE.</b>		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding: \$	
2. Full Name, Mailing Address and ZIP Code <b>* 3/28/90 200.00 6/18/90 70886.02</b>		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>359,504.12</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 10 - SUMMARY  
(Use separate schedules  
for each numbered line)

Name of Committee (in Full) <b>LONSDALE FOR SENATE COMMITTEE</b>			
A. Full Name, Mailing Address and ZIP Code of Loan Source <b>HARRY LONSDALE 19695 RIDGEWOOD DRIVE BEND, OR 97701</b>		Original Amount of Loan <b>* 300,000.00</b>	Balance Outstanding at Close of This Period <b>300,000.00</b>
Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Cumulative Payment To Date	
Terms: Date Incurred <u>SEE BELOW</u> Date Due _____ Interest Rate <u>0</u> % (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code <b>8/23/90 5,000.00 9/4/90 80,000.00 9/12/90 80,000.00 9/19/90 75,000.00</b>		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding: \$	
2. Full Name, Mailing Address and ZIP Code <b>9/28/90 60,000.00 TOTAL 300,000.00</b>		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding: \$	
3. Full Name, Mailing Address and ZIP Code <b>THE ABOVE AMOUNTS REPRESENT LOANS FROM THE CANDIDATE'S PERSONAL FUNDS. THEREFORE, THE INTEREST RATE OF 0 IS APPROPRIATE.</b>		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding: \$	
B. Full Name, Mailing Address and ZIP Code of Loan Source <b>HARRY LONSDALE 19695 RIDGEWOOD DR BEND, OR 97701</b>		Original Amount of Loan <b>10/18/90 5,000.00 10/23/90 56,000.00</b>	Balance Outstanding at Close of This Period <b>5000.00 56000.00</b>
Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Cumulative Payment To Date	
Terms: Date Incurred _____ Date Due _____ Interest Rate <u>0</u> % (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code <b>THE ABOVE AMOUNTS REPRESENT LOANS FROM THE CANDIDATE'S PERSONAL FUNDS. THEREFORE, THE INTEREST RATE OF 0 IS APPROPRIATE</b>		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>361,000.00</b>
TOTALS This Period (last page in this line only) .....			<b>720,504.12</b>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

90000143674



## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary PagePAGE OF  
1 155  
FOR LINE NUMBER  
11(2)(1)

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)

LONSDALE FOR SENATE COMMITTEE

<b>A. Full Name, Mailing Address and ZIP Code</b> Bill & Linda Ward 1924 Hexam Road Schenectady, NY 12309  Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> G. E. R & D Center  <b>Occupation</b> Chemist Aggregate Year-to-Date > \$ 1200	<b>Date (month, day, year)</b> 10/29/90	<b>Amount of Each Receipt this Period</b> 200
<b>B. Full Name, Mailing Address and ZIP Code</b> Christopher K. Mathews 3336 S. W. Willamette Corvallis, Oregon 97333  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> OSU  <b>Occupation</b> Professor Aggregate Year-to-Date > \$ 950	<b>Date (month, day, year)</b> 10/20/90	<b>Amount of Each Receipt this Period</b> 200
<b>C. Full Name, Mailing Address and ZIP Code</b> Robert Frisbee 19595 Tumalo Res. Rd. Bend, Oregon 97701  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Bend Research Inc.  <b>Occupation</b> Business Development Aggregate Year-to-Date > \$ 250	<b>Date (month, day, year)</b> 10/19/90	<b>Amount of Each Receipt this Period</b> 150
<b>D. Full Name, Mailing Address and ZIP Code</b> Edward A. Mason 26 Nayatt Road Barrington, RI 02806  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Brown University  <b>Occupation</b> Professor Aggregate Year-to-Date > \$ 300	<b>Date (month, day, year)</b> 10/19/90	<b>Amount of Each Receipt this Period</b> 100
<b>E. Full Name, Mailing Address and ZIP Code</b> Dennis E. Stenzel One S. W. Columbia Portland, OR 97258  Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Chernoff Vilhauer McClung & Stenzel  <b>Occupation</b> Attorney Aggregate Year-to-Date > \$ 1300	<b>Date (month, day, year)</b> 10/31/90	<b>Amount of Each Receipt this Period</b> 200
<b>F. Full Name, Mailing Address and ZIP Code</b> J. Pierre Kolisch 200 Pacific Building Portland, OR 97204  Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Kolisch Hartwell & Dickinson  <b>Occupation</b> Attorney Aggregate Year-to-Date > \$ 1350	<b>Date (month, day, year)</b> 10/26/90	<b>Amount of Each Receipt this Period</b> 100
<b>G. Full Name, Mailing Address and ZIP Code</b> Paul Fritz Box 1772 Boise, ID 83701  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Self  <b>Occupation</b> Landscape Architect Aggregate Year-to-Date > \$ 250	<b>Date (month, day, year)</b> 10/25/90	<b>Amount of Each Receipt this Period</b> 50

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

PAGE 2 OF 155  
FOR LINE NUMBER 11(2)(L)

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NAME OF COMMITTEE (in Full)

*Lonsdale for Senate Committee*

<p>A. Full Name, Mailing Address and ZIP Code Richard L. Slaven 359 Northridge Circleville, Ohio 43113</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Circleville Schools</p> <p>Occupation School Superintendent</p> <p>Aggregate Year-to-Date &gt; \$ 275</p>	<p>Date (month, day, year) 10/22/90 11/2/90</p>	<p>Amount of Each Receipt this Period 25 50</p>
<p>B. Full Name, Mailing Address and ZIP Code Ed Payne 61343 King Jehu Bend, OR 97702</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Dean Witter</p> <p>Occupation Stockbroker</p> <p>Aggregate Year-to-Date &gt; \$ 400</p>	<p>Date (month, day, year) 10/25/90</p>	<p>Amount of Each Receipt this Period 100</p>
<p>C. Full Name, Mailing Address and ZIP Code John L. Sherman 1912 N. W. Aspen Portland, OR 97210</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self</p> <p>Occupation Investment Mgr.</p> <p>Aggregate Year-to-Date &gt; \$ 450</p>	<p>Date (month, day, year) 10/24/90 10/29/90</p>	<p>Amount of Each Receipt this Period 250 100</p>
<p>D. Full Name, Mailing Address and ZIP Code George R. Wilson Rt. 1 Box 483 Hillsboro, OR 97124</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Bipolar Integrated Technology</p> <p>Occupation Chairman</p> <p>Aggregate Year-to-Date &gt; \$ 600</p>	<p>Date (month, day, year) 10/18/90</p>	<p>Amount of Each Receipt this Period 200</p>
<p>E. Full Name, Mailing Address and ZIP Code Robert E. Glasgow 4711 S. W. Humphrey Park Rd. Portland, OR 97221</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Glasgow? Wright, PC</p> <p>Occupation ATTORNEY</p> <p>Aggregate Year-to-Date &gt; \$ 250</p>	<p>Date (month, day, year) 10/22/90</p>	<p>Amount of Each Receipt this Period 50</p>
<p>F. Full Name, Mailing Address and ZIP Code Richard I. Mintz 1833 California St. #301 Washington, D.C. 20009</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Ogilvy &amp; Mather</p> <p>Occupation Public Relations Acct. Exec.</p> <p>Aggregate Year-to-Date &gt; \$ 350</p>	<p>Date (month, day, year) 10/22/90</p>	<p>Amount of Each Receipt this Period 100</p>
<p>G. Full Name, Mailing Address and ZIP Code Bill Lazar 1858 S. W. Edgewood Rd. Portland, OR 97201</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self</p> <p>Occupation Investment Counselor</p> <p>Aggregate Year-to-Date &gt; \$ 2000</p>	<p>Date (month, day, year) 10/24/90</p>	<p>Amount of Each Receipt this Period 500</p>

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

1375.00

2000043677

## SCHEDULE A

## ITEMIZED RECEIPTS

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

PAGE 3 OF 55  
FOR LINE NUMBER 11(2)(i)

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NAME OF COMMITTEE (in Full)

Lonsdale for Senate Committee

<p>A. Full Name, Mailing Address and ZIP Code Constance K. Lonsdale 65095 Swalley Rd. Bend, OR 97701</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer None</p> <p>Occupation Homemaker</p> <p>Aggregate Year-to-Date &gt; \$ 1250</p>	<p>Date (month, day, year) 10/18/90</p>	<p>Amount of Each Receipt this Period 250</p>
<p>B. Full Name, Mailing Address and ZIP Code Peter W. Sage 2834 Yvonne Rd. Medford, OR 97504</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Shearson Lehman Bros.</p> <p>Occupation Stockbroker</p> <p>Aggregate Year-to-Date &gt; \$ 450</p>	<p>Date (month, day, year) 10/22/90</p>	<p>Amount of Each Receipt this Period 100</p>
<p>C. Full Name, Mailing Address and ZIP Code Gerald L. Cogan 2891 N. W. Ariel Terr. Portland, OR 97210</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Willamette Dental Grp.</p> <p>Occupation Dentist</p> <p>Aggregate Year-to-Date &gt; \$ 400</p>	<p>Date (month, day, year) 10/26/90</p>	<p>Amount of Each Receipt this Period 200</p>
<p>D. Full Name, Mailing Address and ZIP Code Myra Erwin 300 Grandview Dr. Ashland, OR 97520</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer None</p> <p>Occupation Retired</p> <p>Aggregate Year-to-Date &gt; \$ 500</p>	<p>Date (month, day, year) 10/22/90 11/2/90</p>	<p>Amount of Each Receipt this Period 100 50</p>
<p>E. Full Name, Mailing Address and ZIP Code Ken Reublin 1390 Bonair Road #114 Vista, CA 92084</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer None</p> <p>Occupation Retired</p> <p>Aggregate Year-to-Date &gt; \$ 1200</p>	<p>Date (month, day, year) 11/2/90</p>	<p>Amount of Each Receipt this Period 100</p>
<p>F. Full Name, Mailing Address and ZIP Code Vince Genna 720 Innes Lane Bend, OR 97701</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer None</p> <p>Occupation Retired</p> <p>Aggregate Year-to-Date &gt; \$ 400</p>	<p>Date (month, day, year) 10/24/90</p>	<p>Amount of Each Receipt this Period 100</p>
<p>G. Full Name, Mailing Address and ZIP Code Jere W. Glover 1005 York Lane Annapolis, MD 21403</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date &gt; \$ 750</p>	<p>Date (month, day, year) 10/29/90</p>	<p>Amount of Each Receipt this Period 200</p>

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)



## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary PagePAGE 4 OF 155  
FOR LINE NUMBER 11(a)(i)

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## NAME OF COMMITTEE (in Full)

Lonsdale for Senate Committee

<b>A. Full Name, Mailing Address and ZIP Code</b> Carl Hermach P. O. Box 484 Genoa City, WI 53128  Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> None  <b>Occupation</b> Retired Aggregate Year-to-Date > \$ 1700	<b>Date (month, day, year)</b> 10/29/90	<b>Amount of Each Receipt this Period</b> 200
<b>B. Full Name, Mailing Address and ZIP Code</b> Harry M. Demaray 576 Welcome Way S.E. Salem, OR 97302  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Info. requested  <b>Occupation</b> Aggregate Year-to-Date > \$ 220	<b>Date (month, day, year)</b> 10/29/90	<b>Amount of Each Receipt this Period</b> 50
<b>C. Full Name, Mailing Address and ZIP Code</b> Kenneth J. Bialkin 919 Third Avenue New York, NY 10022  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Skadden Arps et al.  <b>Occupation</b> Attorney Aggregate Year-to-Date > \$ 700	<b>Date (month, day, year)</b> 11/2/90	<b>Amount of Each Receipt this Period</b> 200
<b>D. Full Name, Mailing Address and ZIP Code</b> Michael Mills P. O. Box 710 Silverton, OR 97381  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Self  <b>Occupation</b> Attorney Aggregate Year-to-Date > \$ 930	<b>Date (month, day, year)</b> 10/22/90 10/30/90	<b>Amount of Each Receipt this Period</b> 250 100
<b>E. Full Name, Mailing Address and ZIP Code</b> Violet R. Johnson 3065 University Eugene, OR 97405  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b>   <b>Occupation</b> Aggregate Year-to-Date > \$ 200	<b>Date (month, day, year)</b> 10/22/90	<b>Amount of Each Receipt this Period</b> 50
<b>F. Full Name, Mailing Address and ZIP Code</b> Paul R. Schlesinger 4829 S. W. Stonebrook Ct. Portland, OR 97201  Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Ralph Schlesinger Co.  <b>Occupation</b> Real Estate Aggregate Year-to-Date > \$ 2040	<b>Date (month, day, year)</b> 11/2/90	<b>Amount of Each Receipt this Period</b> 150
<b>G. Full Name, Mailing Address and ZIP Code</b> Leslie A. Morehead 4165 S. W. Parkview Portland, OR 97225  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Self  <b>Occupation</b> CONSULTANT Aggregate Year-to-Date > \$ 200	<b>Date (month, day, year)</b> 10/26/90 10/29/90	<b>Amount of Each Receipt this Period</b> 50 100

SUBTOTAL of Receipts This Page (optional)

1150.00

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## SCHEDULE A

## ITEMIZED RECEIPTS

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## NAME OF COMMITTEE (in Full)

Lonsdale for Senate Committee

<b>A. Full Name, Mailing Address and ZIP Code</b> Miriam W. Cunningham 01630 S. W. Carey Lane Portland, OR 97219	<b>Name of Employer</b> DEQ	<b>Date (month, day, year)</b> 10/29/90	<b>Amount of Each Receipt this Period</b> 100
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> Air Qual. Specialist <b>Aggregate Year-to-Date</b> > \$ 600		
<b>B. Full Name, Mailing Address and ZIP Code</b> Thomas Harburg 3040 N. E. 37th Portland, OR 97212	<b>Name of Employer</b> Info. requested	<b>Date (month, day, year)</b> 10/29/90	<b>Amount of Each Receipt this Period</b> 50
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> <b>Aggregate Year-to-Date</b> > \$ 250		
<b>C. Full Name, Mailing Address and ZIP Code</b> John K. Cole 1770 Kona Eugene, OR 97403	<b>Name of Employer</b> None	<b>Date (month, day, year)</b> 10/23/90	<b>Amount of Each Receipt this Period</b> 500
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> Retired <b>Aggregate Year-to-Date</b> > \$ 1250		
<b>D. Full Name, Mailing Address and ZIP Code</b> Elliot Weiner Ph.D. 4242 S. W. Hewett Portland, Oregon 97221	<b>Name of Employer</b> Self	<b>Date (month, day, year)</b> 10/26/90	<b>Amount of Each Receipt this Period</b> 325
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> Psychologist <b>Aggregate Year-to-Date</b> > \$ 540		
<b>E. Full Name, Mailing Address and ZIP Code</b> Stacia A. Johnson 3543 Orchard Heights Pl. N.W. Salem, OR 97304	<b>Name of Employer</b> None	<b>Date (month, day, year)</b> 10/19/90 10/30/90	<b>Amount of Each Receipt this Period</b> 200 100
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> Retired <b>Aggregate Year-to-Date</b> > \$ 600		
<b>F. Full Name, Mailing Address and ZIP Code</b> Virginia M. Suits 6831 N. E. Davis Portland, OR 97213	<b>Name of Employer</b> INFO. Requested	<b>Date (month, day, year)</b> 10/18/90	<b>Amount of Each Receipt this Period</b> 150
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> <b>Aggregate Year-to-Date</b> > \$ 250		
<b>G. Full Name, Mailing Address and ZIP Code</b> Douglas Livermore 3995 Hilyard St. Eugene, OR 97405	<b>Name of Employer</b>	<b>Date (month, day, year)</b> 10/29/90	<b>Amount of Each Receipt this Period</b> 150
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> <b>Aggregate Year-to-Date</b> > \$ 200		

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1575.00

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## NAME OF COMMITTEE (in Full)

Honsdale Soc. Senate Committee

<b>A. Full Name, Mailing Address and ZIP Code</b> George E. Spencer Box 5111 Bend, OR 97708  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer None Occupation Retired Aggregate Year-to-Date > \$ 275	Date (month, day, year) 10/24/90	Amount of Each Receipt this Period 25
<b>B. Full Name, Mailing Address and ZIP Code</b> Michael D. Kennedy 5272 Westfield Ct. Lake Oswego, OR 97035  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer CH2M Hill Occupation Vice Pres. Aggregate Year-to-Date > \$ 625	Date (month, day, year) 10/31/90	Amount of Each Receipt this Period 125
<b>C. Full Name, Mailing Address and ZIP Code</b> Fletcher C. Chamberlin Jr. 1627 N. W. 32nd Avenue Portland, OR 97210  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Tektronix Occupation Business Exec. Aggregate Year-to-Date > \$ 450	Date (month, day, year) 10/31/90	Amount of Each Receipt this Period 250
<b>D. Full Name, Mailing Address and ZIP Code</b> James L. Francesconi 2230 N. E. Alameda Portland, OR 97212  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Occupation Attorney Aggregate Year-to-Date > \$ 225	Date (month, day, year) 10/26/90	Amount of Each Receipt this Period 125
<b>E. Full Name, Mailing Address and ZIP Code</b> Spencer B. Beebe 1807 N. W. 32nd Avenue Portland, OR 97210  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Conservation Int'l. Occupation Exec. Director Aggregate Year-to-Date > \$ 450	Date (month, day, year) 10/30/90	Amount of Each Receipt this Period 100
<b>F. Full Name, Mailing Address and ZIP Code</b> Arthur Boesch 13260 S. E. Nixon Ave. Milwaukie, OR 97222  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer None Occupation Retired Aggregate Year-to-Date > \$ 205	Date (month, day, year) 10/30/90	Amount of Each Receipt this Period 40
<b>G. Full Name, Mailing Address and ZIP Code</b> John E. Meyer M.D. 2465 Greenway Dr. N.E. Salem, OR 97301  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer State of OR Occupation Psychiatrist Aggregate Year-to-Date > \$ 230	Date (month, day, year) 10/30/90	Amount of Each Receipt this Period 50

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

715.00

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## SCHEDULE A

## ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

*Housdale for Senate Committee*

<p>A. Full Name, Mailing Address and ZIP Code Charla Richards Kreitzberg 3733 Dogwood Dr. South Salem, OR 97302</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <i>Info. Requested</i></p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 1225</p>	<p>Date (month, day, year) 10/29/90</p>	<p>Amount of Each Receipt this Period 100</p>
<p>B. Full Name, Mailing Address and ZIP Code John W. Reynolds 4471 S. W. Fairview Circus Portland, OR 97221</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <i>Info. Requested</i></p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 225</p>	<p>Date (month, day, year) 10/23/90</p>	<p>Amount of Each Receipt this Period 25</p>
<p>C. Full Name, Mailing Address and ZIP Code Carmen A. Capell 812 N. W. Wall Bend, OR 97701</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Tour Time Travel</p> <p>Occupation Owner</p> <p>Aggregate Year-to-Date &gt; \$ 500</p>	<p>Date (month, day, year) 10/18/90</p>	<p>Amount of Each Receipt this Period 200</p>
<p>D. Full Name, Mailing Address and ZIP Code Jameson D. Selleck 821 Twin Pines Circle Dr. Ashland, OR 97520</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer None</p> <p>Occupation Retired</p> <p>Aggregate Year-to-Date &gt; \$ 300</p>	<p>Date (month, day, year) 10/25/90 11/2/90 11/8/90</p>	<p>Amount of Each Receipt this Period 40 40 20</p>
<p>E. Full Name, Mailing Address and ZIP Code John G. Mowat 940 South 8th Cottage Grove, OR 97424</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer McCormick Systems Inc.</p> <p>Occupation Programmer</p> <p>Aggregate Year-to-Date &gt; \$ 300</p>	<p>Date (month, day, year) 10/30/90</p>	<p>Amount of Each Receipt this Period 100</p>
<p>F. Full Name, Mailing Address and ZIP Code Margaret D. Gravatt 12705 S. E. River Road #412-S Portland, OR 97222</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer None</p> <p>Occupation Retired</p> <p>Aggregate Year-to-Date &gt; \$ 225</p>	<p>Date (month, day, year) 10/26/90</p>	<p>Amount of Each Receipt this Period 125</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

