

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
Jim Feldkamp for Congress

ADDRESS (number and street) 4257 Barger Drive #353  
 Check if different than previously reported. (ACC) Eugene OR 97402

2. **FEC IDENTIFICATION NUMBER** C00392985  
**CITY** **STATE** **ZIP CODE** **STATE** **DISTRICT**  
3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A) OR 04

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on [ ] [ ] [ ] in the State of [ ]  
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on [ ] [ ] [ ] in the State of [ ]

5. Covering Period 07 01 2006 through 09 30 2006

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 Ms. Patricia Siegmund

Signature of Treasurer Electronically Filed by Ms. Patricia Siegmund Date 12 07 2006

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Jim Feldkamp for Congress

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	88021.00	398412.78
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	88021.00	398412.78
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	145481.29	225413.33
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	145481.29	225413.33
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	173561.94	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name  
Jim Feldkamp for Congress

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

**I. RECEIPTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

65519.47

303782.47

(ii) Unitemized.....

15401.53

55680.31

(iii) TOTAL of contributions

80921.00

359462.78

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

7100.00

38950.00

(c) Other Political Committees (such as PACS).....

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS (other than loans)

88021.00

398412.78

(add Lines 11(a)(iii), (b), (c), and (d))

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

0.00

0.00

(add Lines 13(a) and (b)).....

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.).....

0.00

0.00

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

88021.00

398412.78

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	145481.29	225413.33
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	145481.29	225413.33

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	231022.23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	88021.00
25. SUBTOTAL (add Line 23 and Line 24).....	319043.23
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	145481.29
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	173561.94

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

**A.** Full Name (Last, First, Middle Initial)  
James L. Feldkamp

Mailing Address 3210 Kinsrow Ave, #267

City Eugene State OR Zip Code 97401

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

Name of Employer Lane Community College Occupation Adjunct Professor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 8337.05

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 01 / 2006

Transaction ID: 0004279

Amount of Each Receipt this Period  
33.45

IN-KIND: Gas - Eugene

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Linda J. Hellenthal

Mailing Address 10190 N Umpqua Hwy

City Roseburg State OR Zip Code 97470

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

Name of Employer D Sutton, DDS Occupation Dental Hygenist

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 879.50

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 02 / 2006

Transaction ID: 0004305

Amount of Each Receipt this Period  
120.00

IN-KIND: BBQ in Roseburg July 2

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Erik Hellenthal

Mailing Address 10190 N Umpqua Hwy

City Roseburg State OR Zip Code 97470

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

Name of Employer Self Employed Occupation Logger

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 03 / 2006

Transaction ID: 0003841

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **403.45**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

**A.** Full Name (Last, First, Middle Initial)  
James L. Feldkamp

Mailing Address 3210 Kinsrow Ave, #267

City Eugene State OR Zip Code 97401

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

Name of Employer Lane Community College Occupation Adjunct Professor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 8368.30

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 04 / 2006

Transaction ID: 0004278

Amount of Each Receipt this Period  
31.25

IN-KIND: Gas - Eugene

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Fred W Vannatta

Mailing Address P O Box 135

City Salem State OR Zip Code 97308-0135

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

Name of Employer Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 05 / 2006

Transaction ID: 0003840

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Phillip K. Shugart

Mailing Address 19545 Hwy 62  
P. O. Box 1103

City Eagle Point State OR Zip Code 97524

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

Name of Employer Medford Moulding Company Occupation Business

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 05 / 2006

Transaction ID: 0003849

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1281.25
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

**A.** Full Name (Last, First, Middle Initial)  
James L. Feldkamp

Mailing Address 3210 Kinsrow Ave, #267

City Eugene State OR Zip Code 97401

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

Name of Employer Lane Community College Occupation Adjunct Professor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 8403.74

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 08 / 2006

**Transaction ID:** 0004280

Amount of Each Receipt this Period  
 35.44

IN-KIND: Gas - Albany

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Gregory M. Demers

Mailing Address P O Box 876

City Veneta State OR Zip Code 97487

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

Name of Employer Frontier Resources Occupation Timber Industry

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 11 / 2006

**Transaction ID:** 0003845

Amount of Each Receipt this Period  
 2100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Vernon Egge

Mailing Address 90387 Egge Rd

City Eugene State OR Zip Code 97408

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

Name of Employer Egge Sand and Gravel Co Occupation Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 11 / 2006

**Transaction ID:** 0003847

Amount of Each Receipt this Period  
 2100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4235.44</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

**A.** Full Name (Last, First, Middle Initial)  
Wallie Egge

Mailing Address 90387 Egge Rd

City Eugene State OR Zip Code 97408

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

Name of Employer Occupation  
Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt  
MM / DD / YYYY  
07 / 11 / 2006

**Transaction ID:** 0003848

Amount of Each Receipt this Period  
2100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
James L. Feldkamp

Mailing Address 3210 Kinsrow Ave, #267

City Eugene State OR Zip Code 97401

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

Name of Employer Occupation  
Lane Community College Adjunct Professor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 8428.24

Date of Receipt  
MM / DD / YYYY  
07 / 11 / 2006

**Transaction ID:** 0004281

Amount of Each Receipt this Period  
24.50

**IN-KIND:** Gas - Eugene

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
James L. Feldkamp

Mailing Address 3210 Kinsrow Ave, #267

City Eugene State OR Zip Code 97401

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

Name of Employer Occupation  
Lane Community College Adjunct Professor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 8449.68

Date of Receipt  
MM / DD / YYYY  
07 / 13 / 2006

**Transaction ID:** 0004283

Amount of Each Receipt this Period  
21.44

**IN-KIND:** Gas - Sisters

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2145.94</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d (check only one) <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	PAGE 9 / 107
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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

Full Name (Last, First, Middle Initial) <b>A. Craig W. Moore</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 15 / 2006	
Mailing Address 2806 N W Nightfall Circle		<b>Transaction ID: 0003851</b>	
City State Zip Code Bend OR 97701		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Pepsi Cola Botting Company, Bend	Occupation Beverage Distributor		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00		

Full Name (Last, First, Middle Initial) <b>B. James L. Feldkamp</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2006	
Mailing Address 3210 Kinsrow Ave, #267		<b>Transaction ID: 0004282</b>	
City State Zip Code Eugene OR 97401		Amount of Each Receipt this Period 33.00	
FEC ID number of contributing federal political committee. <b>C</b>		IN-KIND: Gas - Eugene <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Lane Community College	Occupation Adjunct Professor		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 8482.68		

Full Name (Last, First, Middle Initial) <b>C. James L. Feldkamp</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2006	
Mailing Address 3210 Kinsrow Ave, #267		<b>Transaction ID: 0004284</b>	
City State Zip Code Eugene OR 97401		Amount of Each Receipt this Period 1030.70	
FEC ID number of contributing federal political committee. <b>C</b>		IN-KIND: Trip to Washington/Boston <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Lane Community College	Occupation Adjunct Professor		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 9513.38		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1563.70
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

**A.** Full Name (Last, First, Middle Initial)  
John Loosley

Mailing Address 239 Maplewood Lane

City Roseburg State OR Zip Code 97470

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

Name of Employer Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 800.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 20 / 2006

**Transaction ID:** 0003860

Amount of Each Receipt this Period  
200.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Jerry E. Beall

Mailing Address 11840 SE Solomon Ct

City Portland State OR Zip Code 97266-6871

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

Name of Employer Occupation President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 24 / 2006

**Transaction ID:** 0003857

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Mary J. Sykes

Mailing Address P O Box 667  
1730 NW Valley View Dr.

City Roseburg State OR Zip Code 97470

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

Name of Employer Occupation Certified Public Accountant

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1336.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 25 / 2006

**Transaction ID:** 0003853

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1450.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

**A.** Full Name (Last, First, Middle Initial)  
James B. Gaffney

Mailing Address 1430 S W Barrow Ln

City State Zip Code  
Portland OR 97221

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

Name of Employer Self Employed Occupation CPA

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 25 / 2006

Transaction ID: 0003855

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Raeda J. Poirot

Mailing Address 310 N W Rachel Lynn Way

City State Zip Code  
Roseburg OR 97470

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

Name of Employer Occupation Homemaker

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

1470.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 25 / 2006

Transaction ID: 0004180

Amount of Each Receipt this Period  
400.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Karen M. Luksch

Mailing Address 9224 SW Brant St

City State Zip Code  
South Beach OR 97366-9771

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

Name of Employer O'Brien Dental Labs Occupation Dental Assistant

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

4200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 27 / 2006

Transaction ID: 0003888

Amount of Each Receipt this Period  
2100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3000.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

**A.** Full Name (Last, First, Middle Initial)  
Bruce J. Klein

Mailing Address P O Box 830

City Winchester State OR Zip Code 97495

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

Name of Employer Oregon Restaurant Assoc Occupation Lobbyist

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 01 / 2006

**Transaction ID:** 0003875

Amount of Each Receipt this Period  
 200.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
J. P. Hammer

Mailing Address P O Box 2266

City Eugene State OR Zip Code 97402

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

Name of Employer Self Employed Occupation RealEstate Developer-Com'l

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 02 / 2006

**Transaction ID:** 0003862

Amount of Each Receipt this Period  
 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Scott E Woodruff

Mailing Address 371 NE Garden Valley Blvd

City Roseburg State OR Zip Code 97470

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

Name of Employer Self Employed Occupation Optometrist

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 02 / 2006

**Transaction ID:** 0003864

Amount of Each Receipt this Period  
 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>700.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

**A.** Full Name (Last, First, Middle Initial)  
Georgia H. Stiles

Mailing Address 254 Boardwalk Way

City State Zip Code  
Roseburg OR 97470

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

Name of Employer Seneca Occupation Developer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
540.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 02 / 2006

Transaction ID: 0003868

Amount of Each Receipt this Period  
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Sean M. Smith

Mailing Address P O Box 1638

City State Zip Code  
Roseburg OR 97470

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

Name of Employer Starfire Lumber Co Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1900.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 02 / 2006

Transaction ID: 0003873

Amount of Each Receipt this Period  
200.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Linda J. Hellenenthal

Mailing Address 10190 N Umpqua Hwy

City State Zip Code  
Roseburg OR 97470

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

Name of Employer D Sutton, DDS Occupation Dental Hygenist

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1129.50

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 06 / 2006

Transaction ID: 0004167

Amount of Each Receipt this Period  
250.00

General/Misc  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **550.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

**A.** Full Name (Last, First, Middle Initial)  
Jo Anne Johnson

Mailing Address P O Box 66

City Riddle State OR Zip Code 97469

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

Name of Employer Occupation  
Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2665.50

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 08 / 2006

**Transaction ID:** 0003892

Amount of Each Receipt this Period  
2100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Allyn C. Ford

Mailing Address 1600 Moorea Drive

City Roseburg State OR Zip Code 97470

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

Name of Employer Occupation  
Roseburg Forest Products Business Manager

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3500.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2006