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650.00

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## NAME OF COMMITTEE (in Full)

*Honorable Joe Senate Committee*

<b>A. Full Name, Mailing Address and ZIP Code</b> James S. Johnson Jr. 918 W. Outer Dr. Oak Ridge, TN 37830  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Retired  Occupation Chemist Aggregate Year-to-Date > \$ 300	Date (month, day, year) 10/18/90	Amount of Each Receipt this Period 100
<b>B. Full Name, Mailing Address and ZIP Code</b> Charles F. Hinkle 14079 S. E. Fair Oaks Way Milwaukie, OR 97267  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Stoel Rives et al.  Occupation Attorney Aggregate Year-to-Date > \$ 550	Date (month, day, year) 10/23/90	Amount of Each Receipt this Period 150
<b>C. Full Name, Mailing Address and ZIP Code</b> William S. Prince P. O. Box 100 Arch Cape, OR 97102  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer None  Occupation Retired Aggregate Year-to-Date > \$ 600	Date (month, day, year) 10/19/90 10/29/90	Amount of Each Receipt this Period 200 100
<b>D. Full Name, Mailing Address and ZIP Code</b> Nancy B. Murray 2715 S. W. Huber Portland, OR 97219  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer None  Occupation Law Student Aggregate Year-to-Date > \$ 450	Date (month, day, year) 10/18/90	Amount of Each Receipt this Period 200
<b>E. Full Name, Mailing Address and ZIP Code</b> Susanne Kountouros 1706 N. E. Weidler Portland, OR 97232  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Accents Oriental  Occupation Owner Aggregate Year-to-Date > \$ 600	Date (month, day, year) 10/25/90 10/31/90	Amount of Each Receipt this Period 100 100
<b>F. Full Name, Mailing Address and ZIP Code</b> Dr. Stephen A Mann 726 N. W. Wall St. Bend, OR 97701  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self  Occupation Osteopath Aggregate Year-to-Date > \$ 275	Date (month, day, year) 10/25/90	Amount of Each Receipt this Period 50
<b>G. Full Name, Mailing Address and ZIP Code</b> John E. Soreng 3550 Black Oak Rd. Eugene, OR 97405  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer None  Occupation Retired Aggregate Year-to-Date > \$ 850	Date (month, day, year) 10/25/90	Amount of Each Receipt this Period 500

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1500.00

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## SCHEDULE A

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NAME OF COMMITTEE (in Full)

*Honsdale for Senate Committee*

<p>A. Full Name, Mailing Address and ZIP Code Edward S. Smith 142 S. Cornell Ct. Lake Oswego, OR 97034</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer None</p> <p>Occupation Retired</p> <p>Aggregate Year-to-Date &gt; \$ 750</p>	<p>Date (month, day, year) 10/31/90</p>	<p>Amount of Each Receipt this Period 250</p>
<p>B. Full Name, Mailing Address and ZIP Code Michelle Petrofes 212 Schofield Dr. Reedsport, OR 97467</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Dunes Family Health Care</p> <p>Occupation Physician</p> <p>Aggregate Year-to-Date &gt; \$ 200</p>	<p>Date (month, day, year) 11/2/90</p>	<p>Amount of Each Receipt this Period 100</p>
<p>C. Full Name, Mailing Address and ZIP Code Richard T. Brown 3425 S. W. 12th Portland, OR 97201</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer INFO. REQUESTED</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 275</p>	<p>Date (month, day, year) 10/26/90</p>	<p>Amount of Each Receipt this Period 125</p>
<p>D. Full Name, Mailing Address and ZIP Code Mary T. Nolan 910 S. W. Canning St. Portland, OR 97201</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer INFO. REQUESTED</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 385</p>	<p>Date (month, day, year) 10/26/90</p>	<p>Amount of Each Receipt this Period 50</p>
<p>E. Full Name, Mailing Address and ZIP Code Mary C. Scott 1673E S. W. Montgomery Dr. Portland, OR 97201</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer U. S. West</p> <p>Occupation Lobbyist</p> <p>Aggregate Year-to-Date &gt; \$ 1985</p>	<p>Date (month, day, year) 10/29/90</p>	<p>Amount of Each Receipt this Period 1900</p>
<p>F. Full Name, Mailing Address and ZIP Code Reuben Lenske 7243 S. E. 34th Portland, OR 97202</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer None</p> <p>Occupation Retired</p> <p>Aggregate Year-to-Date &gt; \$ 520</p>	<p>Date (month, day, year) 10/22/90</p>	<p>Amount of Each Receipt this Period 50</p>
<p>G. Full Name, Mailing Address and ZIP Code Laura A. Parrish 2609 Central Blvd Eugene, OR 97403</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Hutchinson Anderson et al.</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date &gt; \$ 400</p>	<p>Date (month, day, year) 10/19/90</p>	<p>Amount of Each Receipt this Period 250</p>

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2725.00

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NAME OF COMMITTEE (in Full)

*Honsdale for Senate Committee*

<p>A. Full Name, Mailing Address and ZIP Code Jay Zidell 8150 S. W. Barnes Rd. Apt A205 Portland, OR 97225</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Zidell Inc.</p> <p>Occupation Exec. V.P.</p> <p>Aggregate Year-to-Date &gt; \$ 1500</p>	<p>Date (month, day, year) 11/2/90</p>	<p>Amount of Each Receipt this Period 1000</p>
<p>B. Full Name, Mailing Address and ZIP Code Jeanette R. Egger 1800 Ridgcrest Drive Lake Oswego, OR 97034</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer None</p> <p>Occupation Retired</p> <p>Aggregate Year-to-Date &gt; \$ 610</p>	<p>Date (month, day, year) 10/26/90</p>	<p>Amount of Each Receipt this Period 500</p>
<p>C. Full Name, Mailing Address and ZIP Code Frank Ruegg 2151 N. E. Division St. Bend, OR 97701</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self</p> <p>Occupation Realtor</p> <p>Aggregate Year-to-Date &gt; \$ 300</p>	<p>Date (month, day, year) 10/25/90</p>	<p>Amount of Each Receipt this Period 200</p>
<p>D. Full Name, Mailing Address and ZIP Code Molly Kohnstamm 11476 S. W. Riverwood Rd. Portland, OR 97219</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Catlin Gable</p> <p>Occupation Teacher</p> <p>Aggregate Year-to-Date &gt; \$ 750</p>	<p>Date (month, day, year) 10/30/90</p>	<p>Amount of Each Receipt this Period 250</p>
<p>E. Full Name, Mailing Address and ZIP Code Philip J. Reiter D.M.D. 207 Flanders Medical Bldg. Portland, OR 97210</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self</p> <p>Occupation Dentist</p> <p>Aggregate Year-to-Date &gt; \$ 550</p>	<p>Date (month, day, year) 10/19/90</p>	<p>Amount of Each Receipt this Period 250</p>
<p>F. Full Name, Mailing Address and ZIP Code Michael H. Simon 3075 S. W. 66th Court Portland, OR 97225</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Perkins Coie</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date &gt; \$ 300</p>	<p>Date (month, day, year) 10/25/90</p>	<p>Amount of Each Receipt this Period 100</p>
<p>G. Full Name, Mailing Address and ZIP Code Beatrice Gilliam 1370 Frank Hill Ashland, OR 97520</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Mtn. Supply</p> <p>Occupation Owner</p> <p>Aggregate Year-to-Date &gt; \$ 420</p>	<p>Date (month, day, year) 10/22/90</p>	<p>Amount of Each Receipt this Period 150</p>

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2450.00

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NAME OF COMMITTEE (in Full)

Lonsdale for Senate Committee

<b>A. Full Name, Mailing Address and ZIP Code</b> Elmer F. Bell 917 Black Oak Dr. Medford, OR 97504  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Info. Requested  <b>Occupation</b>  <b>Aggregate Year-to-Date</b> > \$ 200	<b>Date (month, day, year)</b> 10/18/90	<b>Amount of Each Receipt this Period</b> 50
<b>B. Full Name, Mailing Address and ZIP Code</b> Louise C. Dunlap 477 Fairhaven Road Tracy's Landing, MD 20779  Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Info. Req.  <b>Occupation</b>  <b>Aggregate Year-to-Date</b> > \$ 1100	<b>Date (month, day, year)</b> 10/31/90	<b>Amount of Each Receipt this Period</b> 1000
<b>C. Full Name, Mailing Address and ZIP Code</b> Larry Lewis Box 5702 Santa Barbara, CA 93150  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Info. Req.  <b>Occupation</b>  <b>Aggregate Year-to-Date</b> > \$ 300	<b>Date (month, day, year)</b> 10/22/90	<b>Amount of Each Receipt this Period</b> 250
<b>D. Full Name, Mailing Address and ZIP Code</b> Emanuel Rose 5925 S. W. Terwilliger Portland, OR 97201  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Info. Req.  <b>Occupation</b>  <b>Aggregate Year-to-Date</b> > \$ 225	<b>Date (month, day, year)</b> 10/26/90	<b>Amount of Each Receipt this Period</b> 125
<b>E. Full Name, Mailing Address and ZIP Code</b> Donald H. Friedman 4011 N. E. 23rd Ave. Portland, OR 97212  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Willamette Dental Group  <b>Occupation</b> Attorney <b>Aggregate Year-to-Date</b> > \$ 200	<b>Date (month, day, year)</b> 10/23/90	<b>Amount of Each Receipt this Period</b> 100
<b>F. Full Name, Mailing Address and ZIP Code</b> J. Thomas Morrow 2616 N. W. 81st Pl. Portland, OR 97229  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Morley Capital Mgmt. Inc.  <b>Occupation</b> Exec. V.P. <b>Aggregate Year-to-Date</b> > \$ 1000	<b>Date (month, day, year)</b> 10/26/90	<b>Amount of Each Receipt this Period</b> 500
<b>G. Full Name, Mailing Address and ZIP Code</b> Robert L. Fromer 30 Lighthouse Road Kings Point, NY 11024  Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Info. Req.  <b>Occupation</b>  <b>Aggregate Year-to-Date</b> > \$ 2000	<b>Date (month, day, year)</b> 10/20/90	<b>Amount of Each Receipt this Period</b> 1000

SUBTOTAL of Receipts This Page (optional)

3025.00

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## SCHEDULE A

## ITEMIZED RECEIPTS

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

Honsdale for Senate Committee

<b>A. Full Name, Mailing Address and ZIP Code</b> Virginia B. Coen Route 1 Box 73 Baker, OR 97814  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> None  <b>Occupation</b> Retired Aggregate Year-to-Date > \$ 720	<b>Date (month, day, year)</b> 10/26/90	<b>Amount of Each Receipt this Period</b> 300
<b>B. Full Name, Mailing Address and ZIP Code</b> Anne W. Walker R.D. 4 Box 4407 Stroudsburg, PA 18360  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> None  <b>Occupation</b> HOMEMAKER Aggregate Year-to-Date > \$ 500	<b>Date (month, day, year)</b> 10/20/90	<b>Amount of Each Receipt this Period</b> 250
<b>C. Full Name, Mailing Address and ZIP Code</b> John A. Quinn 275 E. Wynnewood Rd. Merion, PA 19066  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> U. of PA  <b>Occupation</b> Professor Aggregate Year-to-Date > \$ 300	<b>Date (month, day, year)</b> 11/2/90	<b>Amount of Each Receipt this Period</b> 100
<b>D. Full Name, Mailing Address and ZIP Code</b> Louisa Brown Bateman Harriman Rt. Box 24 Klamath Falls, OR 97601  Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> The Robinson Co.  <b>Occupation</b> Chairman Aggregate Year-to-Date > \$ 1500	<b>Date (month, day, year)</b> 10/20/90	<b>Amount of Each Receipt this Period</b> 500
<b>E. Full Name, Mailing Address and ZIP Code</b> Allen Bateman Harriman Rt. Box 24 Klamath Falls, OR 97601  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> None  <b>Occupation</b> Retired Aggregate Year-to-Date > \$ 1000	<b>Date (month, day, year)</b> 10/30/90	<b>Amount of Each Receipt this Period</b> 500
<b>F. Full Name, Mailing Address and ZIP Code</b> Gretchen R. Morris 6315 N. W. Ponderosa Ave. Corvallis, OR 97330  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Info. Req.  <b>Occupation</b> Aggregate Year-to-Date > \$ 220	<b>Date (month, day, year)</b> 10/19/90 11/2/90	<b>Amount of Each Receipt this Period</b> 100 50
<b>G. Full Name, Mailing Address and ZIP Code</b> William June 1975 S. W. Edgewood Rd Portland, OR 97201  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Portland General Elec  <b>Occupation</b> Exec. Aggregate Year-to-Date > \$ 275	<b>Date (month, day, year)</b> 10/18/90 10/24/90	<b>Amount of Each Receipt this Period</b> 50 50

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1900

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## SCHEDULE A

## ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

Hurdle for Senate Committee

## A. Full Name, Mailing Address and ZIP Code

Donald B. Morrison  
P. O. Box 112  
Glide, OR 97443

## Name of Employer

Info. Reg.

Date (month,  
day, year)

10/29/90

Amount of Each  
Receipt this Period

250

Receipt For:

☐ Primary☒ General☐ Other (specify):

Occupation

Aggregate Year-to-Date &gt; \$ 350

## B. Full Name, Mailing Address and ZIP Code

Jane S. Schultz  
111 Bentley Dr.  
Pittsburgh, PA 15238

## Name of Employer

U. of Pittsburgh

Date (month,  
day, year)

11/2/90

Amount of Each  
Receipt this Period

100

Receipt For:

☐ Primary☒ General☐ Other (specify):

Occupation

Research Administrator

Aggregate Year-to-Date &gt; \$ 600

## C. Full Name, Mailing Address and ZIP Code

H. D. Olney  
1385 Shady Lane N.E.  
Salem, OR 97303

## Name of Employer

Info. Reg.

Date (month,  
day, year)

10/29/90

Amount of Each  
Receipt this Period

50

Receipt For:

☐ Primary☒ General☐ Other (specify):

Occupation

Aggregate Year-to-Date &gt; \$ 250

## D. Full Name, Mailing Address and ZIP Code

Jeanne B. Roy  
2420 S. W. Boundary St.  
Portland, OR 97201

## Name of Employer

Info. Reg.

Date (month,  
day, year)

10/18/90

Amount of Each  
Receipt this Period

500

Receipt For:

☐ Primary☒ General☐ Other (specify):

Occupation

Aggregate Year-to-Date &gt; \$ 770

## E. Full Name, Mailing Address and ZIP Code

Lynn J. Herring  
1090 Chandler Rd.  
Lake Oswego, OR 97034

## Name of Employer

Self

Date (month,  
day, year)

10/19/90

Amount of Each  
Receipt this Period

100

Receipt For:

☐ Primary☒ General☐ Other (specify):

Occupation

Conservationist

Aggregate Year-to-Date &gt; \$ 200

## F. Full Name, Mailing Address and ZIP Code

Andrew Bajer  
2830 Elinor  
Eugene, OR 97403

## Name of Employer

U of O

Date (month,  
day, year)

10/31/90

Amount of Each  
Receipt this Period

120

Receipt For:

☐ Primary☒ General☐ Other (specify):

Occupation

Professor

Aggregate Year-to-Date &gt; \$ 320

## G. Full Name, Mailing Address and ZIP Code

Jean R. Milbauer  
190 Park Place  
Brooklyn, NY 11238

## Name of Employer

Info. Reg.

Date (month,  
day, year)

10/30/90

Amount of Each  
Receipt this Period

200

Receipt For:

☐ Primary☒ General☐ Other (specify):

Occupation

Aggregate Year-to-Date &gt; \$ 300

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1320

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## SCHEDULE A

## ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

*Honsdale for Senate Committee*

<p>A. Full Name, Mailing Address and ZIP Code Patsy Miller 7045 N. W. Grandview Dr. Corvallis, OR 97330</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <i>Info. Req.</i></p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 225</p>	<p>Date (month, day, year) 10/29/90</p>	<p>Amount of Each Receipt this Period 50</p>
<p>B. Full Name, Mailing Address and ZIP Code Livia S. Szekely 543 West D. St. Springfield, OR 97477</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Fitness Resorts</p> <p>Occupation <i>Landscape Design</i></p> <p>Aggregate Year-to-Date &gt; \$ 750</p>	<p>Date (month, day, year) 10/22/90</p>	<p>Amount of Each Receipt this Period 500</p>
<p>C. Full Name, Mailing Address and ZIP Code Marjorie M. Kellogg 2180 Sardine Creek Rd. Gold Hill, OR 97525</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <i>Info. Req.</i></p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 200</p>	<p>Date (month, day, year) 10/18/90</p>	<p>Amount of Each Receipt this Period 100</p>
<p>D. Full Name, Mailing Address and ZIP Code Marian J. Tews 2364 N. W. Northrup Portland, OR 97210</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <i>Info. Req.</i></p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 200</p>	<p>Date (month, day, year) 10/29/90</p>	<p>Amount of Each Receipt this Period 100</p>
<p>E. Full Name, Mailing Address and ZIP Code David L. Berliner 380 Selby Lane Atherton, CA 94025</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <i>Info. Req.</i></p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 1100</p>	<p>Date (month, day, year) 10/29/90</p>	<p>Amount of Each Receipt this Period 100</p>
<p>F. Full Name, Mailing Address and ZIP Code Philip K. Krohn P. O. Box 747 Camp Sherman, OR 97730</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self</p> <p>Occupation <i>Carpenter/Artist</i></p> <p>Aggregate Year-to-Date &gt; \$ 1500</p>	<p>Date (month, day, year) 10/18/90</p>	<p>Amount of Each Receipt this Period 1000</p>
<p>G. Full Name, Mailing Address and ZIP Code H. Tom Davis 13265 SW Bay Meadows Ct. Beaverton, OR 97005</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Brown &amp; Caldwell</p> <p>Occupation <i>Civil Engineer</i></p> <p>Aggregate Year-to-Date &gt; \$ 200</p>	<p>Date (month, day, year) 10/24/90</p>	<p>Amount of Each Receipt this Period 100</p>

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1950

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SCHEDULE A

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NAME OF COMMITTEE (in Full)

House of Representatives Committee

<p>A. Full Name, Mailing Address and ZIP Code Karen O. Swafford 3700 N. W. Columbia Portland, OR 97229</p>	<p>Name of Employer Boys &amp; Girls Aid Society</p>	<p>Date (month, day, year) 10/30/90</p>	<p>Amount of Each Receipt this Period 40</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation Social Worker Aggregate Year-to-Date &gt; \$ 280</p>		
<p>B. Full Name, Mailing Address and ZIP Code Patricia Harris Noyes 2014 Elk Drive Eugene, OR 97403</p>	<p>Name of Employer U of O</p>	<p>Date (month, day, year) 10/30/90</p>	<p>Amount of Each Receipt this Period 100</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation Professor Aggregate Year-to-Date &gt; \$ 200</p>		
<p>C. Full Name, Mailing Address and ZIP Code Stephen J. Schneider P. O. Box 40342 Portland, OR 97240</p>	<p>Name of Employer Self</p>	<p>Date (month, day, year) 10/22/90</p>	<p>Amount of Each Receipt this Period 50</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation Political Consultant Aggregate Year-to-Date &gt; \$ 200</p>		
<p>D. Full Name, Mailing Address and ZIP Code Tom Hermach P. O. Box 8899 Portland, OR 97207</p>	<p>Name of Employer Real Estate Assn.</p>	<p>Date (month, day, year) 10/26/90</p>	<p>Amount of Each Receipt this Period 175</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation Real Estate Aggregate Year-to-Date &gt; \$ 475</p>		
<p>E. Full Name, Mailing Address and ZIP Code Richard L. Lawson 4428 N. W. Barnes Road Portland, OR 97210</p>	<p>Name of Employer Advisco Inc.</p>	<p>Date (month, day, year) 10/26/90</p>	<p>Amount of Each Receipt this Period 425</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation Property Mgmt. Aggregate Year-to-Date &gt; \$ 575</p>		
<p>F. Full Name, Mailing Address and ZIP Code P. W. Chase 18140 Couch Market Rd. Bend, OR 97701</p>	<p>Name of Employer</p>	<p>Date (month, day, year) 10/30/90 11/2/90</p>	<p>Amount of Each Receipt this Period 100 150</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation Retired Aggregate Year-to-Date &gt; \$ 500</p>		
<p>G. Full Name, Mailing Address and ZIP Code Sharon Ann Bates 4560 N. W. Barnes Rd. Portland, OR 97210</p>	<p>Name of Employer Info. Reg.</p>	<p>Date (month, day, year) 10/26/90</p>	<p>Amount of Each Receipt this Period 125</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation Aggregate Year-to-Date &gt; \$ 225</p>		

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1165

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## SCHEDULE A

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## NAME OF COMMITTEE (in Full)

Lonsdale for Senate Committee

<b>A. Full Name, Mailing Address and ZIP Code</b> Diane Leedy Gruber 5400 Windsor Terrace West Linn, Oregon 97068  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Info. Reg.  <b>Occupation</b>  <b>Aggregate Year-to-Date</b> > \$ 200	<b>Date (month, day, year)</b> 10/19/90 10/26/90	<b>Amount of Each Receipt this Period</b> 25 50
<b>B. Full Name, Mailing Address and ZIP Code</b> Irving Rotenberg 6062 S. W. Riverpoint Lane Portland, OR 97201  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> C & R Realty  <b>Occupation</b> Real Estate <b>Aggregate Year-to-Date</b> > \$ 200	<b>Date (month, day, year)</b> 10/18/90	<b>Amount of Each Receipt this Period</b> 100
<b>C. Full Name, Mailing Address and ZIP Code</b> Daniel P. O'Shea 7 Wilbur Lane East Lyme, CT 06333  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Pfizer Inc.  <b>Occupation</b> Vice President <b>Aggregate Year-to-Date</b> > \$ 350	<b>Date (month, day, year)</b> 11/2/90	<b>Amount of Each Receipt this Period</b> 100
<b>D. Full Name, Mailing Address and ZIP Code</b> James G. Rice 1207 S. W. Sixth Ave. Portland, OR 97205  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Self  <b>Occupation</b> Attorney <b>Aggregate Year-to-Date</b> > \$ 725	<b>Date (month, day, year)</b> 10/26/90	<b>Amount of Each Receipt this Period</b> 225
<b>E. Full Name, Mailing Address and ZIP Code</b> Anne Mendel McCormack 12746 S. W. Iron Mt. Blvd. Portland, OR 97219  Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b>   <b>Occupation</b> HOMEMAKER <b>Aggregate Year-to-Date</b> > \$ 1100	<b>Date (month, day, year)</b> 10/18/90	<b>Amount of Each Receipt this Period</b> 1000
<b>F. Full Name, Mailing Address and ZIP Code</b> Thane W. Tienon 2067 N. W. Irving Portland, OR 97209  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Mitchell Lang & Smith  <b>Occupation</b> Attorney <b>Aggregate Year-to-Date</b> > \$ 225	<b>Date (month, day, year)</b> 10/26/90	<b>Amount of Each Receipt this Period</b> 100
<b>G. Full Name, Mailing Address and ZIP Code</b> Gary T. Prohaska 3640 S. W. Dosch Rd. Portland, OR 97201  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Self  <b>Occupation</b> Physician <b>Aggregate Year-to-Date</b> > \$ 650	<b>Date (month, day, year)</b> 10/26/90	<b>Amount of Each Receipt this Period</b> 50

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SCHEDULE A

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NAME OF COMMITTEE (in Full)

Honorable J. Senate Committee

<p>A. Full Name, Mailing Address and ZIP Code Lynne Wintermute 12560 S. W. Elk Rock Rd. Lake Oswego, OR 97034</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Info. Reg.</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 300</p>	<p>Date (month, day, year) 10/18/90</p>	<p>Amount of Each Receipt this Period 100</p>
<p>B. Full Name, Mailing Address and ZIP Code David Scheuer 286 College Street Burlington, VT 05401</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Retrovest Associates Inc.</p> <p>Occupation Housing Developer</p> <p>Aggregate Year-to-Date &gt; \$ 2000</p>	<p>Date (month, day, year) 11/2/90</p>	<p>Amount of Each Receipt this Period 500</p>
<p>C. Full Name, Mailing Address and ZIP Code Michael P. Dalto 3207 Berkshire Road Baltimore, MD 21214</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Info. Reg.</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 350</p>	<p>Date (month, day, year) 11/2/90</p>	<p>Amount of Each Receipt this Period 250</p>
<p>D. Full Name, Mailing Address and ZIP Code Morgan Lalor Brill 2 West 90th St. Apt. 5D New York, NY 10024</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Info. Reg.</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 300</p>	<p>Date (month, day, year) 11/8/90</p>	<p>Amount of Each Receipt this Period 50</p>
<p>E. Full Name, Mailing Address and ZIP Code Edmund A. Stanley Jr. P. O. Box 75 Oxford, MD 21654</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer None</p> <p>Occupation Retired</p> <p>Aggregate Year-to-Date &gt; \$ 1500</p>	<p>Date (month, day, year) 10/20/90</p>	<p>Amount of Each Receipt this Period 1000</p>
<p>F. Full Name, Mailing Address and ZIP Code Ann Smeltzer 1019 - 2nd Ave. S. Fort Dodge, IA 50501</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Info. Reg.</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 400</p>	<p>Date (month, day, year) 11/2/90</p>	<p>Amount of Each Receipt this Period 200</p>
<p>G. Full Name, Mailing Address and ZIP Code William L. Holt Jr. R.D. 1 - Box 84 Feura Bush, NY 12067</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Retired</p> <p>Occupation Physician</p> <p>Aggregate Year-to-Date &gt; \$ 500</p>	<p>Date (month, day, year) 11/2/90</p>	<p>Amount of Each Receipt this Period 200</p>

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2300

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## SCHEDULE A

## ITEMIZED RECEIPTS

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## NAME OF COMMITTEE (in Full)

Honorable for Senate Committee

<b>A. Full Name, Mailing Address and ZIP Code</b> Beth Hadady 1361 E. Cypress Glendora, CA 91740  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> None  <b>Occupation</b> Retired Aggregate Year-to-Date > \$ 350	<b>Date (month, day, year)</b> 10/19/90 10/23/90 11/2/90	<b>Amount of Each Receipt this Period</b> 100 100 50
<b>B. Full Name, Mailing Address and ZIP Code</b> Sergio Nacht 289 Quinnhill Avenue Los Altos, CA 94022  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Advanced Polymer Systems  <b>Occupation</b> Vice Pres. Aggregate Year-to-Date > \$ 200	<b>Date (month, day, year)</b> 10/26/90	<b>Amount of Each Receipt this Period</b> 100
<b>C. Full Name, Mailing Address and ZIP Code</b> Peter L. Buttenwieser 8325 St. Martins Lane Philadelphia, PA 19118  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Self  <b>Occupation</b> Educational Consultant Aggregate Year-to-Date > \$ 1000	<b>Date (month, day, year)</b> 11/2/90	<b>Amount of Each Receipt this Period</b> 500
<b>D. Full Name, Mailing Address and ZIP Code</b> Ruth D. Bell Alexander 1095 S. Mountain Ave. Ashland, OR 97520  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Self  <b>Occupation</b> Writer Aggregate Year-to-Date > \$ 300	<b>Date (month, day, year)</b> 10/25/90	<b>Amount of Each Receipt this Period</b> 250
<b>E. Full Name, Mailing Address and ZIP Code</b> J. William Savage 397 Furnace Lake Oswego, OR 97034  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Info. Reg.  <b>Occupation</b> Aggregate Year-to-Date > \$ 425	<b>Date (month, day, year)</b> 10/26/90 11/2/90	<b>Amount of Each Receipt this Period</b> 125 150
<b>F. Full Name, Mailing Address and ZIP Code</b> Sandra F. Wilson P. O. Box 2209 Friday Harbor, WA 98250  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Self-employed  <b>Occupation</b> Network Mgr. Aggregate Year-to-Date > \$ 300	<b>Date (month, day, year)</b> 10/17/90 11/2/90	<b>Amount of Each Receipt this Period</b> 100 100
<b>G. Full Name, Mailing Address and ZIP Code</b> Louisa Seagraves 16923 Springwater Rd. Oregon City, OR 97045  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> None  <b>Occupation</b> Retired Aggregate Year-to-Date > \$ 500	<b>Date (month, day, year)</b> 10/29/90	<b>Amount of Each Receipt this Period</b> 200

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1775

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## SCHEDULE A

## ITEMIZED RECEIPTS

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## NAME OF COMMITTEE (in Full)

Hawdsale for Senate Committee

<b>A. Full Name, Mailing Address and ZIP Code</b> Helen Malarkey Thompson 2542 SW Hillcrest Dr. Portland, OR 97201  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> None  <b>Occupation</b> Retired <b>Aggregate Year-to-Date</b> > \$ 1000	<b>Date (month, day, year)</b> 11/6/90	<b>Amount of Each Receipt this Period</b> 400
<b>B. Full Name, Mailing Address and ZIP Code</b> Lois M. Egan 9805 River Rd. N.E. Brooks, OR 97303  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Info. Req.  <b>Occupation</b>  <b>Aggregate Year-to-Date</b> > \$ 300	<b>Date (month, day, year)</b> 10/23/90	<b>Amount of Each Receipt this Period</b> 50
<b>C. Full Name, Mailing Address and ZIP Code</b> Jane D. Dixon 2100 Sierra Sage Ln. Reno, NV 89509  Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Springfield Marine Bank  <b>Occupation</b> Management <b>Aggregate Year-to-Date</b> > \$ 1350	<b>Date (month, day, year)</b> 10/18/90 10/26/90	<b>Amount of Each Receipt this Period</b> 250 1000
<b>D. Full Name, Mailing Address and ZIP Code</b> Patrick G. Lamb P. O. Box 367 Bend, OR 97709  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Self  <b>Occupation</b> Psychiatrist <b>Aggregate Year-to-Date</b> > \$ 200	<b>Date (month, day, year)</b> 10/29/90	<b>Amount of Each Receipt this Period</b> 100
<b>E. Full Name, Mailing Address and ZIP Code</b> Roberta Jansen 12770 W. Perrydale Rd. Amity, OR 97101  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> None  <b>Occupation</b> Retired <b>Aggregate Year-to-Date</b> > \$ 200	<b>Date (month, day, year)</b> 10/24/90	<b>Amount of Each Receipt this Period</b> 100
<b>F. Full Name, Mailing Address and ZIP Code</b> David B. Hermelin 31500 Bingham Rd. Birmingham, MI 48010  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Info. Req.  <b>Occupation</b>  <b>Aggregate Year-to-Date</b> > \$ 1000	<b>Date (month, day, year)</b> 10/26/90	<b>Amount of Each Receipt this Period</b> 500
<b>G. Full Name, Mailing Address and ZIP Code</b> Audrey Bernfield 25 Brimmer St. Boston, MA 02108  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Harvard Med. School  <b>Occupation</b> Professor <b>Aggregate Year-to-Date</b> > \$ 300	<b>Date (month, day, year)</b> 10/20/90	<b>Amount of Each Receipt this Period</b> 100

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2500

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## SCHEDULE A

## ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

1. Committee for Senate

<b>A. Full Name, Mailing Address and ZIP Code</b> Robert A. Stout 2764 NE Wiberg Lane Portland, OR 97213	<b>Name of Employer</b> Perkins-Coie	<b>Date (month, day, year)</b> 10/23/90	<b>Amount of Each Receipt this Period</b> 100
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> Attorney <b>Aggregate Year-to-Date</b> > \$ 200		
<b>B. Full Name, Mailing Address and ZIP Code</b> Gary L. Kahn 1020 SW Taylor #800 Portland, OR 97205	<b>Name of Employer</b> Reeves Kahn & Eder	<b>Date (month, day, year)</b> 10/26/90	<b>Amount of Each Receipt this Period</b> 100
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> Attorney <b>Aggregate Year-to-Date</b> > \$ 300		
<b>C. Full Name, Mailing Address and ZIP Code</b> John D. English 375 South 41st St. Boulder, CO 80303	<b>Name of Employer</b> Info. Req.	<b>Date (month, day, year)</b> 10/31/90	<b>Amount of Each Receipt this Period</b> 100
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> <b>Aggregate Year-to-Date</b> > \$ 200		
<b>D. Full Name, Mailing Address and ZIP Code</b> Elizabeth S. Joseph 7110 SE 29th Ave. Portland, OR 97202	<b>Name of Employer</b> None	<b>Date (month, day, year)</b> 10/29/90	<b>Amount of Each Receipt this Period</b> 100
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> Homemaker <b>Aggregate Year-to-Date</b> > \$ 200		
<b>E. Full Name, Mailing Address and ZIP Code</b> Howard M. Shapiro 621 SW Morrison Portland, OR 97205	<b>Name of Employer</b> Self	<b>Date (month, day, year)</b> 10/24/90	<b>Amount of Each Receipt this Period</b> 500
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> Marketing Consultant <b>Aggregate Year-to-Date</b> > \$ 1000		
<b>F. Full Name, Mailing Address and ZIP Code</b> Phillip M. Stern 2000 P Street NW Room 408 Washington, DC 20036	<b>Name of Employer</b> Info. Req.	<b>Date (month, day, year)</b> 11/2/90	<b>Amount of Each Receipt this Period</b> 500
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> <b>Aggregate Year-to-Date</b> > \$ 1500		
<b>G. Full Name, Mailing Address and ZIP Code</b> Robert Grossmann 1257 Siskiyou Blvd. #171 Ashland, OR 97520	<b>Name of Employer</b> Stratton Oakmont Inc.	<b>Date (month, day, year)</b> 10/22/90	<b>Amount of Each Receipt this Period</b> 500
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> Stockbroker <b>Aggregate Year-to-Date</b> > \$ 1000		

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1900.00

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## SCHEDULE A

## ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

*add-on for Senate Committee*

<p>A. Full Name, Mailing Address and ZIP Code Craig M. Blau 1408 SW Vista Ave Portland, OR 97201</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <i>Info. Req.</i></p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 350</p>	<p>Date (month, day, year) 10/18/90</p>	<p>Amount of Each Receipt this Period 100</p>
<p>B. Full Name, Mailing Address and ZIP Code Herbert Simon 8765 Pine Ridge Dr. Indianapolis, IN 46260</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <i>Info. Req.</i></p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 750</p>	<p>Date (month, day, year) 11/8/90</p>	<p>Amount of Each Receipt this Period 500</p>
<p>C. Full Name, Mailing Address and ZIP Code Raquel H. Newman 44 Macondray Lane #6W San Francisco, CA 94133</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer RHN Associates</p> <p>Occupation <i>Consultant</i></p> <p>Aggregate Year-to-Date &gt; \$ 500</p>	<p>Date (month, day, year) 10/19/90</p>	<p>Amount of Each Receipt this Period 250</p>
<p>D. Full Name, Mailing Address and ZIP Code Michael L. Horton 1169 Lincoln St. Eugene, OR 97401</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self</p> <p>Occupation <i>Entrepreneur</i></p> <p>Aggregate Year-to-Date &gt; \$ 1000</p>	<p>Date (month, day, year) 10/19/90</p>	<p>Amount of Each Receipt this Period 500</p>
<p>E. Full Name, Mailing Address and ZIP Code Laura J. Spear 1905 NW 119th Ave. Portland, OR 97229</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer None</p> <p>Occupation RN</p> <p>Aggregate Year-to-Date &gt; \$ 1025</p>	<p>Date (month, day, year) 10/26/90</p>	<p>Amount of Each Receipt this Period 525</p>
<p>F. Full Name, Mailing Address and ZIP Code Ray B. Auel 17410 SW Parrett Mt. Rd. Sherwood, OR 97140</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self</p> <p>Occupation <i>Writer</i></p> <p>Aggregate Year-to-Date &gt; \$ 1500</p>	<p>Date (month, day, year) 10/26/90</p>	<p>Amount of Each Receipt this Period 500</p>
<p>G. Full Name, Mailing Address and ZIP Code Edith R. Clark 11809 SE Bush Portland, OR 97266</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <i>Info. Req.</i></p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 200</p>	<p>Date (month, day, year) 11/2/90</p>	<p>Amount of Each Receipt this Period 100</p>

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2475

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NAME OF COMMITTEE (in Full)

*Lonsdale for Senate*

<p>A. Full Name, Mailing Address and ZIP Code Edward F. Engle 3010 Northwood Dr. #1014 Winston-Salem, NC 27106</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Hinkle's Office System</p> <p>Occupation Elect. Tech.</p> <p>Aggregate Year-to-Date &gt; \$ 300</p>	<p>Date (month, day, year) 10/26/90</p>	<p>Amount of Each Receipt this Period 135</p>
<p>B. Full Name, Mailing Address and ZIP Code Helen Madison 6530 Long Prairie Rd. Tillamook, OR 97141</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer None</p> <p>Occupation Retired</p> <p>Aggregate Year-to-Date &gt; \$ 200</p>	<p>Date (month, day, year) 11/2/90</p>	<p>Amount of Each Receipt this Period 100</p>
<p>C. Full Name, Mailing Address and ZIP Code Max R. Schrayner II 651 W. Washington Blvd. Chicago, IL 60606</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Assoe. Agencies, Inc</p> <p>Occupation Senior V.P.</p> <p>Aggregate Year-to-Date &gt; \$ 1000</p>	<p>Date (month, day, year) 10/18/90</p>	<p>Amount of Each Receipt this Period 1000</p>
<p>D. Full Name, Mailing Address and ZIP Code Win McCormack 12746 SW Iron Mt. Blvd. Portland, OR 97219</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self</p> <p>Occupation Investor</p> <p>Aggregate Year-to-Date &gt; \$ 1000</p>	<p>Date (month, day, year) 10/18/90</p>	<p>Amount of Each Receipt this Period 1000</p>
<p>E. Full Name, Mailing Address and ZIP Code Melvin A. Peters 301 N. Cannon Dr. #208 Beverly Hills, CA 90210</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Info. Reg.</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 250</p>	<p>Date (month, day, year) 10/18/90</p>	<p>Amount of Each Receipt this Period 250</p>
<p>F. Full Name, Mailing Address and ZIP Code Fred Rzepka 25250 Rockside Rd. Bedford Heights, OH 44146</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer LPFM Partnership</p> <p>Occupation Partner</p> <p>Aggregate Year-to-Date &gt; \$ 250</p>	<p>Date (month, day, year) 10/18/90</p>	<p>Amount of Each Receipt this Period 250</p>
<p>G. Full Name, Mailing Address and ZIP Code Peter Rzepka 25250 Rockside Rd. Bedford Heights, OH 44146</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer LPFM Partnership</p> <p>Occupation Partner</p> <p>Aggregate Year-to-Date &gt; \$ 250</p>	<p>Date (month, day, year) 10/18/90</p>	<p>Amount of Each Receipt this Period 250</p>

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2985

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SCHEDULE A

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NAME OF COMMITTEE (in Full)