**Transaction ID:** 0003896

Amount of Each Receipt this Period  
1500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Cheryl Ramberg Ford

Mailing Address 1600 Moorea Dr

City Roseburg State OR Zip Code 97470

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

Name of Employer Occupation  
Housewife

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2006

**Transaction ID:** 0003897

Amount of Each Receipt this Period  
1500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>5100.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d (check only one) <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	PAGE 15 / 107
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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Mary J. Sykes		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2006	
Mailing Address P O Box 667 1730 NW Valley View Dr.		Transaction ID: 0003900	
City Roseburg State OR Zip Code 97470	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Mary J Sykes, CPS, PC, Occupation Certified Public Accountant	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Election Cycle-to-Date ▼ 1586.00			

Full Name (Last, First, Middle Initial) <b>B.</b> Richard A. Smith		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2006	
Mailing Address 4150 Palisades Rd		Transaction ID: 0004170	
City San Diego State CA Zip Code 92116	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Decision Sciences Corp, Occupation Executive	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Election Cycle-to-Date ▼ 250.00			

Full Name (Last, First, Middle Initial) <b>C.</b> James L. Feldkamp		Date of Receipt M M / D D / Y Y Y Y 08 / 14 / 2006	
Mailing Address 3210 Kinsrow Ave, #267		Transaction ID: 0004293	
City Eugene State OR Zip Code 97401	Amount of Each Receipt this Period 35.15		
FEC ID number of contributing federal political committee. <b>C</b>		IN-KIND: Gas - Lebanon <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Lane Community College, Occupation Adjunct Professor	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Election Cycle-to-Date ▼ 9548.53			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>535.15</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

**A.** Full Name (Last, First, Middle Initial)  
James L. Feldkamp

Mailing Address 3210 Kinsrow Ave, #267

City Eugene State OR Zip Code 97401

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

Name of Employer Lane Community College Occupation Adjunct Professor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 9583.19

Date of Receipt  
MM / DD / YYYY  
08 / 15 / 2006

**Transaction ID:** 0004286

Amount of Each Receipt this Period  
34.66

IN-KIND: Gas - Eugene

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Andy Chen

Mailing Address P O Box 1659

City Cave Junction State OR Zip Code 97523

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

Name of Employer CLL Investments, LLC Occupation Developer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
08 / 16 / 2006

**Transaction ID:** 0003903

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Luz A. Moore

Mailing Address P O Box 641  
2600 Caves Hwy.

City Cave Junction State OR Zip Code 97523

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

Name of Employer Century 21 Harris & Taylor Occupation Broker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 435.00

Date of Receipt  
MM / DD / YYYY  
08 / 16 / 2006

**Transaction ID:** 0003905

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>534.66</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Kelsy Ausland Mailing Address 500 River Vista Drive City Grants Pass State OR Zip Code 97526 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 0003906 Amount of Each Receipt this Period 150.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer: Ausland Builders, LLC Occupation: Owner Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 280.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Kelsy Ausland Mailing Address 500 River Vista Drive City Grants Pass State OR Zip Code 97526 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 0003907 Amount of Each Receipt this Period 100.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer: Ausland Builders, LLC Occupation: Owner Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 380.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Donna P. Woolley Mailing Address Box 43 City Drain State OR Zip Code 97435 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 0003913 Amount of Each Receipt this Period 2000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer: Eagle's View Management Co Occupation: Executive Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 4150.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> James L. Feldkamp		Date of Receipt M M / D D / Y Y Y Y 08 / 16 / 2006	
Mailing Address 3210 Kinsrow Ave, #267		Transaction ID: 0004285	
City Eugene	State OR	Amount of Each Receipt this Period 19.35	
Zip Code 97401		IN-KIND: Gas - Cave Junction	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Lane Community College	Occupation Adjunct Professor		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 9602.54		

Full Name (Last, First, Middle Initial) <b>B.</b> James L. Feldkamp		Date of Receipt M M / D D / Y Y Y Y 08 / 16 / 2006	
Mailing Address 3210 Kinsrow Ave, #267		Transaction ID: 0004287	
City Eugene	State OR	Amount of Each Receipt this Period 92.39	
Zip Code 97401		IN-KIND: Best Western Inn Grants Pass	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Lane Community College	Occupation Adjunct Professor		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 9694.93		

Full Name (Last, First, Middle Initial) <b>C.</b> Illinois Valley Mini Storage LLC		Date of Receipt M M / D D / Y Y Y Y 08 / 16 / 2006	
Mailing Address P O Box 630		Transaction ID: 0004311	
City Cave Junction	State OR	Amount of Each Receipt this Period 250.00	
Zip Code 97523		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. <b>C</b>		SEE ATTRIBUTION BELOW	
Name of Employer	Occupation Partnership		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	361.74
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

**A.** Full Name (Last, First, Middle Initial)  
Illinois Valley Mini Storage LLC (2 partners)

Mailing Address P O Box 630

City State Zip Code  
Cave Junction OR 97523

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

Name of Employer Occupation  
Partnership

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 16 / 2006

**Transaction ID:** 0004311-Partners

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
2 partnership shares

**B.** Full Name (Last, First, Middle Initial)  
Richard T Lindholm

Mailing Address 3335 Bardell Ave

City State Zip Code  
Eugene OR 97401-8021

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

Name of Employer Occupation  
Self Employed Consultant

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 18 / 2006

**Transaction ID:** 0003912

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Thomas E. Hannah

Mailing Address 3068 Grand Cayman Dr

City State Zip Code  
Eugene OR 97408

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

Name of Employer Occupation  
RBC Dain Rauscher Investment Broker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 21 / 2006

**Transaction ID:** 0003916

Amount of Each Receipt this Period  
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2100.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> James L. Feldkamp		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 1 / 2 0 0 6
Mailing Address 3210 Kinsrow Ave, #267		Transaction ID: 0004291
City Eugene State OR Zip Code 97401	Amount of Each Receipt this Period 35.62	
FEC ID number of contributing federal political committee. <b>C</b>	IN-KIND: Gas - Roseburg	
Name of Employer Lane Community College Occupation Adjunct Professor	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 9730.55	

Full Name (Last, First, Middle Initial) <b>B.</b> James L. Feldkamp		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 6
Mailing Address 3210 Kinsrow Ave, #267		Transaction ID: 0004290
City Eugene State OR Zip Code 97401	Amount of Each Receipt this Period 18.00	
FEC ID number of contributing federal political committee. <b>C</b>	IN-KIND: Gas - Bend	
Name of Employer Lane Community College Occupation Adjunct Professor	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 9748.55	

Full Name (Last, First, Middle Initial) <b>C.</b> James L. Feldkamp		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6
Mailing Address 3210 Kinsrow Ave, #267		Transaction ID: 0004289
City Eugene State OR Zip Code 97401	Amount of Each Receipt this Period 33.01	
FEC ID number of contributing federal political committee. <b>C</b>	IN-KIND: Gas - Beaverton	
Name of Employer Lane Community College Occupation Adjunct Professor	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 9781.56	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	86.63
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

**A.** Full Name (Last, First, Middle Initial)  
Seneca Jones Timber Co.

Mailing Address P O Box 10265

City Eugene State OR Zip Code 97440

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

Name of Employer Occupation Partnership

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt  
08 / 25 / 2006

Transaction ID: 0003925

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SEE ATTRIBUTION BELOW

**B.** Full Name (Last, First, Middle Initial)  
Aaron Jones

Mailing Address box 10265

City Eugene State OR Zip Code 97440

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

Name of Employer Seneca Jones Timber Occupation Executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt  
08 / 25 / 2006

Transaction ID: 0003925-001

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**[MEMO ITEM]**  
Partnership Share

**C.** Full Name (Last, First, Middle Initial)  
Richard Withnell

Mailing Address 3691 Rivercrest Dr N

City Salem State OR Zip Code 97303

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

Name of Employer Withnell Motor Company Occupation Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
08 / 25 / 2006

Transaction ID: 0003926

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

**A.** Full Name (Last, First, Middle Initial)  
Gladys Hasse

Mailing Address 481 Naismith Blvd

City Eugene State OR Zip Code 97404

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

Name of Employer Retired Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 2 5 / 2 0 0 6

Transaction ID: 0003927

Amount of Each Receipt this Period  
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
James L. Feldkamp

Mailing Address 3210 Kinsrow Ave, #267

City Eugene State OR Zip Code 97401

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

Name of Employer Lane Community College Occupation Adjunct Professor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 9807.31

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 2 5 / 2 0 0 6

Transaction ID: 0004288

Amount of Each Receipt this Period  
25.75

IN-KIND: Gas - Roseburg

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Bonnie J. Ford

Mailing Address P O Box 1183

City Roseburg State OR Zip Code 97470

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 6

Transaction ID: 0003921

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **375.75**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

Full Name (Last, First, Middle Initial) <b>A. Sue Colombo</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 6 / 2 0 0 6	
Mailing Address P O Box 4007		Transaction ID: 0003922	
City Myrtle Creek	State OR	Zip Code 97457-0025	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation Retired		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 765.50		

Full Name (Last, First, Middle Initial) <b>B. Foster McSwain</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6	
Mailing Address 2585 Cedar St		Transaction ID: 0003957	
City North Bend	State OR	Zip Code 97459	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation Retired		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C. Bonnie RE Colson</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6	
Mailing Address P O Box 14111		Transaction ID: 0003961	
City Salem	State OR	Zip Code 97309	Amount of Each Receipt this Period 2100.00
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation Housewife		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2100.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2300.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

**A.** Full Name (Last, First, Middle Initial)  
William E Colson

Mailing Address P O Box 14111

City State Zip Code  
Salem OR 97309

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

Name of Employer Occupation  
Holiday Retirement Corp President

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 4200.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 8 / 2 8 / 2 0 0 6

**Transaction ID:** 0003962

Amount of Each Receipt this Period  
2100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
J. Douglas McKay

Mailing Address 450 Stonegate St

City State Zip Code  
Eugene OR 97401

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

Name of Employer Occupation  
North Douglas Wood Products Manager

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 8 / 2 8 / 2 0 0 6

**Transaction ID:** 0003967

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Avon Lee Babb

Mailing Address 645 Spyglass Dr

City State Zip Code  
Eugene OR 97401

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

Name of Employer Occupation  
Delta Construction Co Co-Owner

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 8 / 2 8 / 2 0 0 6

**Transaction ID:** 0003971

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4600.00**

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

**A.** Full Name (Last, First, Middle Initial)  
James L. Feldkamp

Mailing Address 3210 Kinsrow Ave, #267

City Eugene State OR Zip Code 97401

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

Name of Employer Lane Community College Occupation Adjunct Professor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 9839.24

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 28 / 2006

Transaction ID: 0004292

Amount of Each Receipt this Period  
31.93

IN-KIND: Gas - Eugene

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Arlene Herbert

Mailing Address 391 Lawson Bar Rd

City Myrtle Creek State OR Zip Code 97457

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

Name of Employer Occupation Housewife

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 29 / 2006

Transaction ID: 0003935

Amount of Each Receipt this Period  
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Mrs. R. B. Johnson

Mailing Address 265 West 20th Ave

City Eugene State OR Zip Code 97405-2806

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

Name of Employer Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 243.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 29 / 2006

Transaction ID: 0003937

Amount of Each Receipt this Period  
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **231.93**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

Full Name (Last, First, Middle Initial) <b>A. Betty A. Apland</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 29 / 2006	
Mailing Address P O Box 4005		<b>Transaction ID: 0003939</b>	
City State Zip Code Myrtle Creek OR 97457		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Retired			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 265.50	

Full Name (Last, First, Middle Initial) <b>B. Emile Mortier</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 29 / 2006	
Mailing Address 2576 Pioneer Pike		<b>Transaction ID: 0003940</b>	
City State Zip Code Eugene OR 97401		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Retired			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Michael D. Jackson</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 29 / 2006	
Mailing Address P O Box 613		<b>Transaction ID: 0003941</b>	
City State Zip Code Winchester OR 97495		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Self Employed Owner Control Feed			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	450.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 27 / 107</span>
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> James H. Rudd		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 9 / 2 0 0 6
Mailing Address 1719 Lakefront Road		<b>Transaction ID:</b> 0003953
City State Zip Code Lake Oswego OR 97034	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Ferguson Wellman Capital Mgmt Inc CeO	Election Cycle-to-Date 500.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>B.</b> John D Bryan		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address P O Box 1929		<b>Transaction ID:</b> 0003943
City State Zip Code Lake Oswego OR 97035	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Retired	Election Cycle-to-Date 2000.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>C.</b> James L. Feldkamp		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address 3210 Kinsrow Ave, #267		<b>Transaction ID:</b> 0004303
City State Zip Code Eugene OR 97401	Amount of Each Receipt this Period 35.75	
FEC ID number of contributing federal political committee. C	IN-KIND: Gas - Eugene <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Lane Community College Adjunct Professor	Election Cycle-to-Date 9874.99	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1035.75
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

**A.** Full Name (Last, First, Middle Initial)  
Vivi Colby

Mailing Address 82356 Rattlesnake Rd

City State Zip Code  
Dexter OR 97431

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

Name of Employer Occupation  
Housewife

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
810.11

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 30 / 2006

Transaction ID: 0004304

Amount of Each Receipt this Period  
810.11

IN-KIND: Fund Raiser September 11  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Dr. R. K. Hoover

Mailing Address 3119 Braeman Village

City State Zip Code  
Eugene OR 97405

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

Name of Employer Occupation  
Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 01 / 2006

Transaction ID: 0003978

Amount of Each Receipt this Period  
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Jessie Glass

Mailing Address P O Box 749

City State Zip Code  
Winchester OR 97495

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

Name of Employer Occupation  
Ken's Dry Cleaning Co-Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 01 / 2006

Transaction ID: 0003979

Amount of Each Receipt this Period  
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1010.11
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d (check only one) <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	PAGE 29 / 107
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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> James K. Turner		Date of Receipt M M / D D / Y Y Y Y 09 / 01 / 2006	
Mailing Address 17744 No Hwy 101 D-209		Transaction ID: 0003996	
City State Zip Code Brookings OR 97415	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Retired	Election Cycle-to-Date 400.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>B.</b> James L. Feldkamp		Date of Receipt M M / D D / Y Y Y Y 09 / 01 / 2006	
Mailing Address 3210 Kinsrow Ave, #267		Transaction ID: 0004301	
City State Zip Code Eugene OR 97401	Amount of Each Receipt this Period 33.01		
FEC ID number of contributing federal political committee. <b>C</b>	IN-KIND: Gas - Eugene <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Lane Community College Adjunct Professor	Election Cycle-to-Date 9908.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>C.</b> James L. Feldkamp		Date of Receipt M M / D D / Y Y Y Y 09 / 02 / 2006	
Mailing Address 3210 Kinsrow Ave, #267		Transaction ID: 0004298	
City State Zip Code Eugene OR 97401	Amount of Each Receipt this Period 160.50		
FEC ID number of contributing federal political committee. <b>C</b>	IN-KIND: Spindrift Motor Inn <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Lane Community College Adjunct Professor	Election Cycle-to-Date 10068.50		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>343.51</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> James L. Feldkamp		Date of Receipt M M / D D / Y Y Y Y 09 / 03 / 2006
Mailing Address 3210 Kinsrow Ave, #267		Transaction ID: 0004296
City Eugene State OR Zip Code 97401	Amount of Each Receipt this Period 19.95	
FEC ID number of contributing federal political committee. <b>C</b>	IN-KIND: Wild River Brewing & Pizza Co <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Lane Community College Occupation Adjunct Professor	Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 10088.45	

Full Name (Last, First, Middle Initial) <b>B.</b> James L. Feldkamp		Date of Receipt M M / D D / Y Y Y Y 09 / 03 / 2006
Mailing Address 3210 Kinsrow Ave, #267		Transaction ID: 0004297
City Eugene State OR Zip Code 97401	Amount of Each Receipt this Period 51.00	
FEC ID number of contributing federal political committee. <b>C</b>	IN-KIND: The Apple Peddler #10 - Harbor <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Lane Community College Occupation Adjunct Professor	Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 10139.45	

Full Name (Last, First, Middle Initial) <b>C.</b> James L. Feldkamp		Date of Receipt M M / D D / Y Y Y Y 09 / 04 / 2006
Mailing Address 3210 Kinsrow Ave, #267		Transaction ID: 0004302
City Eugene State OR Zip Code 97401	Amount of Each Receipt this Period 32.00	
FEC ID number of contributing federal political committee. <b>C</b>	IN-KIND: Gas - Brookings <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Lane Community College Occupation Adjunct Professor	Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 10171.45	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	102.95
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

**A.** Full Name (Last, First, Middle Initial)  
John H. Flowerree

Mailing Address P O Box 1071

City State Zip Code  
Bend OR 97709

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

Name of Employer Occupation  
Flowerree Farms, Inc President

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 05 / 2006

**Transaction ID:** 0004009

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Roderick Carl Wendt

Mailing Address 2120 Fairmount St

City State Zip Code  
Klamath Falls OR 97601

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

Name of Employer Occupation  
Jeld-Wen President & CEO

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

4200.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 05 / 2006

**Transaction ID:** 0004010

Amount of Each Receipt this Period  
2100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Lotte Kerivan

Mailing Address 4210 Holland Loop Rd

City State Zip Code  
Cave Junction OR 97523

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

Name of Employer Occupation  
Bridgeview Vineyards Co-Owner

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

800.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 05 / 2006

**Transaction ID:** 0004014

Amount of Each Receipt this Period  
300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2650.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

**A.** Full Name (Last, First, Middle Initial)  
Corey Strom

Mailing Address 2769 Sarah Lane

City Eugene State OR Zip Code 97408

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

Name of Employer Self Employed Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 05 / 2006

**Transaction ID:** 0004030

Amount of Each Receipt this Period  
 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Richard L. Conway

Mailing Address 88715 Potter Lane

City Springfield State OR Zip Code 97478

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

Name of Employer Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 05 / 2006

**Transaction ID:** 0004034

Amount of Each Receipt this Period  
 100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Diana Powers Evans

Mailing Address 1910 Madrona Ave S

City Salem State OR Zip Code 97302-3636

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

Name of Employer Occupation Ranch Partner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 05 / 2006

**Transaction ID:** 0004036

Amount of Each Receipt this Period  
 50.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	400.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

**A.** Full Name (Last, First, Middle Initial)  
Jean Loosley

Mailing Address 239 Maplewood Lane

City State Zip Code  
Roseburg OR 97470

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

Name of Employer Retired Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 06 / 2006

**Transaction ID:** 0004013

Amount of Each Receipt this Period  
300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Diane T. Huey

Mailing Address 90292 Shore Lane

City State Zip Code  
Eugene OR 97404

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

Name of Employer Retired Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 06 / 2006

**Transaction ID:** 0004029

Amount of Each Receipt this Period  
2100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Teddy R. Hufford

Mailing Address 28437 Pleasant Valley Rd

City State Zip Code  
Sweet Home OR 97386

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

Name of Employer Self Employed Occupation  
Logger

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 06 / 2006

**Transaction ID:** 0004045

Amount of Each Receipt this Period  
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

**A.** Full Name (Last, First, Middle Initial)  
James L. Feldkamp

Mailing Address 3210 Kinsrow Ave, #267

City Eugene State OR Zip Code 97401

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

Name of Employer Lane Community College Occupation Adjunct Professor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 10204.35

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 06 / 2006

Transaction ID: 0004300

Amount of Each Receipt this Period  
32.90

IN-KIND: Gas - Cottage Grove  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Jeffrey A. Arntson

Mailing Address 801 Main St

City Vancouver State WA Zip Code 98660

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

Name of Employer Albina Fuel Company Occupation Director

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 07 / 2006

Transaction ID: 0004041

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Georges C St. Laurent, Jr

Mailing Address 120 NE 136th Ave, Suite 200

City Vancouver State WA Zip Code 98684-6964

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

Name of Employer Stonemill Center-St Laurent Prop Occupation President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 07 / 2006

Transaction ID: 0004042

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2532.90
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

**A.** Full Name (Last, First, Middle Initial)  
Helen R. Scott

Mailing Address 346 Bickford Dr

City State Zip Code  
Grants Pass OR 97527

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

Name of Employer Occupation  
Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 07 / 2006

Transaction ID: 0004079

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Andrew C. Schink

Mailing Address 1715 Cameo

City State Zip Code  
Eugene OR 97405

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

Name of Employer Occupation  
Self Employed Podiatrist

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 08 / 2006

Transaction ID: 0004072

Amount of Each Receipt this Period  
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Leo G. Graham

Mailing Address P O Box 2170

City State Zip Code  
Hillsboro OR 97123-1921

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

Name of Employer Occupation  
Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 09 / 2006

Transaction ID: 0004052

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1600.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Diana Powers Evans		Date of Receipt M M / D D / Y Y Y Y Y 09 / 09 / 2006
Mailing Address 1910 Madrona Ave S		<b>Transaction ID:</b> 0004071
City Salem	State OR	Zip Code 97302-3636
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Ranch Partner	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) <b>B.</b> A. L. Young		Date of Receipt M M / D D / Y Y Y Y Y 09 / 09 / 2006
Mailing Address 573 Charter Oaks Dr		<b>Transaction ID:</b> 0004075
City Roseburg	State OR	Zip Code 97470
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer	Occupation Retired	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> James L. Feldkamp		Date of Receipt M M / D D / Y Y Y Y Y 09 / 09 / 2006
Mailing Address 3210 Kinsrow Ave, #267		<b>Transaction ID:</b> 0004295
City Eugene	State OR	Zip Code 97401
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 33.00
Name of Employer Lane Community College	Occupation Adjunct Professor	IN-KIND: Gas - Springfield <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 10237.35	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>333.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