Monnaie for Senate Committee

<p>A. Full Name, Mailing Address and ZIP Code</p> <p>Louis Freiberg 25250 Rockside Rd. Bedford Heights, OH 44146</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>LPFM Partnership</p> <p>Occupation</p> <p>Partner</p> <p>Aggregate Year-to-Date &gt; \$ 250</p>	<p>Date (month, day, year)</p> <p>10/18/90</p>	<p>Amount of Each Receipt this Period</p> <p>250</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>Martin Liston 25250 Rockside Rd. Bedford Heights, OH 44146</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>LPFM Partnership</p> <p>Occupation</p> <p>Partner</p> <p>Aggregate Year-to-Date &gt; \$ 250</p>	<p>Date (month, day, year)</p> <p>10/18/90</p>	<p>Amount of Each Receipt this Period</p> <p>250</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>Lawrence Weinberg 9595 Wilshire Boulevard Beverly Hills, CA 90212</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Info. Req.</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 1000</p>	<p>Date (month, day, year)</p> <p>10/18/90</p>	<p>Amount of Each Receipt this Period</p> <p>1000</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Janice L. Zakowski 1331 Warnall Ave. Los Angeles, CA 90024</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Info. Req.</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 2000</p>	<p>Date (month, day, year)</p> <p>10/18/90</p>	<p>Amount of Each Receipt this Period</p> <p>2000</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Robert E. Loup 10065 E. Harvard Ave. #900 Denver, CO 80231</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Info. Req.</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 1000</p>	<p>Date (month, day, year)</p> <p>10/18/90</p>	<p>Amount of Each Receipt this Period</p> <p>1000</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Michael D. Moss 456 N. New St. Bethlehem, PA 18018</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Info. Req.</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 500</p>	<p>Date (month, day, year)</p> <p>10/18/90</p>	<p>Amount of Each Receipt this Period</p> <p>500</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Roger &amp; Eve Bachman 4436 SW Warrens Way Portland, OR 97221</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Info. Req.</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 400</p>	<p>Date (month, day, year)</p> <p>10/18/90</p>	<p>Amount of Each Receipt this Period</p> <p>400</p>

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5400

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SCHEDULE A

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NAME OF COMMITTEE (in Full)

<p>A. Full Name, Mailing Address and ZIP Code Robert S. Ramsey 605 Bel Air Blvd. #31 Mobile, AL 36606</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Ramsey &amp; Sheldon</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date &gt; \$ 500</p>	<p>Date (month, day, year) 10/18/90</p>	<p>Amount of Each Receipt this Period 500</p>
<p>B. Full Name, Mailing Address and ZIP Code John Freidenrich 10600 N. De Anza Blvd. #100 Cupertino, CA 95014</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Info. Reg.</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 500</p>	<p>Date (month, day, year) 10/18/90</p>	<p>Amount of Each Receipt this Period 500</p>
<p>C. Full Name, Mailing Address and ZIP Code Robert A. Farmer 655 - 15th St. NW #1100 Washington, DC 20005</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Info. Reg.</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 1000</p>	<p>Date (month, day, year) 10/18/90</p>	<p>Amount of Each Receipt this Period 1000</p>
<p>D. Full Name, Mailing Address and ZIP Code Allan R. Abravanel 4232 SW Selling Ct. Portland, OR 97221</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer PERKINS, Coie</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date &gt; \$ 200</p>	<p>Date (month, day, year) 10/18/90</p>	<p>Amount of Each Receipt this Period 200</p>
<p>E. Full Name, Mailing Address and ZIP Code Fern M. Winkler 610 SW Adler Portland, OR 97205</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer None</p> <p>Occupation Homemaker</p> <p>Aggregate Year-to-Date &gt; \$ 2000</p>	<p>Date (month, day, year) 10/18/90</p>	<p>Amount of Each Receipt this Period 2000</p>
<p>F. Full Name, Mailing Address and ZIP Code Roger Thompson P.O. Box 6059 Bend, OR 97708</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Consep Membranes</p> <p>Occupation V.P. Sales &amp; Marketing</p> <p>Aggregate Year-to-Date &gt; \$ 200</p>	<p>Date (month, day, year) 10/18/90</p>	<p>Amount of Each Receipt this Period 200</p>
<p>G. Full Name, Mailing Address and ZIP Code Patricia Gainsforth P.O. Box 5324 Bend, OR 97708</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Bachelor Realty Inc.</p> <p>Occupation Owner</p> <p>Aggregate Year-to-Date &gt; \$ 1000</p>	<p>Date (month, day, year) 10/18/90</p>	<p>Amount of Each Receipt this Period 1000</p>

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NAME OF COMMITTEE (in Full)

<p>A. Full Name, Mailing Address and ZIP Code William M. McAllister 2527 NE 17th Ave. Portland, OR 97212</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Stoel Rives et al.</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date &gt; \$ 200</p>	<p>Date (month, day, year) 10/19/90</p>	<p>Amount of Each Receipt this Period 200</p>
<p>B. Full Name, Mailing Address and ZIP Code Andrew H. Tisch One Park Avenue New York, NY 10016</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Info. req.</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 1000</p>	<p>Date (month, day, year) 10/19/90</p>	<p>Amount of Each Receipt this Period 1000</p>
<p>C. Full Name, Mailing Address and ZIP Code Alice Sigelman 122 East 42nd St. New York, NY 10168</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Info. req.</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 1000</p>	<p>Date (month, day, year) 10/19/90</p>	<p>Amount of Each Receipt this Period 1000</p>
<p>D. Full Name, Mailing Address and ZIP Code Emmanuel Sella 767 Fifth Avenue New York, NY 10153</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Amivest Corp.</p> <p>Occupation President</p> <p>Aggregate Year-to-Date &gt; \$ 1000</p>	<p>Date (month, day, year) 10/19/90</p>	<p>Amount of Each Receipt this Period 1000</p>
<p>E. Full Name, Mailing Address and ZIP Code Nate Lachow c/o P. O. Box 30511 Boca Raton, FL 33431</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Info. req.</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 500</p>	<p>Date (month, day, year) 10/19/90</p>	<p>Amount of Each Receipt this Period 500</p>
<p>F. Full Name, Mailing Address and ZIP Code Robert H. Siskin Box 1191 Chattanooga, TN 37401</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Info. req.</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 250</p>	<p>Date (month, day, year) 10/19/90</p>	<p>Amount of Each Receipt this Period 250</p>
<p>G. Full Name, Mailing Address and ZIP Code Sylvia L. Steiner Llewellyn Park West Orange, NJ 07052</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Info. req.</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 1000</p>	<p>Date (month, day, year) 10/19/90</p>	<p>Amount of Each Receipt this Period 1000</p>

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NAME OF COMMITTEE (in Full)

<p>A. Full Name, Mailing Address and ZIP Code Betty S. Melaver 6 Sweetbay Lane Savannah, GA 31406</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Info. reg.</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 500</p>	<p>Date (month, day, year) 10/19/90</p>	<p>Amount of Each Receipt this Period 500</p>
<p>B. Full Name, Mailing Address and ZIP Code Catherine M. Conover c/o 1718 Connecticut Ave. NW #300 Washington, DC 20009</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Info. reg.</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 750</p>	<p>Date (month, day, year) 10/19/90 11/2/90</p>	<p>Amount of Each Receipt this Period 500 250</p>
<p>C. Full Name, Mailing Address and ZIP Code James F. Gilwee 7955 Vintage Way Fair Oaks, CA 95628</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Crow Sevey Gilwee et al.</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date &gt; \$ 250</p>	<p>Date (month, day, year) 10/19/90</p>	<p>Amount of Each Receipt this Period 250</p>
<p>D. Full Name, Mailing Address and ZIP Code T. E. Lindley 5720 SW Dolph St. Portland, OR 97219</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Miller Nash et al.</p> <p>Occupation Partner</p> <p>Aggregate Year-to-Date &gt; \$ 405</p>	<p>Date (month, day, year) 10/19/90 10/26/90</p>	<p>Amount of Each Receipt this Period 200 205</p>
<p>E. Full Name, Mailing Address and ZIP Code Elliott Levinthal 59 Sutherland Dr. Atherton, CA 94025</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Stanford Univ.</p> <p>Occupation Physicist</p> <p>Aggregate Year-to-Date &gt; \$ 500</p>	<p>Date (month, day, year) 10/20/90</p>	<p>Amount of Each Receipt this Period 500</p>
<p>F. Full Name, Mailing Address and ZIP Code Richard G. Chenoweth 8008 SW Crestline Dr. Portland, OR 97219</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Info. reg.</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 325</p>	<p>Date (month, day, year) 10/20/90</p>	<p>Amount of Each Receipt this Period 325</p>
<p>G. Full Name, Mailing Address and ZIP Code Richard M. Noyes 2014 Elk Drive Eugene, OR 97403</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Univ. of OR</p> <p>Occupation Professor</p> <p>Aggregate Year-to-Date &gt; \$ 200</p>	<p>Date (month, day, year) 10/20/90</p>	<p>Amount of Each Receipt this Period 200</p>

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**SCHEDULE A**

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NAME OF COMMITTEE (in Full)

<b>A. Full Name, Mailing Address and ZIP Code</b> <b>Ed Numrich</b> <b>P.O. Box 973</b> <b>Wilsonville, OR 97070</b>  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> <b>Self</b>  <b>Occupation</b> <b>Investor</b> Aggregate Year-to-Date > \$ <b>500</b>	<b>Date (month, day, year)</b> <b>10/20/90</b>	<b>Amount of Each Receipt this Period</b> <b>500</b>
<b>B. Full Name, Mailing Address and ZIP Code</b> <b>Monte Bricker</b> <b>1300 American Bank Bldg.</b> <b>Portland, OR 97205</b>  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> <b>Bricker Zakovics &amp; Querin</b>  <b>Occupation</b> <b>Attorney</b> Aggregate Year-to-Date > \$ <b>250</b>	<b>Date (month, day, year)</b> <b>10/20/90</b>	<b>Amount of Each Receipt this Period</b> <b>250</b>
<b>C. Full Name, Mailing Address and ZIP Code</b> <b>Sidney Leiken</b> <b>2230 W. Harvard</b> <b>Roseburg, OR 97470</b>  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> <b>Info. reg.</b>  <b>Occupation</b>  Aggregate Year-to-Date > \$ <b>500</b>	<b>Date (month, day, year)</b> <b>10/20/90</b>	<b>Amount of Each Receipt this Period</b> <b>500</b>
<b>D. Full Name, Mailing Address and ZIP Code</b> <b>Homer G. Williams</b> <b>121 SW Morrison #950</b> <b>Portland, OR 97205</b>  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> <b>HGW Inc.</b>  <b>Occupation</b> <b>President</b> Aggregate Year-to-Date > \$ <b>1000</b>	<b>Date (month, day, year)</b> <b>10/20/90</b>	<b>Amount of Each Receipt this Period</b> <b>1000</b>
<b>E. Full Name, Mailing Address and ZIP Code</b> <b>Roxana F. Johnson</b> <b>1001 Potomac Ln.</b> <b>Alexandria, VA 22308</b>  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> <b>None</b>  <b>Occupation</b> <b>Homemaker</b> Aggregate Year-to-Date > \$ <b>1000</b>	<b>Date (month, day, year)</b> <b>10/22/90</b>	<b>Amount of Each Receipt this Period</b> <b>1000</b>
<b>F. Full Name, Mailing Address and ZIP Code</b> <b>John C. Bell</b> <b>63727 Johnson Rd.</b> <b>Bend, OR 97701</b>  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> <b>Self</b>  <b>Occupation</b> <b>Physician</b> Aggregate Year-to-Date > \$ <b>500</b>	<b>Date (month, day, year)</b> <b>10/22/90</b>	<b>Amount of Each Receipt this Period</b> <b>500</b>
<b>G. Full Name, Mailing Address and ZIP Code</b> <b>Betsy W. Bergstein</b> <b>2226 SW Main</b> <b>Portland, OR 97205</b>  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> <b>Northwest Strategies</b>  <b>Occupation</b> <b>Executive</b> Aggregate Year-to-Date > \$ <b>850</b>	<b>Date (month, day, year)</b> <b>10/22/90</b> <b>10/26/90</b>	<b>Amount of Each Receipt this Period</b> <b>500</b> <b>350</b>

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NAME OF COMMITTEE (in Full)

<p>A. Full Name, Mailing Address and ZIP Code Allan H. Coons 3480 Bardell Eugene, OR 97401</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Coons &amp; Cole</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date &gt; \$ 250</p>	<p>Date (month, day, year) 10/22/90</p>	<p>Amount of Each Receipt this Period 250</p>
<p>B. Full Name, Mailing Address and ZIP Code M. Christie Helmer 111 SW 5th Portland, OR 97204</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Miller Nash et al.</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date &gt; \$ 250</p>	<p>Date (month, day, year) 10/22/90</p>	<p>Amount of Each Receipt this Period 250</p>
<p>C. Full Name, Mailing Address and ZIP Code Laurance Rockefeller c/o 350 Park Avenue New York, NY 10022</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self</p> <p>Occupation Philanthropist</p> <p>Aggregate Year-to-Date &gt; \$ 500</p>	<p>Date (month, day, year) 10/22/90</p>	<p>Amount of Each Receipt this Period 500</p>
<p>D. Full Name, Mailing Address and ZIP Code Richard Salomon 45 Rockefeller Plaza New York, NY 10111</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Info. req.</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 2000</p>	<p>Date (month, day, year) 10/22/90</p>	<p>Amount of Each Receipt this Period 2000</p>
<p>E. Full Name, Mailing Address and ZIP Code John P. Mascotte 180 Maiden Lane New York, NY 10038</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer The Continental Corp.</p> <p>Occupation Chairman &amp; CEO</p> <p>Aggregate Year-to-Date &gt; \$ 250</p>	<p>Date (month, day, year) 10/22/90</p>	<p>Amount of Each Receipt this Period 250</p>
<p>F. Full Name, Mailing Address and ZIP Code Elizabeth Frawley Bagley 1539 - 29th St. NW Washington, DC 20007</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Info. req.</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 1000</p>	<p>Date (month, day, year) 10/22/90</p>	<p>Amount of Each Receipt this Period 1000</p>
<p>G. Full Name, Mailing Address and ZIP Code James P. McAndrew RR #3 Box 60 Lenore Rd. Califon, NJ 07803</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Matthew Outdoor Advertising Inc.</p> <p>Occupation President &amp; CEO</p> <p>Aggregate Year-to-Date &gt; \$ 250</p>	<p>Date (month, day, year) 10/22/90</p>	<p>Amount of Each Receipt this Period 250</p>

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NAME OF COMMITTEE (in Full)

<b>A. Full Name, Mailing Address and ZIP Code</b> Robert D. Greene 2605 Windy Hill Cleveland, OH 44124 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Info. reg. <b>Occupation</b> Aggregate Year-to-Date > \$ 250	<b>Date (month, day, year)</b> 10/22/90	<b>Amount of Each Receipt this Period</b> 250
<b>B. Full Name, Mailing Address and ZIP Code</b> Sandra C. Eskin 1047 Woodlawn Iowa City, IA 52240 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Self <b>Occupation</b> Homemaker Aggregate Year-to-Date > \$ 250	<b>Date (month, day, year)</b> 10/22/90	<b>Amount of Each Receipt this Period</b> 250
<b>C. Full Name, Mailing Address and ZIP Code</b> Steven L. Shain 5227 SW Bancroft Portland, OR 97221 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Zidell Companies <b>Occupation</b> Exec. Aggregate Year-to-Date > \$ 250	<b>Date (month, day, year)</b> 10/23/90	<b>Amount of Each Receipt this Period</b> 250
<b>D. Full Name, Mailing Address and ZIP Code</b> Douglas F. Sherman 3290 SE Harrison Portland, OR 97214 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> PSU <b>Occupation</b> Teacher Aggregate Year-to-Date > \$ 250	<b>Date (month, day, year)</b> 10/23/90	<b>Amount of Each Receipt this Period</b> 250
<b>E. Full Name, Mailing Address and ZIP Code</b> Peg Yorkin 8105 W. Third St. #1 Los Angeles, CA 90048 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Peg Yorkin Productions <b>Occupation</b> Producer Aggregate Year-to-Date > \$ 1000	<b>Date (month, day, year)</b> 10/23/90	<b>Amount of Each Receipt this Period</b> 1000
<b>F. Full Name, Mailing Address and ZIP Code</b> Alan S. Davis 10 Lombard St. #250 San Francisco, CA 94111 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Self <b>Occupation</b> Entrepreneur Aggregate Year-to-Date > \$ 2000	<b>Date (month, day, year)</b> 10/23/90	<b>Amount of Each Receipt this Period</b> 2000
<b>G. Full Name, Mailing Address and ZIP Code</b> Ronald M. Ansin One Main St. Leominster, MA 01453 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Info. reg. <b>Occupation</b> Aggregate Year-to-Date > \$ 1000	<b>Date (month, day, year)</b> 10/23/90	<b>Amount of Each Receipt this Period</b> 1000

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## SCHEDULE A

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NAME OF COMMITTEE (in Full)

<b>A. Full Name, Mailing Address and ZIP Code</b> Douglas C. Walker 1531 Walnut Street Philadelphia, PA 19102 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Brown Brothers & Harriman <b>Occupation</b> Partner Aggregate Year-to-Date > \$ 500	<b>Date (month, day, year)</b> 10/24/90	<b>Amount of Each Receipt this Period</b> 500
<b>B. Full Name, Mailing Address and ZIP Code</b> Wayne H. Anderson 3083 NW Crest Loop Albany, OR 97321 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> United Steelworkers <b>Occupation</b> Sub-district Dir. Aggregate Year-to-Date > \$ 200	<b>Date (month, day, year)</b> 10/24/90	<b>Amount of Each Receipt this Period</b> 200
<b>C. Full Name, Mailing Address and ZIP Code</b> Robert D. Olmstead 3862 May Ct. Palo Alto, CA 94303 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> None <b>Occupation</b> Retired Aggregate Year-to-Date > \$ 1000	<b>Date (month, day, year)</b> 10/24/90	<b>Amount of Each Receipt this Period</b> 1000
<b>D. Full Name, Mailing Address and ZIP Code</b> John Tollefsen 7070 SW Fir Loop #2000 Portland, OR 97223 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Columbia Law Firm <b>Occupation</b> Owner Aggregate Year-to-Date > \$ 300	<b>Date (month, day, year)</b> 10/24/90	<b>Amount of Each Receipt this Period</b> 300
<b>E. Full Name, Mailing Address and ZIP Code</b> Shari B. Libicki 1950 Clay St. #105 San Francisco, CA 94109 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Info. req. <b>Occupation</b> Aggregate Year-to-Date > \$ 100	<b>Date (month, day, year)</b> 10/24/90	<b>Amount of Each Receipt this Period</b> 100
<b>F. Full Name, Mailing Address and ZIP Code</b> Morton H. Zalutsky 215 SW Washington St. Portland, OR 97204 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Zalutsky Klarquist & Johnson <b>Occupation</b> Attorney Aggregate Year-to-Date > \$ 200	<b>Date (month, day, year)</b> 10/24/90	<b>Amount of Each Receipt this Period</b> 200
<b>G. Full Name, Mailing Address and ZIP Code</b> Lloyd E. Rigler 1800 W. Magnolia Blvd. Burbank, CA 91503 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Ledler Corp. <b>Occupation</b> Owner Aggregate Year-to-Date > \$ 250	<b>Date (month, day, year)</b> 10/24/90	<b>Amount of Each Receipt this Period</b> 250

SUBTOTAL of Receipts This Page (optional)

2550

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## SCHEDULE A

## ITEMIZED RECEIPTS

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

## A. Full Name, Mailing Address and ZIP Code

Phyllis Mailman  
477 Madison Ave.  
New York, NY 10022

## Name of Employer

Info. req.

Date (month,  
day, year)

10/24/90

Amount of Each  
Receipt this Period

2000

Receipt For:

☒ Primary

☒ General

☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$ 2000

## B. Full Name, Mailing Address and ZIP Code

Charles Blitz  
P.O. Box 28012  
St. Louis, MO 63119

## Name of Employer

Info. req.

Date (month,  
day, year)

10/24/90

Amount of Each  
Receipt this Period

1000

Receipt For:

☐ Primary

☒ General

☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$ 1000

## C. Full Name, Mailing Address and ZIP Code

Denise H. Oakey  
61137 Minaret Cr.  
Bend, OR 97702

## Name of Employer

None

Date (month,  
day, year)

10/25/90

Amount of Each  
Receipt this Period

1000

Receipt For:

☐ Primary

☒ General

☐ Other (specify):

Occupation

Homemaker

Aggregate Year-to-Date > \$ 1000

## D. Full Name, Mailing Address and ZIP Code

Jane G. Weitzman  
169 Taconic Rd.  
Greenwich, CT 06831

## Name of Employer

Stuart A. Weitzman  
Inc.

Date (month,  
day, year)

10/25/90

Amount of Each  
Receipt this Period

1000

Receipt For:

☐ Primary

☒ General

☐ Other (specify):

Occupation

Design Consultant

Aggregate Year-to-Date > \$ 1000

## E. Full Name, Mailing Address and ZIP Code

Pamela C. Harriman  
3038 N. St. NW  
Washington, DC 20007

## Name of Employer

Democrats for  
the 90's

Date (month,  
day, year)

10/25/90

Amount of Each  
Receipt this Period

1000

Receipt For:

☐ Primary

☒ General

☐ Other (specify):

Occupation

Chairman

Aggregate Year-to-Date > \$ 1000

## F. Full Name, Mailing Address and ZIP Code

Yolande L. Jurzykowski  
4 Sherman Ave.  
Fairfax, CA 94930

## Name of Employer

Info. req.

Date (month,  
day, year)

10/25/90

Amount of Each  
Receipt this Period

1000

Receipt For:

☐ Primary

☒ General

☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$ 1000

## G. Full Name, Mailing Address and ZIP Code

Geraldine A. Ferraro  
218 Lafayette St.  
New York, NY 10012

## Name of Employer

Self

Date (month,  
day, year)

10/25/90

Amount of Each  
Receipt this Period

1000

Receipt For:

☐ Primary

☒ General

☐ Other (specify):

Occupation

ATTY

Aggregate Year-to-Date > \$ 1000

SUBTOTAL of Receipts This Page (optional)

8000

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90020043706

## SCHEDULE A

## ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

<p>A. Full Name, Mailing Address and ZIP Code William Eykamp P.O. Box 6 Carson City, NV 89702</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UC Santa Cruz</p> <p>Occupation Visiting Prof.</p> <p>Aggregate Year-to-Date &gt; \$ 250</p>	<p>Date (month, day, year) 10/25/90</p>	<p>Amount of Each Receipt this Period 250</p>
<p>B. Full Name, Mailing Address and ZIP Code Chase Mitchell Mishkin 642 Siena Way Los Angeles, CA 90077</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Info. Reg.</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 1000</p>	<p>Date (month, day, year) 10/25/90</p>	<p>Amount of Each Receipt this Period 1000</p>
<p>C. Full Name, Mailing Address and ZIP Code John T. O'Connor 596 Franklin St. Cambridge, MA 02139</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Info. Reg.</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 1000</p>	<p>Date (month, day, year) 10/25/90</p>	<p>Amount of Each Receipt this Period 1000</p>
<p>D. Full Name, Mailing Address and ZIP Code J. R. Emrick 1475 SW Vista Ave. Portland, OR 97201</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Info. Reg.</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 500</p>	<p>Date (month, day, year) 10/25/90</p>	<p>Amount of Each Receipt this Period 500</p>
<p>E. Full Name, Mailing Address and ZIP Code M. Larry Lawrence 1500 Orange Ave. Coronado, CA 92118</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Hotel del Coronado</p> <p>Occupation Chairman of the Board</p> <p>Aggregate Year-to-Date &gt; \$ 500</p>	<p>Date (month, day, year) 10/25/90</p>	<p>Amount of Each Receipt this Period 500</p>
<p>F. Full Name, Mailing Address and ZIP Code Bondurant Ross P.O. Box 659 Pleasant Hill, OR 97455</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Info. Reg.</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 200</p>	<p>Date (month, day, year) 10/25/90</p>	<p>Amount of Each Receipt this Period 200</p>
<p>G. Full Name, Mailing Address and ZIP Code Murray L. Galinson 700 Front St. #1701 San Diego, CA 92101</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer San Diego National Bank</p> <p>Occupation Banker</p> <p>Aggregate Year-to-Date &gt; \$ 250</p>	<p>Date (month, day, year) 10/25/90</p>	<p>Amount of Each Receipt this Period 250</p>

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3700

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SCHEDULE A

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

<b>A. Full Name, Mailing Address and ZIP Code</b> Jonathan M. Levy 3345 18th St. NW Washington, DC 20010	<b>Name of Employer</b> Dow Lohnes & Albertsen	<b>Date (month, day, year)</b> 10/25/90	<b>Amount of Each Receipt this Period</b> 250
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> Attorney <b>Aggregate Year-to-Date</b> > \$ 250		
<b>B. Full Name, Mailing Address and ZIP Code</b> Jennifer Langan Morey 134 Lyford Dr. Tiburon, CA 94920	<b>Name of Employer</b> None	<b>Date (month, day, year)</b> 10/26/90	<b>Amount of Each Receipt this Period</b> 1000
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> Student <b>Aggregate Year-to-Date</b> > \$ 1000		
<b>C. Full Name, Mailing Address and ZIP Code</b> Irwin Rosenthal c/o 277 Park Ave. New York, NY 10172	<b>Name of Employer</b> Info. Req.	<b>Date (month, day, year)</b> 10/26/90	<b>Amount of Each Receipt this Period</b> 2000
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> <b>Aggregate Year-to-Date</b> > \$ 2000		
<b>D. Full Name, Mailing Address and ZIP Code</b> Gladys G. Cofrin 2322 NW 13th Pl. Gainesville, FL 32605	<b>Name of Employer</b> Info. Req.	<b>Date (month, day, year)</b> 10/26/90	<b>Amount of Each Receipt this Period</b> 1000
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> <b>Aggregate Year-to-Date</b> > \$ 1000		
<b>E. Full Name, Mailing Address and ZIP Code</b> John J. Rossi 436 Oswego Court Aurora, CO 80010	<b>Name of Employer</b> Info. Req.	<b>Date (month, day, year)</b> 10/26/90	<b>Amount of Each Receipt this Period</b> 250
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> <b>Aggregate Year-to-Date</b> > \$ 250		
<b>F. Full Name, Mailing Address and ZIP Code</b> Elaine Hapgood 1030 Waterway Lane Delray Beach, FL 33444	<b>Name of Employer</b> Info. Req.	<b>Date (month, day, year)</b> 10/26/90	<b>Amount of Each Receipt this Period</b> 1000
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> <b>Aggregate Year-to-Date</b> > \$ 1000		
<b>G. Full Name, Mailing Address and ZIP Code</b> Anne Bartley 317 9th St. SE Washington, DC 20003	<b>Name of Employer</b> Info. Req.	<b>Date (month, day, year)</b> 10/26/90	<b>Amount of Each Receipt this Period</b> 500
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> <b>Aggregate Year-to-Date</b> > \$ 500		

SUBTOTAL of Receipts This Page (optional)

6000

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NAME OF COMMITTEE (in Full)

<p>A. Full Name, Mailing Address and ZIP Code Willie Grace Campbell 1015 - 33rd NW #606 Washington, DC 20007</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Info. Reg.</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 250</p>	<p>Date (month, day, year) 10/26/90</p>	<p>Amount of Each Receipt this Period 250</p>
<p>B. Full Name, Mailing Address and ZIP Code Ted &amp; Ruth Beecher 4616 SE 31st Ave. Portland, OR 97202</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer None</p> <p>Occupation Retired</p> <p>Aggregate Year-to-Date &gt; \$ 250</p>	<p>Date (month, day, year) 10/26/90</p>	<p>Amount of Each Receipt this Period 250</p>
<p>C. Full Name, Mailing Address and ZIP Code Merton Bernfield 25 Brimmer St. Boston, MA 02108</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Harvard Medical School</p> <p>Occupation Professor</p> <p>Aggregate Year-to-Date &gt; \$ 250</p>	<p>Date (month, day, year) 10/26/90</p>	<p>Amount of Each Receipt this Period 250</p>
<p>D. Full Name, Mailing Address and ZIP Code John A. Cooper 13650 SW 32nd St. Beaverton, OR 97005</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Info. Reg.</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 1000</p>	<p>Date (month, day, year) 10/26/90</p>	<p>Amount of Each Receipt this Period 1000</p>
<p>E. Full Name, Mailing Address and ZIP Code Charles R. Lytle 2006 Conestoga Ln. West Linn, OR 97068</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Info. Reg.</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 1350</p>	<p>Date (month, day, year) 10/26/90</p>	<p>Amount of Each Receipt this Period 1350</p>
<p>F. Full Name, Mailing Address and ZIP Code Thomas H. Bristol 13625 SW 23rd Beaverton, OR 97005</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer ISEPP</p> <p>Occupation Entrepreneur</p> <p>Aggregate Year-to-Date &gt; \$ 1100</p>	<p>Date (month, day, year) 10/26/90</p>	<p>Amount of Each Receipt this Period 1100</p>
<p>G. Full Name, Mailing Address and ZIP Code Joseph Gontownik 480 Cumberland St. Englewood, NJ 07631</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Garden National Properties Inc.</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date &gt; \$ 500</p>	<p>Date (month, day, year) 10/26/90</p>	<p>Amount of Each Receipt this Period 500</p>

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4700

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NAME OF COMMITTEE (in Full)

<p>A. Full Name, Mailing Address and ZIP Code Robert W. Barrie 4714 Linean Ave. NW Washington, DC 20008</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer General Electric Co.</p> <p>Occupation Manager</p> <p>Aggregate Year-to-Date &gt; \$ 1000</p>	<p>Date (month, day, year) 10/26/90</p>	<p>Amount of Each Receipt this Period 1000</p>
<p>B. Full Name, Mailing Address and ZIP Code George T. Frampton Jr. 3411 36th St. NW Washington, DC 20016</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer The Wilderness Society</p> <p>Occupation President</p> <p>Aggregate Year-to-Date &gt; \$ 1000</p>	<p>Date (month, day, year) 10/26/90</p>	<p>Amount of Each Receipt this Period 1000</p>
<p>C. Full Name, Mailing Address and ZIP Code Richard B. Kidder 38158 Pengra Rd. Fall Creek, OR 97438</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer City-Wide Insulation Co.</p> <p>Occupation Vice Pres.</p> <p>Aggregate Year-to-Date &gt; \$ 750</p>	<p>Date (month, day, year) 10/26/90</p>	<p>Amount of Each Receipt this Period 750</p>
<p>D. Full Name, Mailing Address and ZIP Code Philip N. Angelides 7700 College Town #201 Sacramento, CA 95826</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Info. req.</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 1000</p>	<p>Date (month, day, year) 10/26/90</p>	<p>Amount of Each Receipt this Period 1000</p>
<p>E. Full Name, Mailing Address and ZIP Code Angelo K. Tsakopoulos 7700 College Town Dr. #101 Sacramento, CA 95826</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Info. req.</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 1000</p>	<p>Date (month, day, year) 10/26/90</p>	<p>Amount of Each Receipt this Period 1000</p>
<p>F. Full Name, Mailing Address and ZIP Code Sotiris Kolokotronis 7700 College Town Dr. #118 Sacramento, CA 95826</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Info. req.</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 1000</p>	<p>Date (month, day, year) 10/26/90</p>	<p>Amount of Each Receipt this Period 1000</p>
<p>G. Full Name, Mailing Address and ZIP Code Lucinda P. McCarthy 1646 NW 32nd Portland, OR 97210</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self</p> <p>Occupation Artist</p> <p>Aggregate Year-to-Date &gt; \$ 1000</p>	<p>Date (month, day, year) 10/26/90</p>	<p>Amount of Each Receipt this Period 1000</p>

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16750

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NAME OF COMMITTEE (in Full)

<b>A. Full Name, Mailing Address and ZIP Code</b> Benjamin Kaminash 3319 NW Franklin Court Portland, OR 97210 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Ater Wynne <b>Occupation</b> Attorney Aggregate Year-to-Date > \$ 510	<b>Date (month, day, year)</b> 10/26/90	<b>Amount of Each Receipt this Period</b> 510
<b>B. Full Name, Mailing Address and ZIP Code</b> Sara G. Cogan 1639 SW Skyline Portland, OR 97221 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b>  <b>Occupation</b> Non-Profit Mgr. Aggregate Year-to-Date > \$ 250	<b>Date (month, day, year)</b> 10/26/90	<b>Amount of Each Receipt this Period</b> 250
<b>C. Full Name, Mailing Address and ZIP Code</b> Larry N. Frager 720 SW Washington #700 Portland, OR 97205 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Self <b>Occupation</b> Investment Mgr. Aggregate Year-to-Date > \$ 250	<b>Date (month, day, year)</b> 10/26/90	<b>Amount of Each Receipt this Period</b> 250
<b>D. Full Name, Mailing Address and ZIP Code</b> Randall M. Klose 1117 Sutton Way Beverly Hills, CA 90210 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Self <b>Occupation</b> Investor Aggregate Year-to-Date > \$ 500	<b>Date (month, day, year)</b> 10/26/90	<b>Amount of Each Receipt this Period</b> 500
<b>E. Full Name, Mailing Address and ZIP Code</b> Daniel O'Leary 3320 SW Underwood Dr. Portland, OR 97225 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Info. Reg. <b>Occupation</b>  Aggregate Year-to-Date > \$ 500	<b>Date (month, day, year)</b> 10/26/90	<b>Amount of Each Receipt this Period</b> 500
<b>F. Full Name, Mailing Address and ZIP Code</b> Elaine McCall 1534 SW Myrtle Portland, OR 97201 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> None <b>Occupation</b> Homemaker Aggregate Year-to-Date > \$ 2050	<b>Date (month, day, year)</b> 10/26/90	<b>Amount of Each Receipt this Period</b> 2050
<b>G. Full Name, Mailing Address and ZIP Code</b> John L. Holenstein 6141 SE Steele Portland, OR 97206 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Portland Public Schools <b>Occupation</b> Teacher Aggregate Year-to-Date > \$ 225	<b>Date (month, day, year)</b> 10/26/90	<b>Amount of Each Receipt this Period</b> 225

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4285

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SCHEDULE A

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NAME OF COMMITTEE (in Full)

<p>A. Full Name, Mailing Address and ZIP Code Michael C. Hubbard 23414 NW Moreland Rd. Hillsboro, OR 97124</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self</p> <p>Occupation Nursery/Greenhouse</p> <p>Aggregate Year-to-Date &gt; \$ 700</p>	<p>Date (month, day, year) 10/26/90</p>	<p>Amount of Each Receipt this Period 700</p>
<p>B. Full Name, Mailing Address and ZIP Code Charlie Weiss 616 SW Maplecrest Dr. Portland, OR 972--</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self</p> <p>Occupation Consultant</p> <p>Aggregate Year-to-Date &gt; \$ 400</p>	<p>Date (month, day, year) 10/26/90</p>	<p>Amount of Each Receipt this Period 400</p>
<p>C. Full Name, Mailing Address and ZIP Code Allene M. Klass 12025 SW 60th Portland, OR 97219</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Lovejoy Surgicenter</p> <p>Occupation Administrator</p> <p>Aggregate Year-to-Date &gt; \$ 700</p>	<p>Date (month, day, year) 10/26/90</p>	<p>Amount of Each Receipt this Period 700</p>
<p>D. Full Name, Mailing Address and ZIP Code Ben F. Vaughan III P.O. Box 1579 Corpus Christi, TX 78403</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Info. Req.</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 250</p>	<p>Date (month, day, year) 10/29/90</p>	<p>Amount of Each Receipt this Period 250</p>
<p>E. Full Name, Mailing Address and ZIP Code Robert W. Pittman c/o 300 Central Park West New York, NY 10024</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Info. Req.</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 250</p>	<p>Date (month, day, year) 10/29/90</p>	<p>Amount of Each Receipt this Period 250</p>
<p>F. Full Name, Mailing Address and ZIP Code James C. Hormel 1546 Market Street San Francisco, CA 94102</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Info. Req.</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 500</p>	<p>Date (month, day, year) 10/29/90</p>	<p>Amount of Each Receipt this Period 500</p>
<p>G. Full Name, Mailing Address and ZIP Code H. Donald Harris Jr. 5701 La Salle Ave. Oakland, OR 94611</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Lillick &amp; Charles</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date &gt; \$ 200</p>	<p>Date (month, day, year) 10/29/90</p>	<p>Amount of Each Receipt this Period 200</p>

SUBTOTAL of Receipts This Page (optional)

3000

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary PagePAGE 38 OF 55  
FOR LINE NUMBER 11(2)(1)

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)

<b>A. Full Name, Mailing Address and ZIP Code</b> Marjorie C. Benton 581 Ingleside Park Evanston, IL 60201	<b>Name of Employer</b> Info. reg.	<b>Date (month, day, year)</b> 10/29/90	<b>Amount of Each Receipt this Period</b> 300
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> Info. reg.	<b>Aggregate Year-to-Date</b> > \$ 300	
<b>B. Full Name, Mailing Address and ZIP Code</b> Evohl F. Malagon P.O. Box 7788 Eugene, OR 97401	<b>Name of Employer</b> Malagon Moore & Johnson	<b>Date (month, day, year)</b> 10/29/90	<b>Amount of Each Receipt this Period</b> 500
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> Attorney	<b>Aggregate Year-to-Date</b> > \$ 500	
<b>C. Full Name, Mailing Address and ZIP Code</b> J. B. Goodman 1712 Hopkins Crossroad Minnetonka, MN 55343	<b>Name of Employer</b> Info. reg.	<b>Date (month, day, year)</b> 10/29/90	<b>Amount of Each Receipt this Period</b> 1000
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> Info. reg.	<b>Aggregate Year-to-Date</b> > \$ 1000	
<b>D. Full Name, Mailing Address and ZIP Code</b> Linda Sterling 1626 Sommerby Way Henderson, NV 89914	<b>Name of Employer</b> Info. reg.	<b>Date (month, day, year)</b> 10/29/90	<b>Amount of Each Receipt this Period</b> 500
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> Info. reg.	<b>Aggregate Year-to-Date</b> > \$ 500	
<b>E. Full Name, Mailing Address and ZIP Code</b> Jacqueline U. Landaw 147 Barlock Los Angeles, CA 90049	<b>Name of Employer</b> Info. reg.	<b>Date (month, day, year)</b> 10/29/90	<b>Amount of Each Receipt this Period</b> 200
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> Info. reg.	<b>Aggregate Year-to-Date</b> > \$ 200	
<b>F. Full Name, Mailing Address and ZIP Code</b> Michael Koss 12410 Santa Monica Blvd. Los Angeles, CA 90025	<b>Name of Employer</b> Info. reg.	<b>Date (month, day, year)</b> 10/29/90	<b>Amount of Each Receipt this Period</b> 300
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> Info. reg.	<b>Aggregate Year-to-Date</b> > \$ 300	
<b>G. Full Name, Mailing Address and ZIP Code</b> Robert Gottstein 600 W. 76th Ave. #501 Anchorage, AK 99518	<b>Name of Employer</b> Info. reg.	<b>Date (month, day, year)</b> 10/29/90	<b>Amount of Each Receipt this Period</b> 1000
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> Info. reg.	<b>Aggregate Year-to-Date</b> > \$ 1000	

SUBTOTAL of Receipts This Page (optional)

3800

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)  
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39 155  
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11(21)

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NAME OF COMMITTEE (in Full)