Full Name (Last, First, Middle Initial) <b>A. William Kay Blount</b>		Date of Receipt MM / DD / YYYY 09 / 11 / 2006
Mailing Address 165 N Lotus Beach Dr		Transaction ID: 0004044
City Portland	State OR	Zip Code 97217
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer UBS Financial Services Inc	Occupation Investments	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>B. Vittz-James Ramsdell</b>		Date of Receipt MM / DD / YYYY 09 / 11 / 2006
Mailing Address 3011 SE Bybee Blvd		Transaction ID: 0004047
City Portland	State OR	Zip Code 97202
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Roberts Motor Company	Occupation President	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Z. Idelle Collins</b>		Date of Receipt MM / DD / YYYY 09 / 11 / 2006
Mailing Address P O Box 849		Transaction ID: 0004048
City Shady Cove	State OR	Zip Code 97539
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation Housewife	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

**A.** Full Name (Last, First, Middle Initial)  
Peter Dale Nickerson

Mailing Address P O Box 2947

City State Zip Code  
Portland OR 97208

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

Name of Employer Occupation  
Self Employed Business

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 11 / 2006

**Transaction ID:** 0004049

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
South Willamette Veterinary Clinic, LLC

Mailing Address P O Box 430  
255 Emerald Parkway

City State Zip Code  
Creswell OR 97426

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

Name of Employer Occupation  
Partnership

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

35.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 11 / 2006

**Transaction ID:** 0004309

Amount of Each Receipt this Period  
35.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SEE ATTRIBUTION BELOW

**C.** Full Name (Last, First, Middle Initial)  
South Willamette Veterinary Clinic, LLC (one partner)

Mailing Address P O Box 430  
255 Emerald Parkway

City State Zip Code  
Creswell OR 97426

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

Name of Employer Occupation  
Partnership

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

35.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 11 / 2006

**Transaction ID:** 0004309-Partners

Amount of Each Receipt this Period  
35.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**[MEMO ITEM]**  
Partnership Share

**SUBTOTAL** of Receipts This Page (optional) ..... ► **285.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

Full Name (Last, First, Middle Initial) <b>A. Carlos Restaurante</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006
Mailing Address PMB No 135 P. O. Box 1459		<b>Transaction ID: 0004310</b>
City State Zip Code Cave Junction OR 97523	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	SEE ATTRIBUTION BELOW

Full Name (Last, First, Middle Initial) <b>B. Gary Price</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006
Mailing Address PMB 135 P O Box 1459		<b>Transaction ID: 0004310-001</b>
City State Zip Code Cave Junction OR 97523	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Carlos Restaurante	Election Cycle-to-Date ▼ 1450.00	<b>[MEMO ITEM]</b> Partnership Share

Full Name (Last, First, Middle Initial) <b>C. Jack E. Snodgrass</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2006
Mailing Address 221 Rachel Lynn Way		<b>Transaction ID: 0004046</b>
City State Zip Code Roseburg OR 97470	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 40 / 107</span> (check only one) <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Kim D. Ward</p> <p>Mailing Address 60063 Ridgeview Ct</p> <p>City State Zip Code Bend OR 97702</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Self Employed Realtor</p> <p>Receipt For: 2006 Election Cycle-to-Date ▼  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right; margin-right: 50px;">1070.00</p>	<p>Date of Receipt  <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>9</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr> </table> </p> <p><b>Transaction ID:</b> 0004062</p> <p>Amount of Each Receipt this Period  <table border="1" style="width: 100%; text-align: right;"> <tr><td>70.00</td></tr> </table> </p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	2		2	0	0	6	70.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		1	2		2	0	0	6													
70.00																						

<p><b>B.</b> Full Name (Last, First, Middle Initial) Giustina Resources</p> <p>Mailing Address P O Box 529</p> <p>City State Zip Code Eugene OR 97440</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Partnership</p> <p>Receipt For: 2006 Election Cycle-to-Date ▼  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right; margin-right: 50px;">4000.00</p>	<p>Date of Receipt  <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>9</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr> </table> </p> <p><b>Transaction ID:</b> 0004081</p> <p>Amount of Each Receipt this Period  <table border="1" style="width: 100%; text-align: right;"> <tr><td>2000.00</td></tr> </table> </p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> <p><b>SEE ATTRIBUTION BELOW</b></p>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	2		2	0	0	6	2000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		1	2		2	0	0	6													
2000.00																						

<p><b>C.</b> Full Name (Last, First, Middle Initial) Dan Giustina</p> <p>Mailing Address P O Box 529</p> <p>City State Zip Code Eugene OR 97440</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Giustina Resources Executive</p> <p>Receipt For: 2006 Election Cycle-to-Date ▼  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right; margin-right: 50px;">4000.00</p>	<p>Date of Receipt  <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>9</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr> </table> </p> <p><b>Transaction ID:</b> 0004081-001</p> <p>Amount of Each Receipt this Period  <table border="1" style="width: 100%; text-align: right;"> <tr><td>2000.00</td></tr> </table> </p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> <p><b>[MEMO ITEM]</b> Partnership Share</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	2		2	0	0	6	2000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		1	2		2	0	0	6													
2000.00																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<table border="1" style="width: 100%;"><tr><td>2070.00</td></tr></table>	2070.00
2070.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

**A.** Full Name (Last, First, Middle Initial)  
Dixie M. Harrison

Mailing Address 29179 Spencer Creek Rd

City Eugene State OR Zip Code 97405

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

Name of Employer Occupation  
Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 13 / 2006

Transaction ID: 0004099

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Mary's Peak Properties

Mailing Address 2150 NW 9th Street

City Corvallis State OR Zip Code 97330

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

Name of Employer Occupation  
Partnership

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 15 / 2006

Transaction ID: 0004308

Amount of Each Receipt this Period  
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SEE ATTRIBUTION BELOW

**C.** Full Name (Last, First, Middle Initial)  
Mary's Peak Properties (one partner)

Mailing Address 2150 NW 9th Street

City Corvallis State OR Zip Code 97330

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

Name of Employer Occupation  
Partnership

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 15 / 2006

Transaction ID: 0004308-Partners

Amount of Each Receipt this Period  
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**[MEMO ITEM]**  
Partnership Share

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>350.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 42 / 107</span>
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> A. L. Young		Date of Receipt MM / DD / YYYY 09 / 17 / 2006
Mailing Address 573 Charter Oaks Dr		Transaction ID: 0004105
City Roseburg	State OR	Zip Code 97470
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 50.00	
Name of Employer	Occupation Retired	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B.</b> James A. Wildish		Date of Receipt MM / DD / YYYY 09 / 18 / 2006
Mailing Address 2390 McLean Blvd		Transaction ID: 0004107
City Eugene	State OR	Zip Code 97405
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 1000.00	
Name of Employer Wildish Land Co	Occupation President	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> James L. Feldkamp		Date of Receipt MM / DD / YYYY 09 / 18 / 2006
Mailing Address 3210 Kinsrow Ave, #267		Transaction ID: 0004294
City Eugene	State OR	Zip Code 97401
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 32.50	
Name of Employer Lane Community College	Occupation Adjunct Professor	IN-KIND: Gas - Eugene <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 10269.85	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1082.50</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 43 / 107</span>
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

**A.** Full Name (Last, First, Middle Initial)  
Dr. Richard D. Rasmussen

Mailing Address 1005 Starlite Place

City State Zip Code  
Grants Pass OR 97526

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

Name of Employer Occupation  
Self Employed Physician & Surgeon

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

1200.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 19 / 2006

**Transaction ID:** 0004130

Amount of Each Receipt this Period  
200.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
James L. Feldkamp

Mailing Address 3210 Kinsrow Ave, #267

City State Zip Code  
Eugene OR 97401

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

Name of Employer Occupation  
Lane Community College Adjunct Professor

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

10302.11

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 19 / 2006

**Transaction ID:** 0004273

Amount of Each Receipt this Period  
32.26

**IN-KIND:** Gas - Eugene

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
James L. Feldkamp

Mailing Address 3210 Kinsrow Ave, #267

City State Zip Code  
Eugene OR 97401

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

Name of Employer Occupation  
Lane Community College Adjunct Professor

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

10784.31

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 19 / 2006

**Transaction ID:** 0004299

Amount of Each Receipt this Period  
482.20

**IN-KIND:** Portland / Washington Ticket

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>714.46</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 44 / 107</span> (check only one) <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Monte F. Bourjaily III Mailing Address 218 S Fairfax St City State Zip Code Alexandria VA 22314 FEC ID number of contributing federal political committee. <b>C</b>	Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006 <b>Transaction ID:</b> 0004123 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Ritter & Bourjaily Lawyer Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00	

<b>B.</b> Full Name (Last, First, Middle Initial) James L. Feldkamp Mailing Address 3210 Kinsrow Ave, #267 City State Zip Code Eugene OR 97401 FEC ID number of contributing federal political committee. <b>C</b>	Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006 <b>Transaction ID:</b> 0004276 Amount of Each Receipt this Period 131.00 IN-KIND: Car Rental Wash- ington Nat'l <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Lane Community College Adjunct Professor Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 10915.31	

<b>C.</b> Full Name (Last, First, Middle Initial) Fred R. Arnold Mailing Address P O Box 1203 City State Zip Code Brookings OR 97415 FEC ID number of contributing federal political committee. <b>C</b>	Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006 <b>Transaction ID:</b> 0004126 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation South Coast Lumber Co Forester Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1381.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

**A.** Full Name (Last, First, Middle Initial)  
John T. Dillard

Mailing Address P O Box 130

City State Zip Code  
Monroe OR 97456

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

Name of Employer Occupation  
Monroe Telephone Co Manager

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 23 / 2006

Transaction ID: 0004125

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
James L. Feldkamp

Mailing Address 3210 Kinsrow Ave, #267

City State Zip Code  
Eugene OR 97401

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

Name of Employer Occupation  
Lane Community College Adjunct Professor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
10985.31

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 24 / 2006

Transaction ID: 0004277

Amount of Each Receipt this Period  
70.00

IN-KIND: Parking Portland

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Richard Fohs Sohn

Mailing Address 62 North River Dr  
P. O. Box 1001

City State Zip Code  
Roseburg OR 97470

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

Name of Employer Occupation  
Lone Rock Timber Forester

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3900.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 25 / 2006

Transaction ID: 0004145

Amount of Each Receipt this Period  
1900.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2220.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

**A.** Full Name (Last, First, Middle Initial)  
Mr. Richard L Seekins

Mailing Address 720 SW Washington St, Suite 250

City State Zip Code  
Portland OR 97205-3554

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

Name of Employer Occupation  
Durham & Bates Insurance Agent

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 26 / 2006

**Transaction ID:** 0004139

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Arnold P. Selnick

Mailing Address 1734 Kingsgate Ct Unit 304

City State Zip Code  
Alexandria VA 22302

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

Name of Employer Occupation  
Acterna Salesman

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

520.06

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 26 / 2006

**Transaction ID:** 0004172

Amount of Each Receipt this Period  
250.00

General/Misc  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
James L. Feldkamp

Mailing Address 3210 Kinsrow Ave, #267

City State Zip Code  
Eugene OR 97401

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

Name of Employer Occupation  
Lane Community College Adjunct Professor

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

11016.58

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 26 / 2006

**Transaction ID:** 0004275

Amount of Each Receipt this Period  
31.27

IN-KIND: Gas - Lake Oswego  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>781.27</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

**A.** Full Name (Last, First, Middle Initial)  
James L. Feldkamp

Mailing Address 3210 Kinsrow Ave, #267

City Eugene State OR Zip Code 97401

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

Name of Employer Lane Community College Occupation Adjunct Professor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 11287.96

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 27 / 2006

Transaction ID: 0004274

Amount of Each Receipt this Period  
271.38

IN-KIND: 5th Avenue Suites - Portland  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
James A. Hallstrom

Mailing Address P O Box 2812

City Eugene State OR Zip Code 97402

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

Name of Employer Zip O Log Mills Occupation Sawmill Mgr.