<p>A. Full Name, Mailing Address and ZIP Code Allen S. Gartner 1 Piedmont Dr. Rutland, VT 05701</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Info. req.</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 250</p>	<p>Date (month, day, year) 10/29/90</p>	<p>Amount of Each Receipt this Period 250</p>
<p>B. Full Name, Mailing Address and ZIP Code Arnold J. Cohen 195 Kearney St. Manchester, NH 03104</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Info. req.</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 200</p>	<p>Date (month, day, year) 10/29/90</p>	<p>Amount of Each Receipt this Period 200</p>
<p>C. Full Name, Mailing Address and ZIP Code Joseph Kaplan 3330 Tangle Houston, TX 77005</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Info. req.</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 250</p>	<p>Date (month, day, year) 10/29/90</p>	<p>Amount of Each Receipt this Period 250</p>
<p>D. Full Name, Mailing Address and ZIP Code Glenn L. Lowenstein 5110 San Felipe #138-W Houston, TX 77056</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Info. req.</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 500</p>	<p>Date (month, day, year) 10/29/90</p>	<p>Amount of Each Receipt this Period 500</p>
<p>E. Full Name, Mailing Address and ZIP Code Thomas A. Falik 10119 Sugar Hill Drive Houston, TX 77042</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Info. req.</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 500</p>	<p>Date (month, day, year) 10/29/90</p>	<p>Amount of Each Receipt this Period 500</p>
<p>F. Full Name, Mailing Address and ZIP Code Relda Finger Hoffer 2727 Essex Terrace Houston, TX 77027</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Info. req.</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 250</p>	<p>Date (month, day, year) 10/29/90</p>	<p>Amount of Each Receipt this Period 250</p>
<p>G. Full Name, Mailing Address and ZIP Code Art Sadin 1208 Tall Pines Friendswood, TX 77546</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Schecter &amp; Eisenman</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date &gt; \$ 250</p>	<p>Date (month, day, year) 10/29/90</p>	<p>Amount of Each Receipt this Period 250</p>

SUBTOTAL of Receipts This Page (optional)

2200

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

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FOR LINE NUMBER 11(281)

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)

<p>A. Full Name, Mailing Address and ZIP Code Greil Marcus 828 Contra Costa Ave. Berkeley, CA 94707</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Info. req.</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 250</p>	<p>Date (month, day, year) 10/29/90</p>	<p>Amount of Each Receipt this Period 250</p>
<p>B. Full Name, Mailing Address and ZIP Code Jack C. Bendheim c/o P.O. Box 3051 Boca Raton, FL 33431</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Info. req.</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 500</p>	<p>Date (month, day, year) 10/29/90</p>	<p>Amount of Each Receipt this Period 500</p>
<p>C. Full Name, Mailing Address and ZIP Code Jake F. Aronov P.O. Box 235000 Montgomery, AL 36123</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Info. req.</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 500</p>	<p>Date (month, day, year) 10/29/90</p>	<p>Amount of Each Receipt this Period 500</p>
<p>D. Full Name, Mailing Address and ZIP Code Sig Feiger c/o P.O. Box 3051 Boca Raton, FL 33431</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Info. req.</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 750</p>	<p>Date (month, day, year) 10/29/90</p>	<p>Amount of Each Receipt this Period 750</p>
<p>E. Full Name, Mailing Address and ZIP Code Alice S. Harary 115 East 87th Ave. #21A New York, NY 10128</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date &gt; \$ 500</p>	<p>Date (month, day, year) 10/29/90</p>	<p>Amount of Each Receipt this Period 500</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

SUBTOTAL of Receipts This Page (optional)

2500

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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FOR LINE NUMBER 1281

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)

## A. Full Name, Mailing Address and ZIP Code

Marion Edey  
10019 Menlo Avenue  
Silver Spring, MD 20910

Name of Employer

Info. req.

Date (month,  
day, year)

10/29/90 500

Amount of Each  
Receipt this Period

Receipt For:

☐ Primary☒ General☐ Other (specify):

Occupation

Aggregate Year-to-Date &gt; \$ 500

## B. Full Name, Mailing Address and ZIP Code

Cynthia Kerwin Smith  
22237 Prospect St.  
Hayward, CA 94541

Name of Employer

Info. req.

Date (month,  
day, year)

10/29/90 1000

Amount of Each  
Receipt this Period

Receipt For:

☐ Primary☒ General☐ Other (specify):

Occupation

Aggregate Year-to-Date &gt; \$ 1000

## C. Full Name, Mailing Address and ZIP Code

Steven J. Agresta  
700 East Capitol St. NE  
Washington, DC 20003

Name of Employer

Info. req.

Date (month,  
day, year)

10/29/90 500

Amount of Each  
Receipt this Period

Receipt For:

☐ Primary☒ General☐ Other (specify):

Occupation

Aggregate Year-to-Date &gt; \$ 500

## D. Full Name, Mailing Address and ZIP Code

Stuart G. Moldaw  
80 Coghlan Lane  
Atherton, CA 94027

Name of Employer

Info. req.

Date (month,  
day, year)

10/29/90 1000

Amount of Each  
Receipt this Period

Receipt For:

☐ Primary☒ General☐ Other (specify):

Occupation

Aggregate Year-to-Date &gt; \$ 1000

## E. Full Name, Mailing Address and ZIP Code

William D. Rollnick  
92 Sutherland Dr.  
Atherton, CA 94027

Name of Employer

Info. req.

Date (month,  
day, year)

10/29/90 1000

Amount of Each  
Receipt this Period

Receipt For:

☐ Primary☒ General☐ Other (specify):

Occupation

Aggregate Year-to-Date &gt; \$ 1000

## F. Full Name, Mailing Address and ZIP Code

Ellen R. Malcolm  
1112 Sixteenth St. NW #750  
Washington, DC 20036

Name of Employer

Self

Date (month,  
day, year)

10/29/90 1000

Amount of Each  
Receipt this Period

Receipt For:

☐ Primary☒ General☐ Other (specify):

Occupation

Investor  
Aggregate Year-to-Date > \$ 1000

## G. Full Name, Mailing Address and ZIP Code

Kristina Kiehl  
2275 Summit Dr.  
Hillsborough, CA 94010

Name of Employer

Info. req.

Date (month,  
day, year)

10/29/90 500

Amount of Each  
Receipt this Period

Receipt For:

☐ Primary☒ General☐ Other (specify):

Occupation

Aggregate Year-to-Date &gt; \$ 500

SUBTOTAL of Receipts This Page (optional)

5500

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

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

<b>A. Full Name, Mailing Address and ZIP Code</b> Allaire D. Wallace 1721 E. Stanford Ave. Englewood, CO 80110  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Info. Req. Occupation Aggregate Year-to-Date > \$ 1000	Date (month, day, year) 10/29/90	Amount of Each Receipt this Period 1000
<b>B. Full Name, Mailing Address and ZIP Code</b> Ben L. Manger W. Henry Street Stanford, CT 06901  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Info. Req. Occupation Aggregate Year-to-Date > \$ 1000	Date (month, day, year) 10/29/90	Amount of Each Receipt this Period 1000
<b>C. Full Name, Mailing Address and ZIP Code</b> Mary Ann P. Cofrin R.R. 2 South Deerfield, MA 01373  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Info. Req. Occupation Aggregate Year-to-Date > \$ 1000	Date (month, day, year) 10/29/90	Amount of Each Receipt this Period 1000
<b>D. Full Name, Mailing Address and ZIP Code</b> Deborah Baldwin 2750 Las Palmas Ave. Escondido, CA 92025  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Info. Req. Occupation Aggregate Year-to-Date > \$ 250	Date (month, day, year) 10/29/90	Amount of Each Receipt this Period 250
<b>E. Full Name, Mailing Address and ZIP Code</b> Arnold C. Greenberg 65 Westwood Rd. West Hartford, CT 06107  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Info. Req. Occupation Aggregate Year-to-Date > \$ 250	Date (month, day, year) 10/29/90	Amount of Each Receipt this Period 250
<b>F. Full Name, Mailing Address and ZIP Code</b> Randolph E. Schum P.O. Box 373 Edwardsville, IL 62025  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Schum & Blunt Occupation Attorney Aggregate Year-to-Date > \$ 250	Date (month, day, year) 10/29/90	Amount of Each Receipt this Period 250
<b>G. Full Name, Mailing Address and ZIP Code</b>   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

3750

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

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

<p>A. Full Name, Mailing Address and ZIP Code David L. Blunt P.O. Box 373 Edwardsville, IL 62025</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Schum &amp; Blunt</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date &gt; \$ 250</p>	<p>Date (month, day, year) 10.29/90</p>	<p>Amount of Each Receipt this Period 250</p>
<p>B. Full Name, Mailing Address and ZIP Code Ronald Rapoport P.O. Box 2608 Waco, TX 76797</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer William &amp; Mary College</p> <p>Occupation Professor</p> <p>Aggregate Year-to-Date &gt; \$ 1000</p>	<p>Date (month, day, year) 10/29/90</p>	<p>Amount of Each Receipt this Period 1000</p>
<p>C. Full Name, Mailing Address and ZIP Code Barry Ansin 1 Main Street Leominster, MA 01453</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Info. Reg.</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 1000</p>	<p>Date (month, day, year) 10/29/90</p>	<p>Amount of Each Receipt this Period 1000</p>
<p>D. Full Name, Mailing Address and ZIP Code A. W. McAuliffe P.O. Box 456 Fort Klamath Falls, OR 97626</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self</p> <p>Occupation Rancher</p> <p>Aggregate Year-to-Date &gt; \$ 500</p>	<p>Date (month, day, year) 10/29/90</p>	<p>Amount of Each Receipt this Period 500</p>
<p>E. Full Name, Mailing Address and ZIP Code George A. Atiyeh Rt. 1 Box 32325 Lyons, OR 97358</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Shiny Rock Mining Co.</p> <p>Occupation Owner</p> <p>Aggregate Year-to-Date &gt; \$ 250</p>	<p>Date (month, day, year) 10/29/90</p>	<p>Amount of Each Receipt this Period 250</p>
<p>F. Full Name, Mailing Address and ZIP Code Bruce L. Gilpatrick 8401 NE Halsey #201 Portland, OR 97220</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer American Income Life</p> <p>Occupation State General Agent</p> <p>Aggregate Year-to-Date &gt; \$ 250</p>	<p>Date (month, day, year) 10/30/90</p>	<p>Amount of Each Receipt this Period 250</p>
<p>G. Full Name, Mailing Address and ZIP Code Mark H. Lee 2111 South Anne Street Santa Ana, CA 92704</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Petrox Industries Inc.</p> <p>Occupation President</p> <p>Aggregate Year-to-Date &gt; \$ 500</p>	<p>Date (month, day, year) 10/30/90</p>	<p>Amount of Each Receipt this Period 500</p>

SUBTOTAL of Receipts This Page (optional)

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3750

9000033718



## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

<b>A. Full Name, Mailing Address and ZIP Code</b> Eiler C. Ravnholt 3566 Raymoor Road Kensington, MD 20895 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Hawaiian Sugar Planters Assn. <b>Occupation</b> Assoc. Exec. Aggregate Year-to-Date > \$ 250	<b>Date (month, day, year)</b> 10/30/90	<b>Amount of Each Receipt this Period</b> 250
<b>B. Full Name, Mailing Address and ZIP Code</b> Thomas Brumm 3115 NE Alameda Terr. Portland, OR 97212 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> State of OR <b>Occupation</b> Labor Relations Aggregate Year-to-Date > \$ 300	<b>Date (month, day, year)</b> 10/30/90	<b>Amount of Each Receipt this Period</b> 300
<b>C. Full Name, Mailing Address and ZIP Code</b> Abe Pollin Capital Centre Landover, MD 20786 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Info. Req. <b>Occupation</b> Aggregate Year-to-Date > \$ 1000	<b>Date (month, day, year)</b> 10/30/90	<b>Amount of Each Receipt this Period</b> 1000
<b>D. Full Name, Mailing Address and ZIP Code</b> Ruth Bryson Richmond 2496 SW Arden Rd. Portland, OR 97201 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Info. Req. <b>Occupation</b> Aggregate Year-to-Date > \$ 550	<b>Date (month, day, year)</b> 10/30/90	<b>Amount of Each Receipt this Period</b> 550
<b>E. Full Name, Mailing Address and ZIP Code</b> Sheila Seaton 3087 Deep Canyon Dr. Beverly Hills, CA 90210 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Info. Req. <b>Occupation</b> Aggregate Year-to-Date > \$ 500	<b>Date (month, day, year)</b> 10/30/90	<b>Amount of Each Receipt this Period</b> 500
<b>F. Full Name, Mailing Address and ZIP Code</b> Irving J. Levin 1850 SW Elk Rd. West Linn, OR 97068 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Info. Req. <b>Occupation</b> Aggregate Year-to-Date > \$ 300	<b>Date (month, day, year)</b> 10/30/90	<b>Amount of Each Receipt this Period</b> 300
<b>G. Full Name, Mailing Address and ZIP Code</b> Christopher E. Ross 1710 NW 7th Pl. Gainesville, FL 32603 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Info. Req. <b>Occupation</b> Aggregate Year-to-Date > \$ 1000	<b>Date (month, day, year)</b> 10/30/90	<b>Amount of Each Receipt this Period</b> 1000

SUBTOTAL of Receipts This Page (optional)

3900

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## SCHEDULE A

## ITEMIZED RECEIPTS

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

<p>A. Full Name, Mailing Address and ZIP Code Lester Beckman 6795 SW 111th Beaverton, OR 97005</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Info. Reg.</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 200</p>	<p>Date (month, day, year) 10/30/90</p>	<p>Amount of Each Receipt this Period 200</p>
<p>B. Full Name, Mailing Address and ZIP Code James C. Towne 14205 NE 40th PL Bellevue, WA 98007</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Info. Reg.</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 1000</p>	<p>Date (month, day, year) 10/30/90</p>	<p>Amount of Each Receipt this Period 1000</p>
<p>C. Full Name, Mailing Address and ZIP Code Albert Tychman 6566 France Ave. S. #402 Minneapolis, MN 55435</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Info. Reg.</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 200</p>	<p>Date (month, day, year) 10/30/90</p>	<p>Amount of Each Receipt this Period 200</p>
<p>D. Full Name, Mailing Address and ZIP Code Andrew Hochberg 530 N. Dearborn #23N Chicago, IL 60610</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Info. Reg.</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 250</p>	<p>Date (month, day, year) 10/30/90</p>	<p>Amount of Each Receipt this Period 250</p>
<p>E. Full Name, Mailing Address and ZIP Code Deborah Hewitt Wynne 2575 SW Montgomery Dr. Portland, OR 97201</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Info. Reg.</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 500</p>	<p>Date (month, day, year) 10/30/90</p>	<p>Amount of Each Receipt this Period 500</p>
<p>F. Full Name, Mailing Address and ZIP Code J. Douglas Smith 11265 NW Rainmont Rd. Portland, OR 97229</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Info. Reg.</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 200</p>	<p>Date (month, day, year) 10/30/90</p>	<p>Amount of Each Receipt this Period 200</p>
<p>G. Full Name, Mailing Address and ZIP Code Jeffery Scott Harmon P.O. Box 5665 Salem, OR 97304</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Info. Reg.</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 250</p>	<p>Date (month, day, year) 10/31/90</p>	<p>Amount of Each Receipt this Period 250</p>

SUBTOTAL of Receipts This Page (optional)

2600

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## SCHEDULE A

## ITEMIZED RECEIPTS

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

<b>A. Full Name, Mailing Address and ZIP Code</b> Harold I. Grossman 5080 N 40th St. #375 Phoenix, AZ 85018  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Retired  <b>Occupation</b> Investor Aggregate Year-to-Date > \$ 200	<b>Date (month, day, year)</b> 10/31/90	<b>Amount of Each Receipt this Period</b> 200
<b>B. Full Name, Mailing Address and ZIP Code</b> Paul C. Ahrens 611 NW 17th Corvallis, OR 97330  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Synthetech Inc.  <b>Occupation</b> President Aggregate Year-to-Date > \$ 200	<b>Date (month, day, year)</b> 10/31/90	<b>Amount of Each Receipt this Period</b> 200
<b>C. Full Name, Mailing Address and ZIP Code</b> Les Swanson Jr. 2145 Potter St. Eugene, OR 97405  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Info. Reg.  <b>Occupation</b> Info. Reg. Aggregate Year-to-Date > \$ 200	<b>Date (month, day, year)</b> 10/31/90	<b>Amount of Each Receipt this Period</b> 200
<b>D. Full Name, Mailing Address and ZIP Code</b> Dennis W. Brooks 1618 SW 1st #420 Portland, OR 97201  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Tsongas & Associates  <b>Occupation</b> OWNER Aggregate Year-to-Date > \$ 200	<b>Date (month, day, year)</b> 10/31/90	<b>Amount of Each Receipt this Period</b> 200
<b>E. Full Name, Mailing Address and ZIP Code</b> Harriett Crosby 1545 - 18th St. NW Washington, DC 20036  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Info. Reg.  <b>Occupation</b> Info. Reg. Aggregate Year-to-Date > \$ 1000	<b>Date (month, day, year)</b> 10/31/90	<b>Amount of Each Receipt this Period</b> 1000
<b>F. Full Name, Mailing Address and ZIP Code</b> James M. Beck 4714 Windsor Ave. Philadelphia, PA 19143  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Pepper et al.  <b>Occupation</b> Attorney Aggregate Year-to-Date > \$ 250	<b>Date (month, day, year)</b> 10/31/90	<b>Amount of Each Receipt this Period</b> 250
<b>G. Full Name, Mailing Address and ZIP Code</b> Allan I. Mendelsohn 1100 17th St. NW 900 Washington, DC 20036  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Info. Reg.  <b>Occupation</b> Info. Reg. Aggregate Year-to-Date > \$ 250	<b>Date (month, day, year)</b> 10/31/90	<b>Amount of Each Receipt this Period</b> 250

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

2300

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## SCHEDULE A

## ITEMIZED RECEIPTS

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

<p>A. Full Name, Mailing Address and ZIP Code Asher Schapiro 555 Madison Ave. New York, NY 10022</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Info. Reg.</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 500</p>	<p>Date (month, day, year) 10/31/90</p>	<p>Amount of Each Receipt this Period 500</p>
<p>B. Full Name, Mailing Address and ZIP Code Leonard J. Kaplan 7 Monmouth Ct. Greensboro, NC 27410</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Info. Reg.</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 1000</p>	<p>Date (month, day, year) 10/31/90</p>	<p>Amount of Each Receipt this Period 1000</p>
<p>C. Full Name, Mailing Address and ZIP Code Paula Gottesman 7 Quaker Ridge Rd. Morristown, NJ 07960</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Info. Reg.</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 500</p>	<p>Date (month, day, year) 10/31/90</p>	<p>Amount of Each Receipt this Period 500</p>
<p>D. Full Name, Mailing Address and ZIP Code David R. Gottstein 6411 A. Street Anchorage, AK 99518</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Info. Reg.</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 1000</p>	<p>Date (month, day, year) 10/31/90</p>	<p>Amount of Each Receipt this Period 1000</p>
<p>E. Full Name, Mailing Address and ZIP Code Dale Gottstein 12631 Nautilus Ct. Anchorage, AK 99515</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Info. Reg.</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 500</p>	<p>Date (month, day, year) 10/31/90</p>	<p>Amount of Each Receipt this Period 500</p>
<p>F. Full Name, Mailing Address and ZIP Code Joshua H. Sandman 150 Dyer St. New Haven, CT 06511</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Info. Reg.</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 200</p>	<p>Date (month, day, year) 10/31/90</p>	<p>Amount of Each Receipt this Period 200</p>
<p>G. Full Name, Mailing Address and ZIP Code Peter G. Kelly One State St. #2400 Hartford, CT 06103</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Info. Reg.</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 1000</p>	<p>Date (month, day, year) 10/31/90</p>	<p>Amount of Each Receipt this Period 1000</p>

SUBTOTAL of Receipts This Page (optional)

4700

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## SCHEDULE A

## ITEMIZED RECEIPTS

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

<p>A. Full Name, Mailing Address and ZIP Code Marilyn K. Krueger Star Rt. Box 43 Lostine, OR 97857</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Info. Reg.</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 300</p>	<p>Date (month, day, year) 10/31/90</p> <p>Amount of Each Receipt this Period 300</p>
<p>B. Full Name, Mailing Address and ZIP Code Henry D. Lord 639 E. Street SE #2 Washington, DC 20003</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Info. Reg.</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 500</p>	<p>Date (month, day, year) 10/31/90</p> <p>Amount of Each Receipt this Period 500</p>
<p>C. Full Name, Mailing Address and ZIP Code Ron &amp; Rose Fingerhut 5354 Parkdale Dr. #310 Minneapolis, MN 55416</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Info. Reg.</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 500</p>	<p>Date (month, day, year) 10/31/90</p> <p>Amount of Each Receipt this Period 500</p>
<p>D. Full Name, Mailing Address and ZIP Code Lynda Palevsky 643 Pacific Coast Hwy. Santa Monica, CA 90402</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Info. Reg.</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 200</p>	<p>Date (month, day, year) 10/31/90</p> <p>Amount of Each Receipt this Period 200</p>
<p>E. Full Name, Mailing Address and ZIP Code Martha M. Juban 989 S. Carrollton Ave. Baton Rouge, LA 70806</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer LSU</p> <p>Occupation Research Chemist</p> <p>Aggregate Year-to-Date &gt; \$ 250</p>	<p>Date (month, day, year) 10/31/90</p> <p>Amount of Each Receipt this Period 250</p>
<p>F. Full Name, Mailing Address and ZIP Code Maxwell Hillary Salter 804 N. Linden Dr. Beverly Hills, CA 90210</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Info. Reg.</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 1000</p>	<p>Date (month, day, year) 11/2/90</p> <p>Amount of Each Receipt this Period 1000</p>
<p>G. Full Name, Mailing Address and ZIP Code Sid Ostrow 714 W. Olympic Blvd. Los Angeles, CA 90015</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Info. Reg.</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 500</p>	<p>Date (month, day, year) 11/2/90</p> <p>Amount of Each Receipt this Period 500</p>

SUBTOTAL of Receipts This Page (optional)

3250

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## SCHEDULE A

## ITEMIZED RECEIPTS

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

<p>A. Full Name, Mailing Address and ZIP Code Jack M. Ostrow 9601 Wilshire Blvd. Beverly Hills, CA 90210</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Info. Reg.</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 1000</p>	<p>Date (month, day, year) 11/2/90</p>	<p>Amount of Each Receipt this Period 1000</p>
<p>B. Full Name, Mailing Address and ZIP Code Harold Markowitz 715 N. Arden Dr. Beverly Hills, CA 90210</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Info. Reg.</p> <p>Occupation Physician</p> <p>Aggregate Year-to-Date &gt; \$ 1000</p>	<p>Date (month, day, year) 11/2/90</p>	<p>Amount of Each Receipt this Period 1000</p>
<p>C. Full Name, Mailing Address and ZIP Code Richard H. Borow 1800 Ave of the Stars #900 Los Angeles, CA 90067</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Info. Reg.</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 500</p>	<p>Date (month, day, year) 11/2/90</p>	<p>Amount of Each Receipt this Period 500</p>
<p>D. Full Name, Mailing Address and ZIP Code Newton D. Becker 2748 Aqua Verde Cir. Bel Air, CA 90024</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Info. Reg.</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 1000</p>	<p>Date (month, day, year) 11/2/90</p>	<p>Amount of Each Receipt this Period 1000</p>
<p>E. Full Name, Mailing Address and ZIP Code Marvin S. Shapiro 1800 Ave of the Stars #900 Los Angeles, CA 90067</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Info. Reg.</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 250</p>	<p>Date (month, day, year) 11/2/90</p>	<p>Amount of Each Receipt this Period 250</p>
<p>F. Full Name, Mailing Address and ZIP Code Allen H. Weinstock 945 Schumacher Dr. Los Angeles, CA 90048</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Info. Reg.</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 200</p>	<p>Date (month, day, year) 11/2/90</p>	<p>Amount of Each Receipt this Period 200</p>
<p>G. Full Name, Mailing Address and ZIP Code N. D. Becker 2743 Aqua Verde Cir. Bel Air, CA 90077</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Info. Reg.</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 1000</p>	<p>Date (month, day, year) 11/2/90</p>	<p>Amount of Each Receipt this Period 1000</p>

SUBTOTAL of Receipts This Page (optional)

4950.00

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9000043724

## SCHEDULE A

## ITEMIZED RECEIPTS

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for each category of the  
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11(281)

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NAME OF COMMITTEE (in Full)

## A. Full Name, Mailing Address and ZIP Code

Arnold S. Hiatt  
45 Autumn Rd.  
Weston, MA 02193

## Name of Employer

The Stride Rite  
Corp.Date (month,  
day, year)

11/2/90

Amount of Each  
Receipt this Period

500

Receipt For:

☐ Primary☒ General☐ Other (specify):

Occupation

Chairman

Aggregate Year-to-Date &gt; \$ 500

## B. Full Name, Mailing Address and ZIP Code

David Paszamant  
P.O. Box 215  
New Brunswick, NJ 08903

## Name of Employer

Jersey Sales  
Company Assoc.Date (month,  
day, year)

11/2/90

Amount of Each  
Receipt this Period

500

Receipt For:

☐ Primary☒ General☐ Other (specify):

Occupation

Partner

Aggregate Year-to-Date &gt; \$ 500

## C. Full Name, Mailing Address and ZIP Code

Howard Weinstein  
P.O. Box 215  
New Brunswick, NJ 08903

## Name of Employer

Jersey Sales  
Company Assoc.Date (month,  
day, year)

11/2/90

Amount of Each  
Receipt this Period

500

Receipt For:

☐ Primary☒ General☐ Other (specify):

Occupation

Partner

Aggregate Year-to-Date &gt; \$ 500

## D. Full Name, Mailing Address and ZIP Code

Robert N. Kaplan  
685 Third Avenue  
New York, NY 10017

## Name of Employer

Kaplan &amp; Kilsheimer

Date (month,  
day, year)

11/2/90

Amount of Each  
Receipt this Period

250

Receipt For:

☐ Primary☒ General☐ Other (specify):

Occupation

Attorney

Aggregate Year-to-Date &gt; \$ 250

## E. Full Name, Mailing Address and ZIP Code

Gedale Bob Horowitz  
c/o 45 Wall Street  
New York, NY 10005

## Name of Employer

Info. Reg.

Date (month,  
day, year)

11/2/90

Amount of Each  
Receipt this Period

1000

Receipt For:

☐ Primary☒ General☐ Other (specify):

Occupation

Aggregate Year-to-Date &gt; \$ 1000

## F. Full Name, Mailing Address and ZIP Code

Marvin A. Margolis  
324 E. Wisconsin Ave.  
Milwaukee, WI 53202

## Name of Employer

Self

Date (month,  
day, year)

11/2/90

Amount of Each  
Receipt this Period

1000

Receipt For:

☐ Primary☒ General☐ Other (specify):

Occupation

Attorney

Aggregate Year-to-Date &gt; \$ 1000

## G. Full Name, Mailing Address and ZIP Code

Michael P. Opton  
621 SW Morrison #1410  
Portland, OR 97205

## Name of Employer

Info. Reg.

Date (month,  
day, year)

11/2/90

Amount of Each  
Receipt this Period

300

Receipt For:

☐ Primary☒ General☐ Other (specify):

Occupation

Aggregate Year-to-Date &gt; \$ 300

SUBTOTAL of Receipts This Page (optional)

4050

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)  
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51 155  
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11(281)

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NAME OF COMMITTEE (in Full)

<p>A. Full Name, Mailing Address and ZIP Code G. C. LeBow 116 E. Saddle River Rd. Saddle River, NJ 07458</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Info. Req.</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 250</p>	<p>Date (month, day, year) 11/2/90</p>	<p>Amount of Each Receipt this Period 250</p>
<p>B. Full Name, Mailing Address and ZIP Code Matthew Lieberman 624 Maryland Ave. NE #5 Washington, DC 20002</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Info. Req.</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 250</p>	<p>Date (month, day, year) 11/2/90</p>	<p>Amount of Each Receipt this Period 250</p>
<p>C. Full Name, Mailing Address and ZIP Code Peter W. May c/o 45 Wall Street New York, NY 10005</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Info. Req.</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 1000</p>	<p>Date (month, day, year) 11/2/90</p>	<p>Amount of Each Receipt this Period 1000</p>
<p>D. Full Name, Mailing Address and ZIP Code Bennett S. Lebow 8061 Fisher Island Dr. Fisher Island, FL 33109</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Info. Req.</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 250</p>	<p>Date (month, day, year) 11/2/90</p>	<p>Amount of Each Receipt this Period 250</p>
<p>E. Full Name, Mailing Address and ZIP Code Richard M. Welch Jr. 15 Colts Neck Dr. Newton, PA 18940</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 2000</p>	<p>Date (month, day, year) 11/2/90</p>	<p>Amount of Each Receipt this Period 2000</p>
<p>F. Full Name, Mailing Address and ZIP Code Susan Q. Welch 15 Colts Neck Dr. Newton, PA 18940</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer None</p> <p>Occupation Homemaker</p> <p>Aggregate Year-to-Date &gt; \$ 2000</p>	<p>Date (month, day, year) 11/2/90</p>	<p>Amount of Each Receipt this Period 2000</p>
<p>G. Full Name, Mailing Address and ZIP Code Christine L. Mackert 3852 NE Alameda Portland, OR 97212</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self</p> <p>Occupation Physician</p> <p>Aggregate Year-to-Date &gt; \$ 1000</p>	<p>Date (month, day, year) 11/2/90</p>	<p>Amount of Each Receipt this Period 1000</p>

SUBTOTAL of Receipts This Page (optional)

6750

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## SCHEDULE A

## ITEMIZED RECEIPTS

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

<b>A. Full Name, Mailing Address and ZIP Code</b> Bernice Manocherian 135 Central Park West New York, NY 10023  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Info. Reg.  <b>Occupation</b>  <b>Aggregate Year-to-Date</b> > \$ 500	<b>Date (month, day, year)</b> 11/2/90	<b>Amount of Each Receipt this Period</b> 500
<b>B. Full Name, Mailing Address and ZIP Code</b> L. Gund 237 Park Ave. New York, NY 10017  Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Info. Reg.  <b>Occupation</b>  <b>Aggregate Year-to-Date</b> > \$ 2000	<b>Date (month, day, year)</b> 11/2/90	<b>Amount of Each Receipt this Period</b> 2000
<b>C. Full Name, Mailing Address and ZIP Code</b> Sheldon Levin 7117 Gleason Road Edina, MN 55439  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Info. Reg.  <b>Occupation</b>  <b>Aggregate Year-to-Date</b> > \$ 200	<b>Date (month, day, year)</b> 11/2/90	<b>Amount of Each Receipt this Period</b> 200
<b>D. Full Name, Mailing Address and ZIP Code</b> Jack B. Brach 733 Caffrey Ave. Far Rockaway, NY 11691  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Info. Reg.  <b>Occupation</b>  <b>Aggregate Year-to-Date</b> > \$ 500	<b>Date (month, day, year)</b> 11/2/90	<b>Amount of Each Receipt this Period</b> 500
<b>E. Full Name, Mailing Address and ZIP Code</b> Fred Isaacs 2505 E. Lake of Isles Pky. Minneapolis, MN 55045  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Info. Reg.  <b>Occupation</b>  <b>Aggregate Year-to-Date</b> > \$ 500	<b>Date (month, day, year)</b> 11/2/90	<b>Amount of Each Receipt this Period</b> 500
<b>F. Full Name, Mailing Address and ZIP Code</b> Constance R. Caplan 6 Cotswold Rd. Baltimore, MD 21210  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Info. Reg.  <b>Occupation</b>  <b>Aggregate Year-to-Date</b> > \$ 200	<b>Date (month, day, year)</b> 11/2/90	<b>Amount of Each Receipt this Period</b> 200
<b>G. Full Name, Mailing Address and ZIP Code</b> Robin Illgen 1175 York Ave. #12B New York, NY 10021  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Info. Reg.  <b>Occupation</b>  <b>Aggregate Year-to-Date</b> > \$ 250	<b>Date (month, day, year)</b> 11/2/90	<b>Amount of Each Receipt this Period</b> 250

SUBTOTAL of Receipts This Page (optional)

4150

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## SCHEDULE A

## ITEMIZED RECEIPTS

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11211

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NAME OF COMMITTEE (in Full)

<b>A. Full Name, Mailing Address and ZIP Code</b> Jack Wexler Kings Point, NY Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Info. Reg. <b>Occupation</b> Aggregate Year-to-Date > \$ 250	<b>Date (month, day, year)</b> 11/5/90	<b>Amount of Each Receipt this Period</b> 250
<b>B. Full Name, Mailing Address and ZIP Code</b> Amy S. Welch 8004 Birdie Lane Doylestown, PA 18901 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> None <b>Occupation</b> Homemaker Aggregate Year-to-Date > \$ 2000	<b>Date (month, day, year)</b> 11/5/90	<b>Amount of Each Receipt this Period</b> 2000
<b>C. Full Name, Mailing Address and ZIP Code</b> Robert J. Welch 8004 Birdie Lane Doylestown, PA 18901 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Self <b>Occupation</b> INVESTOR Aggregate Year-to-Date > \$ 2000	<b>Date (month, day, year)</b> 11/5/90	<b>Amount of Each Receipt this Period</b> 2000
<b>D. Full Name, Mailing Address and ZIP Code</b> Lois Zoller 3180 N. Lake Shore Dr. Chicago, IL 60657 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Self <b>Occupation</b> Investor Aggregate Year-to-Date > \$ 250	<b>Date (month, day, year)</b> 11/5/90	<b>Amount of Each Receipt this Period</b> 250
<b>E. Full Name, Mailing Address and ZIP Code</b> Daniel Greenberg 6060 Sepulveda Blvd Van Nuys, CA 91411 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Info. Reg. <b>Occupation</b> Aggregate Year-to-Date > \$ 500	<b>Date (month, day, year)</b> 11/2/90	<b>Amount of Each Receipt this Period</b> 500
<b>F. Full Name, Mailing Address and ZIP Code</b> Burks B. Lapham 2919 Woodland Dr. NW Washington, DC 20008 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> None <b>Occupation</b> None Aggregate Year-to-Date > \$ 500	<b>Date (month, day, year)</b> 11/2/90	<b>Amount of Each Receipt this Period</b> 500
<b>G. Full Name, Mailing Address and ZIP Code</b> Cathy R. Mendelson 324 S. Rodeo Dr. Beverly Hills, CA 90212 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Self <b>Occupation</b> Attorney Aggregate Year-to-Date > \$ 1000	<b>Date (month, day, year)</b> 11/6/90	<b>Amount of Each Receipt this Period</b> 1000

SUBTOTAL of Receipts This Page (optional)

6500

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## SCHEDULE A

## ITEMIZED RECEIPTS

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14501

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## NAME OF COMMITTEE (in Full)

Lonsdale for Senate Committee

<b>A. Full Name, Mailing Address and ZIP Code</b> Matt Welch 694 Washington St. South Easton, MA 02375 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Self <b>Occupation</b> Investor <b>Aggregate Year-to-Date</b> > \$ 2000	<b>Date (month, day, year)</b> 11/6/90	<b>Amount of Each Receipt this Period</b> 2000
<b>B. Full Name, Mailing Address and ZIP Code</b> Kappy Jo Wells 1133 5th Ave. New York, NY 10128 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Self <b>Occupation</b> Sculptor <b>Aggregate Year-to-Date</b> > \$ 500	<b>Date (month, day, year)</b> 11/6/90	<b>Amount of Each Receipt this Period</b> 500
<b>C. Full Name, Mailing Address and ZIP Code</b> Rita M. Ulanet 22 Stratford Dr. Livingston, NJ 07039 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Info. Req. <b>Occupation</b>  <b>Aggregate Year-to-Date</b> > \$ 500	<b>Date (month, day, year)</b> 11/8/90	<b>Amount of Each Receipt this Period</b> 500
<b>D. Full Name, Mailing Address and ZIP Code</b> Edward Aster P.O. Box 10460 Eugene, OR 97440 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Info. Req. <b>Occupation</b>  <b>Aggregate Year-to-Date</b> > \$ 500	<b>Date (month, day, year)</b> 11/8/90	<b>Amount of Each Receipt this Period</b> 500
<b>E. Full Name, Mailing Address and ZIP Code</b> E. William Crotty P.O. Box 5488 Daytona Beach, FL 32118 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Black Crotty Sims, et al. <b>Occupation</b> Attorney <b>Aggregate Year-to-Date</b> > \$ 250	<b>Date (month, day, year)</b> 11/8/90	<b>Amount of Each Receipt this Period</b> 250
<b>F. Full Name, Mailing Address and ZIP Code</b> Lucy Blake 1213 Francisco St. Berkeley, CA 94702 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> CA League of Conserv. Voters <b>Occupation</b> Environmentalist <b>Aggregate Year-to-Date</b> > \$ 200	<b>Date (month, day, year)</b> 11/15/90	<b>Amount of Each Receipt this Period</b> 200
<b>G. Full Name, Mailing Address and ZIP Code</b> LeRoy E. Hoffberger 233 E. Redwood St. Baltimore, MD 21202 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Info. Req. <b>Occupation</b>  <b>Aggregate Year-to-Date</b> > \$ 250	<b>Date (month, day, year)</b> 11/15/90	<b>Amount of Each Receipt this Period</b> 250

SUBTOTAL of Receipts This Page (optional)

4200

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## ITEMIZED RECEIPTS

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FOR LINE NUMBER 11 (2) (1)

NAME OF COMMITTEE (in Full)

Lonsdale for Senate Committee

A. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Peter Dwares c/o 1525 SW Park Ave. #200 Portland, OR 97201		Portland Shopping Center Assoc.	11/16/90	200
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Partner	Aggregate Year-to-Date > \$ 200	
B. 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"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		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"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		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"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		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"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		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"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > \$	

200

180.000,00

### ITEMIZED RECEIPTS

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FOR LINE NUMBER	
15	

NAME OF COMMITTEE (in Full)

LONSDALE FOR SENATE COMMITTEE

A. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FIRST INTERSTATE BANK		INTEREST EARNED ON CHECKING ACCOUNT	10/24/90	182.25
PORTLAND, OR		Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 724.70		
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 > \$		