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 28 / 2006

Transaction ID: 0004148

Amount of Each Receipt this Period  
300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Jean E. Hallstrom

Mailing Address 254 Spyglass Dr

City Eugene State OR Zip Code 97401

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

Name of Employer Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 28 / 2006

Transaction ID: 0004149

Amount of Each Receipt this Period  
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>671.38</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 48 / 107
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

**A.** Full Name (Last, First, Middle Initial)  
Mary J. Sykes

Mailing Address P O Box 667  
1730 NW Valley View Dr.

City Roseburg State OR Zip Code 97470

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

Name of Employer Mary J Sykes, CPS, PC, Occupation Certified Public Accountant

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2086.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 28 / 2006

Transaction ID: 0004151

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Peter D. Holden

Mailing Address 42 W 85th St, Apt GR

City New York State NY Zip Code 10024

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

Name of Employer US Naval Reserve Occupation Commander

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 28 / 2006

Transaction ID: 0004173

Amount of Each Receipt this Period  
1000.00

General/Misc  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Mollie D. LeFevre

Mailing Address 871 Club Way

City Eugene State OR Zip Code 97401

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

Name of Employer Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 29 / 2006

Transaction ID: 0004154

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2000.00**

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

**A.** Full Name (Last, First, Middle Initial)  
RADM John H Dick (RET), USN

Mailing Address 2197 Oakmont Way

City Eugene State OR Zip Code 97401-5435

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

Name of Employer Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2006

Transaction ID: 0004157

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Dennis W. Rube

Mailing Address 1590 San Souci Dr

City Roseburg State OR Zip Code 97470

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

Name of Employer Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2006

Transaction ID: 0004174

Amount of Each Receipt this Period  
200.00

General/Misc  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Mark J. Krajj

Mailing Address 4261 SE Augusta Way

City Gresham State OR Zip Code 97080

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

Name of Employer Occupation Executive  
Ferguson Wellman Capital Management

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2006

Transaction ID: 0004175

Amount of Each Receipt this Period  
500.00

General/Misc  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1700.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 50 / 107</span>	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

**A.** Full Name (Last, First, Middle Initial)  
John Murphy Jr.

Mailing Address 448 Stanford Ave

City State Zip Code  
Medford OR 97504

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Murphy Plywood Salesman

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	0	6

Transaction ID: 0004176

Amount of Each Receipt this Period  
500.00

General/Misc  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">500.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;">65519.47</span>

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	PAGE 51 / 107
	(check only one)	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

**A.** Full Name (Last, First, Middle Initial)  
Intel Political Action Committee

Mailing Address 1634 I Street NW, Suite 300

City Washington State DC Zip Code 20006

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 26 / 2006

**Transaction ID:** 0003884

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Hunter for Congress

Mailing Address 9340 Fuerte Dr, Ste 302

City Eugene State OR Zip Code 97402

FEC ID number of contributing federal political committee. **C** C00126961

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 31 / 2006

**Transaction ID:** 0003885

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
American Dental Political Action Committee

Mailing Address 1111-14th Street N W, Suite 1100

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00000729

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 31 / 2006

**Transaction ID:** 0003886

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 107
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

**A.** Full Name (Last, First, Middle Initial)  
American Sheep Industry Association

Mailing Address 6911 S Yosemite St

City Englewood State CO Zip Code 80112

FEC ID number of contributing federal political committee. **C** C00043059

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 28 / 2006

**Transaction ID:** 0003972

Amount of Each Receipt this Period  
350.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Committee to Elect Bob Gilmore

Mailing Address P O Box 7769

City Brookings State OR Zip Code 97415

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 02 / 2006

**Transaction ID:** 0004001

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Safari Club International Political Action Committee

Mailing Address 4800 W Gates Pass Road

City Tucson State AZ Zip Code 85745

FEC ID number of contributing federal political committee. **C** C00122101

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 25 / 2006

**Transaction ID:** 0004137

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1850.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 53 / 107
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Lone Rock Political Action Committee		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2006
Mailing Address P O Box 1127		Transaction ID: 0004144
City State Zip Code Roseburg OR 97470	Amount of Each Receipt this Period 750.00	
FEC ID number of contributing federal political committee. <b>C</b> C00126789		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Keller Logging Co.		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2006
Mailing Address 4418 Keller Rd		Transaction ID: 0004147
City State Zip Code Roseburg OR 97470	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1000.00	

ITEMIZATION BELOW

Full Name (Last, First, Middle Initial) <b>C.</b> Dan Keller		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2006
Mailing Address 4418 Keller Rd		Transaction ID: 0004147-001
City State Zip Code Roseburg OR 97470	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Keller Logging Co Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Executive Election Cycle-to-Date ▼ 0.00	

[MEMO ITEM]  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	7100.00

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

Full Name (Last, First, Middle Initial) <b>A. James L. Feldkamp</b>		Transaction ID: 0004279-IK Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 6
Mailing Address 3210 Kinsrow Ave, #267		Amount of Each Disbursement this Period 33.45
City Eugene State OR Zip Code 97401	Purpose of Disbursement IN-KIND: Gas - Eugene Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  (contributor) In-Kind Received

Full Name (Last, First, Middle Initial) <b>B. Brendan M. Bradley</b>		Transaction ID: 0004182 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 6
Mailing Address 3410 Kinsrow Ave, #197		Amount of Each Disbursement this Period 80.97
City Eugene State OR Zip Code 97401	Purpose of Disbursement OFFICE SUPPLIES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  ITEMIZATION BELOW

Full Name (Last, First, Middle Initial) <b>C. Wal-Mart</b>		Transaction ID: 0004182-001 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 6
Mailing Address 1040 Green Acres Rd		Amount of Each Disbursement this Period 37.50
City Eugene State OR Zip Code 97401	Purpose of Disbursement OFFICE SUPPLIES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>[MEMO ITEM]</b> MEMO

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	114.42
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 55 / 107

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

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

Full Name (Last, First, Middle Initial) <b>A. Costco Wholesale Corporation</b>		Transaction ID: 0004182-002 Date of Disbursement 07 / 01 / 2006	
Mailing Address 2828 Chad Drive		Amount of Each Disbursement this Period 43.47	
City Eugene State OR Zip Code 97401	Purpose of Disbursement OFFICE SUPPLIES Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial) <b>B. Brendan M. Bradley</b>		Transaction ID: 0004181 Date of Disbursement 07 / 01 / 2006	
Mailing Address 3410 Kinsrow Ave, #197		Amount of Each Disbursement this Period 1650.00	
City Eugene State OR Zip Code 97401	Purpose of Disbursement OFFICE STAFF Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Robert A. Johnson</b>		Transaction ID: 0004183 Date of Disbursement 07 / 01 / 2006	
Mailing Address 3410 Kinsrow Avenue Apt 197		Amount of Each Disbursement this Period 3250.00	
City Eugene State OR Zip Code 97401	Purpose of Disbursement Salary for July Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4900.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

Full Name (Last, First, Middle Initial) <b>A. Jennifer A. Gaskill</b>		Transaction ID: 0004184 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 6	
Mailing Address 4055 Eddystone Place		Amount of Each Disbursement this Period 1500.00	
City Eugene State OR Zip Code 97402	Purpose of Disbursement Salary for June Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>B. Luke Kintigh</b>		Transaction ID: 0004185 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 6	
Mailing Address 79117 Sears Rd		Amount of Each Disbursement this Period 932.00	
City Cottage Grove State OR Zip Code 97424	Purpose of Disbursement May & June Salary Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>C. Linda J. Hellenthal</b>		Transaction ID: 0004305-IK Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 2 / 2 0 0 6	
Mailing Address 10190 N Umpqua Hwy		Amount of Each Disbursement this Period 120.00	
City Roseburg State OR Zip Code 97470	Purpose of Disbursement IN-KIND: BBQ in Roseburg July 2 Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	(contributor) In-Kind Received	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2552.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(blank)



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

<b>A. Brendan M. Bradley</b> Full Name (Last, First, Middle Initial) Mailing Address 3410 Kinsrow Ave, #197 City Eugene State OR Zip Code 97401 Purpose of Disbursement Cookout Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 0004188</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 3 / 2 0 0 6 Amount of Each Disbursement this Period 248.74 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>ITEMIZATION BELOW</b>
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<b>B. Costco Wholesale Corporation</b> Full Name (Last, First, Middle Initial) Mailing Address 2828 Chad Drive City Eugene State OR Zip Code 97401 Purpose of Disbursement FUNDRAISING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 0004188-001</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 3 / 2 0 0 6 Amount of Each Disbursement this Period 248.74 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO
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<b>C. Lane County Republican Central Committee</b> Full Name (Last, First, Middle Initial) Mailing Address Box 10247 City Eugene State OR Zip Code 97440 Purpose of Disbursement Rent for July Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 0004190</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 3 / 2 0 0 6 Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1248.74
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

Full Name (Last, First, Middle Initial) <b>A. The Carlyle Gregory Company LLC</b>		<b>Transaction ID:</b> 0004192 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 3 / 2 0 0 6
Mailing Address 140 Little Falls St, Suite 104		Amount of Each Disbursement this Period 2000.00
City Falls Church State VA Zip Code 22046	Purpose of Disbursement Media and Strategy Invoice #91 Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>B. The Carlyle Gregory Company LLC</b>		<b>Transaction ID:</b> 0004193 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 3 / 2 0 0 6
Mailing Address 140 Little Falls St, Suite 104		Amount of Each Disbursement this Period 43.16
City Falls Church State VA Zip Code 22046	Purpose of Disbursement FedEx Reimbursement Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>C. Douglas County Fairgrounds Complex</b>		<b>Transaction ID:</b> 0004189 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 3 / 2 0 0 6
Mailing Address 2110 SW Frear Street		Amount of Each Disbursement this Period 385.00
City Roseburg State OR Zip Code 97470	Purpose of Disbursement Booth at Douglas County Fair Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2428.16
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

<p><b>A. Pak Mail Center</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 4257 Barger Rd</p> <p>City Eugene State OR Zip Code 97402</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID: 0004191</b></p> <p>Date of Disbursement</p> <p>07 / 03 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>48.88</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type: 001</p>		

<p><b>B. Lyndsey Shaver</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address P O Box 2155</p> <p>City Corvallis State OR Zip Code 97339</p> <p>Purpose of Disbursement June Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID: 0004187</b></p> <p>Date of Disbursement</p> <p>07 / 03 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>272.75</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type: 001</p>		

<p><b>C. Qwest</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address PO BOX 12480</p> <p>City Seattle State WA Zip Code 98111</p> <p>Purpose of Disbursement Telephone Charges</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID: 0004194</b></p> <p>Date of Disbursement</p> <p>07 / 03 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>121.17</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type: 001</p>		

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><b>442.80</b></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

<b>A. James L. Feldkamp</b> Full Name (Last, First, Middle Initial) Mailing Address 3210 Kinsrow Ave, #267 City Eugene State OR Zip Code 97401 Purpose of Disbursement IN-KIND: Gas - Eugene Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 0004278-IK</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 4 / 2 0 0 6 Amount of Each Disbursement this Period 31.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 (contributor) In-Kind Received
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<b>B. Avery, Nina</b> Full Name (Last, First, Middle Initial) Mailing Address P O Box 580 City Junction City State OR Zip Code 97448 Purpose of Disbursement Printer/Ink/Folders Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 0004196</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 5 / 2 0 0 6 Amount of Each Disbursement this Period 162.94 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 ITEMIZATION BELOW
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<b>C. OfficeMax</b> Full Name (Last, First, Middle Initial) Mailing Address 85 Division Blvd City Eugene State OR Zip Code 97404 Purpose of Disbursement OFFICE SUPPLIES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 0004196-001</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 5 / 2 0 0 6 Amount of Each Disbursement this Period 162.94 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	194.19
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Avery, Nina</p>		<p><b>Transaction ID:</b> 0004195 <b>Date of Disbursement</b> 07 / 05 / 2006</p>	
<p>Mailing Address P O Box 580</p>		<p>Amount of Each Disbursement this Period 1800.00</p>	
<p>City Junction City State OR Zip Code 97448</p>	<p>Purpose of Disbursement June Salary Candidate Name</p>	<p>001 Category/Type</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>		<p><input type="checkbox"/></p>	

<p><b>B.</b> Full Name (Last, First, Middle Initial) James L. Feldkamp</p>		<p><b>Transaction ID:</b> 0004280-IK <b>Date of Disbursement</b> 07 / 08 / 2006</p>	
<p>Mailing Address 3210 Kinsrow Ave, #267</p>		<p>Amount of Each Disbursement this Period 35.44</p>	
<p>City Eugene State OR Zip Code 97401</p>	<p>Purpose of Disbursement IN-KIND: Gas - Albany Candidate Name</p>	<p>001 Category/Type</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>(contributor) In-Kind Received</p>		<p><input type="checkbox"/></p>	

<p><b>C.</b> Full Name (Last, First, Middle Initial) James L. Feldkamp</p>		<p><b>Transaction ID:</b> 0004281-IK <b>Date of Disbursement</b> 07 / 11 / 2006</p>	
<p>Mailing Address 3210 Kinsrow Ave, #267</p>		<p>Amount of Each Disbursement this Period 24.50</p>	
<p>City Eugene State OR Zip Code 97401</p>	<p>Purpose of Disbursement IN-KIND: Gas - Eugene Candidate Name</p>	<p>001 Category/Type</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>(contributor) In-Kind Received</p>		<p><input type="checkbox"/></p>	

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>1859.94</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

<b>A. James L. Feldkamp</b> Full Name (Last, First, Middle Initial) Mailing Address 3210 Kinsrow Ave, #267 City Eugene State OR Zip Code 97401 Purpose of Disbursement IN-KIND: Gas - Sisters Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 0004283-IK</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 6 Amount of Each Disbursement this Period 21.44 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 (contributor) In-Kind Received
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<b>B. James L. Feldkamp</b> Full Name (Last, First, Middle Initial) Mailing Address 3210 Kinsrow Ave, #267 City Eugene State OR Zip Code 97401 Purpose of Disbursement IN-KIND: Gas - Eugene Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 0004282-IK</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6 Amount of Each Disbursement this Period 33.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 (contributor) In-Kind Received
--	--	--

<b>C. James L. Feldkamp</b> Full Name (Last, First, Middle Initial) Mailing Address 3210 Kinsrow Ave, #267 City Eugene State OR Zip Code 97401 Purpose of Disbursement IN-KIND: Trip to Washington/Boston Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 0004284-IK</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6 Amount of Each Disbursement this Period 1030.70 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 (contributor) In-Kind Received
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1085.14
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

Full Name (Last, First, Middle Initial) <b>A. Jennifer A. Gaskill</b>		Transaction ID: 0004199 Date of Disbursement 07 / 17 / 2006
Mailing Address 4055 Eddystone Place		Amount of Each Disbursement this Period 124.88
City Eugene State OR Zip Code 97402	Purpose of Disbursement Reimbursements Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  ITEMIZATION BELOW

Full Name (Last, First, Middle Initial) <b>B. Wal-Mart</b>		Transaction ID: 0004199-001 Date of Disbursement 07 / 17 / 2006
Mailing Address 1040 Green Acres Rd		Amount of Each Disbursement this Period 37.08
City Eugene State OR Zip Code 97401	Purpose of Disbursement MARKETING Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>[MEMO ITEM]</b> MEMO

Full Name (Last, First, Middle Initial) <b>C. Wal-Mart</b>		Transaction ID: 0004199-003 Date of Disbursement 07 / 17 / 2006
Mailing Address 1040 Green Acres Rd		Amount of Each Disbursement this Period 60.86
City Eugene State OR Zip Code 97401	Purpose of Disbursement MARKETING Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>[MEMO ITEM]</b> MEMO

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	124.88
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Jennifer A. Gaskill</p>		<p><b>Transaction ID:</b> 0004200 <b>Date of Disbursement</b> 07 / 17 / 2006</p>	
<p>Mailing Address 4055 Eddystone Place</p>		<p>Amount of Each Disbursement this Period 121.82</p>	
<p>City Eugene State OR Zip Code 97402</p>	<p>Purpose of Disbursement Candy for Parades</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Candidate Name</p>	<p>001 Category/Type</p>	<p>ITEMIZATION BELOW</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		

<p><b>B.</b> Full Name (Last, First, Middle Initial) Wal-Mart</p>		<p><b>Transaction ID:</b> 0004200-001 <b>Date of Disbursement</b> 07 / 17 / 2006</p>	
<p>Mailing Address 1040 Green Acres Rd</p>		<p>Amount of Each Disbursement this Period 45.58</p>	
<p>City Eugene State OR Zip Code 97401</p>	<p>Purpose of Disbursement MARKETING</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Candidate Name</p>	<p>001 Category/Type</p>	<p>[MEMO ITEM] MEMO</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		

<p><b>C.</b> Full Name (Last, First, Middle Initial) Wal-Mart</p>		<p><b>Transaction ID:</b> 0004200-002 <b>Date of Disbursement</b> 07 / 17 / 2006</p>	
<p>Mailing Address 1040 Green Acres Rd</p>		<p>Amount of Each Disbursement this Period 76.24</p>	
<p>City Eugene State OR Zip Code 97401</p>	<p>Purpose of Disbursement MARKETING</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Candidate Name</p>	<p>001 Category/Type</p>	<p>[MEMO ITEM] MEMO</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		

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

121.82

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



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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

Full Name (Last, First, Middle Initial) <b>A. Brendan M. Bradley</b>		Transaction ID: 0004198 Date of Disbursement 07 / 17 / 2006
Mailing Address 3410 Kinsrow Ave, #197		Amount of Each Disbursement this Period 92.99
City Eugene State OR Zip Code 97401	Purpose of Disbursement Toner Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  ITEMIZATION BELOW

Full Name (Last, First, Middle Initial) <b>B. Office Depot</b>		Transaction ID: 0004198-001 Date of Disbursement 07 / 17 / 2006
Mailing Address 2859 Chad Drive		Amount of Each Disbursement this Period 92.99
City Eugene State OR Zip Code 97408	Purpose of Disbursement OFFICE SUPPLIES Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>[MEMO ITEM]</b> MEMO

Full Name (Last, First, Middle Initial) <b>C. Brendan M. Bradley</b>		Transaction ID: 0004197 Date of Disbursement 07 / 17 / 2006
Mailing Address 3410 Kinsrow Ave, #197		Amount of Each Disbursement this Period 1650.00
City Eugene State OR Zip Code 97401	Purpose of Disbursement Salary two week of July Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1742.99
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

Full Name (Last, First, Middle Initial) <b>A. Adept Computer Services</b>		<b>Transaction ID:</b> 0004204 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 1 / 2 0 0 6
Mailing Address 1325 West 7th Ave		Amount of Each Disbursement this Period 625.00
City Eugene State OR Zip Code 97402	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Webset Design/Server Hosting&Lease	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Pak Mail Center</b>		<b>Transaction ID:</b> 0004201 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 1 / 2 0 0 6
Mailing Address 4257 Barger Rd		Amount of Each Disbursement this Period 21.22
City Eugene State OR Zip Code 97402	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Postage	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Avery, Nina</b>		<b>Transaction ID:</b> 0004203 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 1 / 2 0 0 6
Mailing Address P O Box 580		Amount of Each Disbursement this Period 81.66
City Junction City State OR Zip Code 97448	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Reimbursement Office Supplies/Postage	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	ITEMIZATION BELOW

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	727.88
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

Full Name (Last, First, Middle Initial) <b>A. Wal-Mart</b>		Transaction ID: 0004203-002 Date of Disbursement 07 / 21 / 2006	
Mailing Address 1040 Green Acres Rd		Amount of Each Disbursement this Period 3.66	
City Eugene State OR Zip Code 97401	Purpose of Disbursement OFFICE SUPPLIES Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial) <b>B. The Carlyle Gregory Company LLC</b>		Transaction ID: 0004213 Date of Disbursement 07 / 28 / 2006	
Mailing Address 140 Little Falls St, Suite 104		Amount of Each Disbursement this Period 2000.00	
City Falls Church State VA Zip Code 22046	Purpose of Disbursement Media and Strategy Invoice #95 Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Brendan M. Bradley</b>		Transaction ID: 0004206 Date of Disbursement 07 / 28 / 2006	
Mailing Address 3410 Kinsrow Ave, #197		Amount of Each Disbursement this Period 220.00	
City Eugene State OR Zip Code 97401	Purpose of Disbursement Oregon GOP Party Convention Passes Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2220.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