182.25

182.25

## SCHEDULE B

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

LONSDALE FOR SENATE COMMITTEE

A. Full Name, Mailing Address and ZIP Code POSTMASTER 1404T ST. STATION PORTLAND, OR 97208	Purpose of Disbursement POSTAGE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/20/90 10/21/90 10/24/90	Amount of Each Disbursement This Period 2000.00 200.00 1000.00
B. Full Name, Mailing Address and ZIP Code SAME AS ABOVE	Purpose of Disbursement POSTAGE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/25/90 10/25/90 10/26/90	Amount of Each Disbursement This Period 325.00 1500.00 2000.00
C. Full Name, Mailing Address and ZIP Code SAME AS ABOVE	Purpose of Disbursement POSTAGE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/29/90 11/2/90 (MEMO)	Amount of Each Disbursement This Period 7300.00 234.00
D. Full Name, Mailing Address and ZIP Code PEACETREE 1735 SE MADISON #2 PORTLAND, OR 97214	Purpose of Disbursement OFFICE SUPPLIES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/9/90 11/2/90	Amount of Each Disbursement This Period 330.46 200.65
E. Full Name, Mailing Address and ZIP Code FRANKLIN PRESS 74 S. WASHINGTON SEATTLE, WA 98104	Purpose of Disbursement ENVELOPES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/20/90	Amount of Each Disbursement This Period 601.00
F. Full Name, Mailing Address and ZIP Code GREYHOUND PORTLAND, OR	Purpose of Disbursement LABELS & LISTS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/24/90	Amount of Each Disbursement This Period 1152.59
G. Full Name, Mailing Address and ZIP Code IRWIN HOOSON PORTLAND, OR	Purpose of Disbursement LAPEL STICKERS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/24/90	Amount of Each Disbursement This Period 635.60
H. Full Name, Mailing Address and ZIP Code ALLNET COMMUNICATION SERV. PO Box 2070 BIRMINGHAM, AL	Purpose of Disbursement TELEPHONE EXPENSE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/24/90 11/6/90	Amount of Each Disbursement This Period 1598.15 2684.31
I. Full Name, Mailing Address and ZIP Code JEWISH REVIEW PORTLAND, OR	Purpose of Disbursement ADVERTISING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/24/90	Amount of Each Disbursement This Period 553.53

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

22081.29

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## SCHEDULE B

## ITEMIZED DISBURSEMENTS

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## NAME OF COMMITTEE (in Full)

LONSDALE FOR SENATE COMMITTEE

A. Full Name, Mailing Address and ZIP Code US WEST COMMUNICATION PO BOX 3881 PORTLAND, OR 97251	Purpose of Disbursement TELEPHONE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/24/90 11/6/90	Amount of Each Disbursement This Period 820.63 1310.62
B. Full Name, Mailing Address and ZIP Code HOLLYWOOD IMPRESS 1320 SE 8TH AVE. PORTLAND, OR 97214	Purpose of Disbursement PRINTING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/24/90 11/2/90	Amount of Each Disbursement This Period 3881.00 6707.00
C. Full Name, Mailing Address and ZIP Code RETIREMENT LIFE NEWS 10211 SW BARBUR #109-A PORTLAND, OR 97219	Purpose of Disbursement ADVERTISING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/25/90	Amount of Each Disbursement This Period 206.50
D. Full Name, Mailing Address and ZIP Code ARVEY'S PAPER & OFFICE PROD. 1005 SE GRAND PORTLAND, OR 97214	Purpose of Disbursement OFFICE SUPPLIES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/25/90 11/2/90	Amount of Each Disbursement This Period 264.19 142.12
E. Full Name, Mailing Address and ZIP Code MOBA MEDIA, INC. BOX 4653 PORTLAND, OR 97208	Purpose of Disbursement VIDEO CLIPS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/25/90 11/2/90	Amount of Each Disbursement This Period 360.00 20.00
F. Full Name, Mailing Address and ZIP Code JUST OUT PO BOX 15117 PORTLAND, OR 97215	Purpose of Disbursement ADVERTISING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/25/90	Amount of Each Disbursement This Period 211.50
G. Full Name, Mailing Address and ZIP Code THE LAVENDER NETWORK PO BOX 5421 EUGENE, OR 97405	Purpose of Disbursement ADVERTISING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/25/90	Amount of Each Disbursement This Period 239.00
H. Full Name, Mailing Address and ZIP Code EXPERT TECHNOLOGY CORP. 1220 SW MORRISON #937 PORTLAND, OR 97205	Purpose of Disbursement PRINTER SUPPLIES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/25/90 10/25/90 11/2/90	Amount of Each Disbursement This Period 972.00 385.00 26.00
I. Full Name, Mailing Address and ZIP Code COMMERCIAL OFFICE MACHINES PO BOX 1579 LONGVIEW, WA 98632	Purpose of Disbursement COPY MACHINE & SUPPLIES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/25/90 11/6/90	Amount of Each Disbursement This Period 1598.74 1381.78

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

18526.08

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

LONSDALE FOR SENATE COMMITTEE

<p>A. Full Name, Mailing Address and ZIP Code LABELS &amp; LISTS 2500 116TH AVE NE #3 BELLEVUE, WA 98004</p>	<p>Purpose of Disbursement MAILING LABELS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 10/25/90 10/25/90</p>	<p>Amount of Each Disbursement This Period 210.60 1379.09</p>
<p>B. Full Name, Mailing Address and ZIP Code NATIVE FOREST COUNCIL PO Box 2171 EUGENE, OR 97402</p>	<p>Purpose of Disbursement MAILING LISTS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 10/25/90</p>	<p>Amount of Each Disbursement This Period 323.20</p>
<p>C. Full Name, Mailing Address and ZIP Code CAROL KELSEY 1903 NE 13TH PORTLAND, OR 97212</p>	<p>Purpose of Disbursement CONSULTANT FEE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 10/24/90</p>	<p>Amount of Each Disbursement This Period 250.00</p>
<p>D. Full Name, Mailing Address and ZIP Code PICTURE THIS VIDEO 142 NW VICTORIA GRESHAM, OR</p>	<p>Purpose of Disbursement VIDEO DUBBING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 11/2/90</p>	<p>Amount of Each Disbursement This Period 1724.00</p>
<p>E. Full Name, Mailing Address and ZIP Code TRIPPI &amp; ASSOCIATES 101 SW WHITING, STE 319 ALEXANDRIA, VA 22304</p>	<p>Purpose of Disbursement PRODUCTION COSTS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 11/2/90 11/8/90</p>	<p>Amount of Each Disbursement This Period 25,000.00 12,000.00</p>
<p>F. Full Name, Mailing Address and ZIP Code DANA S. WADE 1721 NE CANYON PARK DR BEND, OR 97709</p>	<p>Purpose of Disbursement PAYROLL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 10/31/90 11/2/90 11/14/90</p>	<p>Amount of Each Disbursement This Period 663.24 616.71 46.53</p>
<p>G. Full Name, Mailing Address and ZIP Code WILLAMETTE PRINT &amp; BLUEPRINT 510 NW 15TH PORTLAND, OR 97201</p>	<p>Purpose of Disbursement PHOTOS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 11/2/90</p>	<p>Amount of Each Disbursement This Period 175.00</p>
<p>H. Full Name, Mailing Address and ZIP Code REEVES &amp; KAHN 610 SW ALDER ST. PORTLAND, OR 97205</p>	<p>Purpose of Disbursement FEC COMPLIANCE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 11/2/90</p>	<p>Amount of Each Disbursement This Period 47.55</p>
<p>I. Full Name, Mailing Address and ZIP Code BULLIER &amp; BULLIER 707 SW WASHINGTON PORTLAND, OR 97205</p>	<p>Purpose of Disbursement UTILITIES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 11/2/90</p>	<p>Amount of Each Disbursement This Period 273.44</p>

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

42709.34

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



## SCHEDULE B

## ITEMIZED DISBURSEMENTS

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

LONSDALE FOR SENATE COMMITTEE

A. Full Name, Mailing Address and ZIP Code PDX SERVICES PO BOX 4548 PORTLAND, OR 97202	Purpose of Disbursement ENVELOPES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/2/90	Amount of Each Disbursement This Period 365.00
B. Full Name, Mailing Address and ZIP Code JUNIPER TELECOM 2147 N. EMERSON ST. PORTLAND, OR 97217	Purpose of Disbursement TELEPHONE INSTALLATION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/2/90	Amount of Each Disbursement This Period 292.00
C. Full Name, Mailing Address and ZIP Code HICKMAN-MASLIN 1827 JEFFERSON PL NW WASHINGTON, DC 20036	Purpose of Disbursement TRAVEL EXPENSE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/2/90	Amount of Each Disbursement This Period 833.85
D. Full Name, Mailing Address and ZIP Code ALLEN'S PRESS CLIPPING SERV. 621 SW ALDER #540 PORTLAND, OR 97205	Purpose of Disbursement CLIP SERVICE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/2/90	Amount of Each Disbursement This Period 298.54
E. Full Name, Mailing Address and ZIP Code CT ASSOCIATES 1419 35th S SEATTLE, WA 98144	Purpose of Disbursement CONSULTANT FEE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/8/90	Amount of Each Disbursement This Period 3000.00
F. Full Name, Mailing Address and ZIP Code SOUTH PARK SQUARE 1525 SW PARK AVE, Ste 100 PORTLAND, OR 97201	Purpose of Disbursement RENT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/2/90 11/2/90 (MEMO)	Amount of Each Disbursement This Period 270.00 (MEMO) 300.00
G. Full Name, Mailing Address and ZIP Code PACIFIC OFFICE AUTOMATION 14335 NW SCIENCE PARK DR PORTLAND, OR 97229	Purpose of Disbursement COPY MACHINE EXP. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/15/90	Amount of Each Disbursement This Period 600.00
H. Full Name, Mailing Address and ZIP Code JAIF CORPORATION 400 HIGH ST SE SALEM OR 97312	Purpose of Disbursement PAYROLL - WORKER'S COMP Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/19/90 11/15/90	Amount of Each Disbursement This Period 65.82 896.12
I. Full Name, Mailing Address and ZIP Code SECRETARY OF STATE STATE CAPITOL SALEM, OR 97310	Purpose of Disbursement COPY CHARGES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/2/90 11/15/90	Amount of Each Disbursement This Period 120.85 23.25

SUBTOTAL of Disbursements This Page (optional)

6765.43

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## SCHEDULE B

## ITEMIZED DISBURSEMENTS

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## NAME OF COMMITTEE (in Full)

LONSDALE FOR SENATE COMMITTEE

A. Full Name, Mailing Address and ZIP Code FIRST INTERSTATE BANK  PORTLAND, OR	Purpose of Disbursement WIRE TRANSFER FOR TV BUY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/18/90 10/19/90 10/23/90	Amount of Each Disbursement This Period 85,012.50 10,012.50 95,012.50
B. Full Name, Mailing Address and ZIP Code  SAME AS ABOVE	Purpose of Disbursement WIRE TRANSFER FOR TV BUY, MAIL SERVICE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/26/90 10/30/90 10/26/90	Amount of Each Disbursement This Period 30,012.50 30,012.50 14,512.50
C. Full Name, Mailing Address and ZIP Code TRIPI & ASSOCIATES 101 SW WHITING ST 319 ALEXANDRIA, VA 22304	Purpose of Disbursement TV BUY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/18/90 10/19/90 10/23/90	Amount of Each Disbursement This Period MEMO 85,000.00 " 10,000.00 " 95,000.00
D. Full Name, Mailing Address and ZIP Code  SAME AS ABOVE	Purpose of Disbursement TV BUY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/26/90 10/30/90	Amount of Each Disbursement This Period MEMO 30,000.00 " 30,000.00
E. Full Name, Mailing Address and ZIP Code GOLD COMMUNICATIONS CO. 666 RIO GRANDE AUSTIN, TX 78701	Purpose of Disbursement MAIL SERVICE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/26/90	Amount of Each Disbursement This Period 14,000.00 MEMO
F. Full Name, Mailing Address and ZIP Code FIRST INTERSTATE BANK  PORTLAND, OR	Purpose of Disbursement PAYROLL TAXES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/30/90 11/11/90	Amount of Each Disbursement This Period 6806.30 2866.68
G. Full Name, Mailing Address and ZIP Code CHRISTY ANTHONY 5128 SW HAMILTON PORTLAND, OR 97221	Purpose of Disbursement REIMB, COURIER EXP. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/24/90	Amount of Each Disbursement This Period 53.80
H. Full Name, Mailing Address and ZIP Code OREGON DEPT. OF REVENUE PO BOX 14800 SALEM, OR 97309	Purpose of Disbursement PAYROLL TAXES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/30/90 11/14/90 11/14/90	Amount of Each Disbursement This Period 2913.46 65.67 90.03
I. Full Name, Mailing Address and ZIP Code  SAME AS ABOVE	Purpose of Disbursement PAYROLL TAXES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/14/90	Amount of Each Disbursement This Period 867.48

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

278,238.42

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## SCHEDULE B

## ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

LONSDALE FOR SENATE COMMITTEE

A. Full Name, Mailing Address and ZIP Code FIRST INTERSTATE BANK BUSINESS CARD DEPT. VAN NUYS, CA 91410	Purpose of Disbursement MASTERCARD PMT- SEE BELOW, VISA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/25/90 11/6/90 10/29/90	Amount of Each Disbursement This Period 1030.49 5102.14 65.00
B. Full Name, Mailing Address and ZIP Code FEDERAL EXPRESS P.O. BOX 1140 DUPT. A MEMPHIS, TN 38101	Purpose of Disbursement COURIER SERV Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/25/90 11/6/90	Amount of Each Disbursement This Period MEMO 188.75 11 663.75
C. Full Name, Mailing Address and ZIP Code EXPRESS PRIVATE LIMO WASHINGTON, D.C.	Purpose of Disbursement LIMO SERV. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/25/90 11/6/90	Amount of Each Disbursement This Period MEMO 284.00 11 284.00
D. Full Name, Mailing Address and ZIP Code BEST WESTERN MOTEL PENDLETON, OR	Purpose of Disbursement TRAVEL - LODGING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/25/90	Amount of Each Disbursement This Period MEMO 249.96
E. Full Name, Mailing Address and ZIP Code BENSON HOTEL PORTLAND, OR	Purpose of Disbursement RENTAL & CATERING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/25/90	Amount of Each Disbursement This Period MEMO 140.30
F. Full Name, Mailing Address and ZIP Code HILTON HOTELS PORTLAND, OR	Purpose of Disbursement RENTAL & CATERING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/6/90	Amount of Each Disbursement This Period 2055.00 MEMO
G. Full Name, Mailing Address and ZIP Code FLIGHTCRAFT INC. 7505 NE AIRPORT WAY PORTLAND, OR 97218	Purpose of Disbursement TRAVEL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/6/90	Amount of Each Disbursement This Period MEMO 654.60
H. Full Name, Mailing Address and ZIP Code SMITH'S HOME FURNISHINGS PORTLAND, OR	Purpose of Disbursement PURCHASE TELEPHONE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/6/90	Amount of Each Disbursement This Period MEMO 220.00
I. Full Name, Mailing Address and ZIP Code TRAVEL CONNECTION	Purpose of Disbursement TRAVEL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/6/90	Amount of Each Disbursement This Period MEMO 710.00

SUBTOTAL of Disbursements This Page (optional)

6197.63

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

LONSDALE FOR SENATE COMMITTEE

A. Full Name, Mailing Address and ZIP Code JGR TRANSPORT  COOS BAY, OR	Purpose of Disbursement TRAVEL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/6/90	Amount of Each Disbursement This Period MEMO 211.70
B. Full Name, Mailing Address and ZIP Code STEVE TALBOT PO BOX 15015 PORTLAND, OR 97215	Purpose of Disbursement CONTRACT SERVICES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/26/90	Amount of Each Disbursement This Period 1200.00
C. Full Name, Mailing Address and ZIP Code DAVE HUMPHREVILLE	Purpose of Disbursement REIMB. FOR DUBBING COSTS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/30/90	Amount of Each Disbursement This Period 1744.00
D. Full Name, Mailing Address and ZIP Code NEWTON BARD MUSIC, INC	Purpose of Disbursement DUBBING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/30/90	Amount of Each Disbursement This Period MEMO 1744.00
E. Full Name, Mailing Address and ZIP Code JAMES M. NOYES	Purpose of Disbursement PILOT COSTS, FEES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/2/90 11/15/90	Amount of Each Disbursement This Period 135.00 60.00
F. Full Name, Mailing Address and ZIP Code DANIEL A. WALTER	Purpose of Disbursement SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/3/90 11/6/90	Amount of Each Disbursement This Period 856.83 553.06
G. Full Name, Mailing Address and ZIP Code CARISSA S. GOUX	Purpose of Disbursement SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/3/90	Amount of Each Disbursement This Period 589.26
H. Full Name, Mailing Address and ZIP Code H. BRUCE AMSBARY	Purpose of Disbursement SALARY REIMB. GAS EXP. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/3/90 11/6/90 11/8/90	Amount of Each Disbursement This Period 394.30 249.36 20.00
I. Full Name, Mailing Address and ZIP Code  JAME AS ABOVE	Purpose of Disbursement REIMB. FOOD & BEVERAGE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/8/90	Amount of Each Disbursement This Period 229.66

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

6031.47

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

LONSDALE FOR SENATE COMMITTEE

A. Full Name, Mailing Address and ZIP Code JAMES M. CARLSON	Purpose of Disbursement CONSULTANT FEE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/3/90	Amount of Each Disbursement This Period 200.00
B. Full Name, Mailing Address and ZIP Code JOHN D. GIBSON	Purpose of Disbursement SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/6/90	Amount of Each Disbursement This Period 1282.30
C. Full Name, Mailing Address and ZIP Code KAREN OLICK	Purpose of Disbursement SALARY, REIMB., RENT, POSTAGE, FOOD, PHOTOS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/6/90 11/8/90 11/8/90	Amount of Each Disbursement This Period 3721.13 4592.57 967.00
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) .....

10,763.00

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

391,312.68

90030243739

## SCHEDULE B

## ITEMIZED DISBURSEMENTS

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## REFUNDS OF CONTRIBUTIONS

20(a)

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NAME OF COMMITTEE (In Full)

LONSDALE FOR SENATE COMMITTEE

A. Full Name, Mailing Address and ZIP Code ELAINE MCCALL	Purpose of Disbursement REFUND EXCESS CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/26/90	Amount of Each Disbursement This Period 50.00
B. Full Name, Mailing Address and ZIP Code CHRISTINE L. MACKERT	Purpose of Disbursement REFUND OF CORP. CONTRIB. W/IN 10 DAYS OF RECEIPT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/30/90	Amount of Each Disbursement This Period 1000.00
C. Full Name, Mailing Address and ZIP Code ROBERT R. MAZER	Purpose of Disbursement REFUND CORP. CONTRIB. W/IN 10 DAYS OF RECEIPT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/30/90	Amount of Each Disbursement This Period 1000.00
D. Full Name, Mailing Address and ZIP Code PAUL R. SCHLESINGER 4829 SW STONEBROOK CT PORTLAND, OR 97261	Purpose of Disbursement REFUND EXCESS CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/26/90	Amount of Each Disbursement This Period 210.00
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) .....

2090.00

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

2090.00

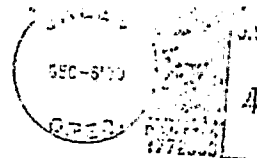
9003043740

Fold at line over top of envelope to the right  
of the return address

**CERTIFIED**

P 539 576 724

**MAIL**



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SECRETARY OF THE SENATE  
OFFICE OF PUBLIC RECORDS  
232 HART SENATE OFFICE BLDG.  
WASHINGTON, D.C. 20510-7114

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WALTER J. STEWART  
SECRETARY

PAMELA B. GAVIN  
SUPERINTENDENT

HART BUILDING  
SUITE 232  
WASHINGTON, DC 20510-7118  
PHONE: 202-224-0322

# United States Senate

OFFICE OF THE SECRETARY

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THE PRECEDING DOCUMENT(S) WAS:

\_\_\_\_\_ HAND DELIVERED \_\_\_\_\_  
Date of Receipt

\_\_\_\_\_ INSIDE MAIL \_\_\_\_\_  
Date of Receipt

\_\_\_\_\_ RECEIVED FROM THE HOUSE OFFICE OF RECORDS  
AND REGISTRATIONS \_\_\_\_\_  
Date of Receipt

\_\_\_\_\_ RECEIVED FROM THE FEDERAL ELECTION  
COMMISSION \_\_\_\_\_  
Date of Receipt

\_\_\_\_\_ FIRST CLASS MAIL \_\_\_\_\_  
Postmarked

✓ \_\_\_\_\_ REGISTERED/CERTIFIED MAIL Dec. 6, 1990  
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AND/OR DATE OF RECEIPT \_\_\_\_\_

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