<b>A. Lyndsey Shaver</b> Full Name (Last, First, Middle Initial) Mailing Address P O Box 2155 City Corvallis State OR Zip Code 97339 Purpose of Disbursement Reimbursement for Gas Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 0004215</b> Date of Disbursement 07 / 28 / 2006 Amount of Each Disbursement this Period 154.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 ITEMIZATION BELOW
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<b>B. 76 Gas Station</b> Full Name (Last, First, Middle Initial) Mailing Address 2090 River Rd City Eugene State OR Zip Code 97404 Purpose of Disbursement General Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 0004215-004</b> Date of Disbursement 07 / 28 / 2006 Amount of Each Disbursement this Period 15.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO
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<b>C. 76 Gas Station</b> Full Name (Last, First, Middle Initial) Mailing Address 2090 River Rd City Eugene State OR Zip Code 97404 Purpose of Disbursement General Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 0004215-005</b> Date of Disbursement 07 / 28 / 2006 Amount of Each Disbursement this Period 20.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	154.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

Full Name (Last, First, Middle Initial) <b>A. 76 Gas Station</b>		Transaction ID: 0004215-006 Date of Disbursement 07 / 28 / 2006	
Mailing Address 2090 River Rd		Amount of Each Disbursement this Period 45.00	
City Eugene State OR Zip Code 97404	Purpose of Disbursement General Expenses Candidate Name	Category/Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO	

Full Name (Last, First, Middle Initial) <b>B. Lane County Republican Central Committee</b>		Transaction ID: 0004216 Date of Disbursement 07 / 28 / 2006	
Mailing Address Box 10247		Amount of Each Disbursement this Period 1000.00	
City Eugene State OR Zip Code 97440	Purpose of Disbursement Rent for August Candidate Name	Category/Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Pak Mail Center</b>		Transaction ID: 0004217 Date of Disbursement 07 / 28 / 2006	
Mailing Address 4257 Barger Rd		Amount of Each Disbursement this Period 84.00	
City Eugene State OR Zip Code 97402	Purpose of Disbursement Mail Box Rental Fee Candidate Name	Category/Type 006 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1084.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

<b>A. Luke Kintigh</b> Full Name (Last, First, Middle Initial) Mailing Address 79117 Sears Rd City Cottage Grove State OR Zip Code 97424 Purpose of Disbursement Reimbursements for Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 0004271</b> Date of Disbursement 07 / 28 / 2006 Amount of Each Disbursement this Period 154.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 ITEMIZATION BELOW
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<b>B. Costco Wholesale Corporation</b> Full Name (Last, First, Middle Initial) Mailing Address 2828 Chad Drive City Eugene State OR Zip Code 97401 Purpose of Disbursement OFFICE SUPPLIES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 0004271-001</b> Date of Disbursement 07 / 28 / 2006 Amount of Each Disbursement this Period 115.31 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO
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<b>C. Office Depot</b> Full Name (Last, First, Middle Initial) Mailing Address 2859 Chad Drive City Eugene State OR Zip Code 97408 Purpose of Disbursement OFFICE SUPPLIES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 0004271-002</b> Date of Disbursement 07 / 28 / 2006 Amount of Each Disbursement this Period 38.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	154.30
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

Full Name (Last, First, Middle Initial) <b>A. Jamestown Associates</b>		<b>Transaction ID:</b> 0004212 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 6
Mailing Address 5 Mapleton Rd, Ste 300		Amount of Each Disbursement this Period 120.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Princeton State NJ Zip Code 08540	Purpose of Disbursement Invoice # 2607-Transfer dub with BITC Candidate Name Category/Type 008	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Jennifer A. Gaskill</b>		<b>Transaction ID:</b> 0004214 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 6
Mailing Address 4055 Eddystone Place		Amount of Each Disbursement this Period 55.49 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Eugene State OR Zip Code 97402	Purpose of Disbursement Reimbursement for Linn County Fair Items Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	ITEMIZATION BELOW

Full Name (Last, First, Middle Initial) <b>C. Wal-Mart</b>		<b>Transaction ID:</b> 0004214-001 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 6
Mailing Address 1040 Green Acres Rd		Amount of Each Disbursement this Period 55.49 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Eugene State OR Zip Code 97401	Purpose of Disbursement MARKETING Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	175.49
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

<b>A. Brendan M. Bradley</b> Full Name (Last, First, Middle Initial) Mailing Address 3410 Kinsrow Ave, #197 City Eugene State OR Zip Code 97401 Purpose of Disbursement Salary - last two weeks of July Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 0004205</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 6 Amount of Each Disbursement this Period 1650.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>B. Robert A. Johnson</b> Full Name (Last, First, Middle Initial) Mailing Address 3410 Kinsrow Avenue Apt 197 City Eugene State OR Zip Code 97401 Purpose of Disbursement Salary for August Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 0004207</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 6 Amount of Each Disbursement this Period 3250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. Avery, Nina</b> Full Name (Last, First, Middle Initial) Mailing Address P O Box 580 City Junction City State OR Zip Code 97448 Purpose of Disbursement Salary for July Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 0004208</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 6 Amount of Each Disbursement this Period 1800.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6700.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

<b>A. Jennifer A. Gaskill</b> Full Name (Last, First, Middle Initial) Mailing Address 4055 Eddystone Place City Eugene State OR Zip Code 97402 Purpose of Disbursement Salary for July Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 0004209</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 6 Amount of Each Disbursement this Period 1500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>B. Luke Kintigh</b> Full Name (Last, First, Middle Initial) Mailing Address 79117 Sears Rd City Cottage Grove State OR Zip Code 97424 Purpose of Disbursement Salary for July Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 0004210</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 6 Amount of Each Disbursement this Period 800.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. Lyndsey Shaver</b> Full Name (Last, First, Middle Initial) Mailing Address P O Box 2155 City Corvallis State OR Zip Code 97339 Purpose of Disbursement Salary for July Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 0004211</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 6 Amount of Each Disbursement this Period 1200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3500.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

<p><b>A. Qwest</b></p> <p>Full Name (Last, First, Middle Initial) Mailing Address PO BOX 12480</p>		<p><b>Transaction ID:</b> 0004218 <b>Date of Disbursement</b> 07 / 28 / 2006</p>
<p>City Seattle State WA Zip Code 98111</p>	<p>Purpose of Disbursement Telephone Candidate Name</p>	<p>Amount of Each Disbursement this Period 443.64</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<p><b>B. PayMerica</b></p> <p>Full Name (Last, First, Middle Initial) Mailing Address 5620 Paseo Norte 127</p>		<p><b>Transaction ID:</b> 0004261 <b>Date of Disbursement</b> 07 / 31 / 2006</p>
<p>City Carlsbad State CA Zip Code 92008</p>	<p>Purpose of Disbursement PayMerica Candidate Name</p>	<p>Amount of Each Disbursement this Period 31.19</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<p><b>C. PayMerica</b></p> <p>Full Name (Last, First, Middle Initial) Mailing Address 5620 Paseo Norte 127</p>		<p><b>Transaction ID:</b> 0004267 <b>Date of Disbursement</b> 07 / 31 / 2006</p>
<p>City Carlsbad State CA Zip Code 92008</p>	<p>Purpose of Disbursement PayMerica Candidate Name</p>	<p>Amount of Each Disbursement this Period 35.22</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

**510.05**

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

<b>A. Jamestown Associates</b> Full Name (Last, First, Middle Initial) Mailing Address 5 Mapleton Rd, Ste 300 City Princeton State NJ Zip Code 08540 Purpose of Disbursement Broadcast Buys-Invoice #2643 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 0004220</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 6 Amount of Each Disbursement this Period 34086.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
---	--	--

<b>B. Jamestown Associates</b> Full Name (Last, First, Middle Initial) Mailing Address 5 Mapleton Rd, Ste 300 City Princeton State NJ Zip Code 08540 Purpose of Disbursement Edit/Revisions/Voice Over/Stock Footage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 0004221</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 6 Amount of Each Disbursement this Period 7691.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
--	--	---

<b>C. West Coast Political</b> Full Name (Last, First, Middle Initial) Mailing Address 51 N Locust Street City Hazleton State PA Zip Code 18201 Purpose of Disbursement 3000 Yard Signs Invoice #1203 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 0004222</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 6 Amount of Each Disbursement this Period 4685.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

46462.25

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

Full Name (Last, First, Middle Initial) <b>A. Bruce J. Klein</b>		Transaction ID: 0004270 Date of Disbursement 08 / 10 / 2006	
Mailing Address P O Box 830		Amount of Each Disbursement this Period 200.00	
City Winchester State OR Zip Code 97495	Purpose of Disbursement Insufficient Funds Check Candidate Name	001 Category/ Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. James L. Feldkamp</b>		Transaction ID: 0004293-IK Date of Disbursement 08 / 14 / 2006	
Mailing Address 3210 Kinsrow Ave, #267		Amount of Each Disbursement this Period 35.15	
City Eugene State OR Zip Code 97401	Purpose of Disbursement IN-KIND: Gas - Lebanon Candidate Name	001 Category/ Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  (contributor) In-Kind Rec- eived	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Luke Kintigh</b>		Transaction ID: 0004223 Date of Disbursement 08 / 14 / 2006	
Mailing Address 79117 Sears Rd		Amount of Each Disbursement this Period 46.45	
City Cottage Grove State OR Zip Code 97424	Purpose of Disbursement Reimbursement for Gas/Ticket Candidate Name	001 Category/ Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

ITEMIZATION BELOW

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	281.60
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

Full Name (Last, First, Middle Initial) <b>A. Douglas County Fairgrounds Complex</b>		<b>Transaction ID:</b> 0004224-005 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 6
Mailing Address 2110 SW Frear Street		Amount of Each Disbursement this Period 30.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Roseburg State OR Zip Code 97470	Purpose of Disbursement General Expenses Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>B. Douglas County Fairgrounds Complex</b>		<b>Transaction ID:</b> 0004224-006 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 6
Mailing Address 2110 SW Frear Street		Amount of Each Disbursement this Period 4.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Roseburg State OR Zip Code 97470	Purpose of Disbursement General Expenses Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>C. Douglas County Fairgrounds Complex</b>		<b>Transaction ID:</b> 0004224-007 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 6
Mailing Address 2110 SW Frear Street		Amount of Each Disbursement this Period 24.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Roseburg State OR Zip Code 97470	Purpose of Disbursement General Expenses Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

Full Name (Last, First, Middle Initial) <b>A. Douglas County Fairgrounds Complex</b>		<b>Transaction ID:</b> 0004224-008 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 6
Mailing Address 2110 SW Frear Street		Amount of Each Disbursement this Period 4.00
City Roseburg State OR Zip Code 97470	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement General Expenses Candidate Name	Category/Type 001	<b>[MEMO ITEM]</b> MEMO
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Wal-Mart</b>		<b>Transaction ID:</b> 0004224-009 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 6
Mailing Address 1040 Green Acres Rd		Amount of Each Disbursement this Period 8.54
City Eugene State OR Zip Code 97401	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MARKETING Candidate Name	Category/Type 001	<b>[MEMO ITEM]</b> MEMO
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Lane Event Center</b>		<b>Transaction ID:</b> 0004224-010 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 6
Mailing Address 796 West 13th		Amount of Each Disbursement this Period 125.00
City Eugene State OR Zip Code 97402	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement General Expenses Candidate Name	Category/Type 001	<b>[MEMO ITEM]</b> MEMO
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

<b>A. Lane Event Center</b> Full Name (Last, First, Middle Initial) Mailing Address 796 West 13th City Eugene State OR Zip Code 97402 Purpose of Disbursement General Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 0004224-011 <b>Date of Disbursement</b> 08 / 14 / 2006 Amount of Each Disbursement this Period 45.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO
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<b>B. Association of Oregon Hunting Preserves</b> Full Name (Last, First, Middle Initial) Mailing Address 63439 Dufur Gap City Dufur State OR Zip Code 97021 Purpose of Disbursement Booth Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 0004225 <b>Date of Disbursement</b> 08 / 14 / 2006 Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. James L. Feldkamp</b> Full Name (Last, First, Middle Initial) Mailing Address 3210 Kinsrow Ave, #267 City Eugene State OR Zip Code 97401 Purpose of Disbursement IN-KIND: Gas - Eugene Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 0004286-IK <b>Date of Disbursement</b> 08 / 15 / 2006 Amount of Each Disbursement this Period 34.66 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 (contributor) In-Kind Received
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	284.66
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) James L. Feldkamp		<b>Transaction ID:</b> 0004285-IK <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Mailing Address 3210 Kinsrow Ave, #267		Amount of Each Disbursement this Period 19.35
City Eugene State OR Zip Code 97401	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement IN-KIND: Gas - Cave Junction	Candidate Name	(contributor) In-Kind Received
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>B.</b> Full Name (Last, First, Middle Initial) James L. Feldkamp		<b>Transaction ID:</b> 0004287-IK <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Mailing Address 3210 Kinsrow Ave, #267		Amount of Each Disbursement this Period 92.39
City Eugene State OR Zip Code 97401	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement IN-KIND: Best Western Inn Grants Pass	Candidate Name	(contributor) In-Kind Received
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>C.</b> Full Name (Last, First, Middle Initial) The Carlyle Gregory Company LLC		<b>Transaction ID:</b> 0004229 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 0 6
Mailing Address 140 Little Falls St, Suite 104		Amount of Each Disbursement this Period 2000.00
City Falls Church State VA Zip Code 22046	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Media & Strategy Invoice #106	Candidate Name	(contributor) In-Kind Received
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2111.74
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) eMoe.net, Inc.		<b>Transaction ID:</b> 0004231 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 0 6	
Mailing Address 162 Flanigan Road		<b>Amount of Each Disbursement this Period</b> 1350.00	
City Florence State MT Zip Code 59833	Purpose of Disbursement Managed Services Web Contract	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b> Full Name (Last, First, Middle Initial) QuackTown Products & Promotion		<b>Transaction ID:</b> 0004228 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 0 6	
Mailing Address 233A West 7th Avenue		<b>Amount of Each Disbursement this Period</b> 304.67	
City Eugene State OR Zip Code 97401	Purpose of Disbursement Labels	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b> Full Name (Last, First, Middle Initial) The Carlyle Gregory Company LLC		<b>Transaction ID:</b> 0004230 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 0 6	
Mailing Address 140 Little Falls St, Suite 104		<b>Amount of Each Disbursement this Period</b> 4.20	
City Falls Church State VA Zip Code 22046	Purpose of Disbursement Postage Reimbursement	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1658.87
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Avery, Nina</p>		<p><b>Transaction ID:</b> 0004227 <b>Date of Disbursement</b> 08 / 17 / 2006</p>	
<p>Mailing Address P O Box 580</p>		<p>Amount of Each Disbursement this Period 78.73</p>	
<p>City Junction City State OR Zip Code 97448</p>	<p>Purpose of Disbursement Reimbursement for Office Supplies</p>	<p>001 Category/Type</p>	
<p>Candidate Name</p>		<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>ITEMIZATION BELOW</p>	
<p>State: District:</p>			

<p><b>B.</b> Full Name (Last, First, Middle Initial) OfficeMax</p>		<p><b>Transaction ID:</b> 0004227-001 <b>Date of Disbursement</b> 08 / 17 / 2006</p>	
<p>Mailing Address 85 Division Blvd</p>		<p>Amount of Each Disbursement this Period 16.76</p>	
<p>City Eugene State OR Zip Code 97404</p>	<p>Purpose of Disbursement OFFICE SUPPLIES</p>	<p>001 Category/Type</p>	
<p>Candidate Name</p>		<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>[MEMO ITEM] MEMO</p>	
<p>State: District:</p>			

<p><b>C.</b> Full Name (Last, First, Middle Initial) OfficeMax</p>		<p><b>Transaction ID:</b> 0004227-003 <b>Date of Disbursement</b> 08 / 17 / 2006</p>	
<p>Mailing Address 85 Division Blvd</p>		<p>Amount of Each Disbursement this Period 56.97</p>	
<p>City Eugene State OR Zip Code 97404</p>	<p>Purpose of Disbursement OFFICE SUPPLIES</p>	<p>001 Category/Type</p>	
<p>Candidate Name</p>		<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>[MEMO ITEM] MEMO</p>	
<p>State: District:</p>			

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>78.73</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

Full Name (Last, First, Middle Initial) <b>A. Brendan M. Bradley</b>		Transaction ID: 0004226 Date of Disbursement 08 / 17 / 2006	
Mailing Address 3410 Kinsrow Ave, #197		Amount of Each Disbursement this Period 1650.00	
City Eugene State OR Zip Code 97401	Purpose of Disbursement Salary two week of August Candidate Name	001 Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. James L. Feldkamp</b>		Transaction ID: 0004291-IK Date of Disbursement 08 / 21 / 2006	
Mailing Address 3210 Kinsrow Ave, #267		Amount of Each Disbursement this Period 35.62	
City Eugene State OR Zip Code 97401	Purpose of Disbursement IN-KIND: Gas - Roseburg Candidate Name	001 Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

(contributor) In-Kind Received

Full Name (Last, First, Middle Initial) <b>C. James L. Feldkamp</b>		Transaction ID: 0004290-IK Date of Disbursement 08 / 22 / 2006	
Mailing Address 3210 Kinsrow Ave, #267		Amount of Each Disbursement this Period 18.00	
City Eugene State OR Zip Code 97401	Purpose of Disbursement IN-KIND: Gas - Bend Candidate Name	001 Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

(contributor) In-Kind Received

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1703.62
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(blank)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

<b>A. James L. Feldkamp</b> Full Name (Last, First, Middle Initial) Mailing Address 3210 Kinsrow Ave, #267 City Eugene State OR Zip Code 97401 Purpose of Disbursement IN-KIND: Gas - Beaverton Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 0004289-IK</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period 33.01 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 (contributor) In-Kind Received
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<b>B. American Marketing &amp; Publishing</b> Full Name (Last, First, Middle Initial) Mailing Address 3555 Stately Oaks Lane City Duluth State GA Zip Code 30097 Purpose of Disbursement Congress Brochure Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 0004233</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period 3300.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. University Printing</b> Full Name (Last, First, Middle Initial) Mailing Address 965 Tyinn Street, #18 City Eugene State OR Zip Code 97402 Purpose of Disbursement 3000 Flyers Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 0004234</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period 389.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3722.01</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) James L. Feldkamp		<b>Transaction ID:</b> 0004288-IK <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 6	
Mailing Address 3210 Kinsrow Ave, #267		Amount of Each Disbursement this Period 25.75	
City Eugene State OR Zip Code 97401	Purpose of Disbursement IN-KIND: Gas - Roseburg	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001	(contributor) In-Kind Received	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b> Full Name (Last, First, Middle Initial) James L. Feldkamp		<b>Transaction ID:</b> 0004292-IK <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6	
Mailing Address 3210 Kinsrow Ave, #267		Amount of Each Disbursement this Period 31.93	
City Eugene State OR Zip Code 97401	Purpose of Disbursement IN-KIND: Gas - Eugene	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001	(contributor) In-Kind Received	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b> Full Name (Last, First, Middle Initial) Oregon Secretary of State		<b>Transaction ID:</b> 0004235 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6	
Mailing Address 141 State Capitol		Amount of Each Disbursement this Period 1000.00	
City Salem State OR Zip Code 97310	Purpose of Disbursement Voter's Pamphlet	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 007		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1057.68
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

Full Name (Last, First, Middle Initial) <b>A. Robert A. Johnson</b>		<b>Transaction ID: 0004241</b> Date of Disbursement 08 / 28 / 2006	
Mailing Address 3410 Kinsrow Avenue Apt 197		Amount of Each Disbursement this Period 3250.00	
City Eugene State OR Zip Code 97401	Purpose of Disbursement Salary for September Candidate Name	001 Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Qwest</b>		<b>Transaction ID: 0004238</b> Date of Disbursement 08 / 28 / 2006	
Mailing Address PO BOX 12480		Amount of Each Disbursement this Period 388.60	
City Seattle State WA Zip Code 98111	Purpose of Disbursement Telephone Candidate Name	001 Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. James L. Feldkamp</b>		<b>Transaction ID: 0004303-IK</b> Date of Disbursement 08 / 30 / 2006	
Mailing Address 3210 Kinsrow Ave, #267		Amount of Each Disbursement this Period 35.75	
City Eugene State OR Zip Code 97401	Purpose of Disbursement IN-KIND: Gas - Eugene Candidate Name	001 Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	(contributor) In-Kind Received	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3674.35
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

<b>A. Vivi Colby</b> Full Name (Last, First, Middle Initial) Mailing Address 82356 Rattlesnake Rd City Dexter State OR Zip Code 97431 Purpose of Disbursement IN-KIND: Fund Raiser September 11 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 0004304-IK</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6 Amount of Each Disbursement this Period 810.11 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 (contributor) In-Kind Received
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<b>B. PayMerica</b> Full Name (Last, First, Middle Initial) Mailing Address 5620 Paseo Norte 127 City Carlsbad State CA Zip Code 92008 Purpose of Disbursement PayMerica Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 0004262</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6 Amount of Each Disbursement this Period 36.67 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. PayMerica</b> Full Name (Last, First, Middle Initial) Mailing Address 5620 Paseo Norte 127 City Carlsbad State CA Zip Code 92008 Purpose of Disbursement PayMerica Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 0004268</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6 Amount of Each Disbursement this Period 21.58 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	868.36
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

<b>A. James L. Feldkamp</b> Full Name (Last, First, Middle Initial) Mailing Address 3210 Kinsrow Ave, #267 City Eugene State OR Zip Code 97401 Purpose of Disbursement IN-KIND: Gas - Eugene Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 0004301-IK</b> Date of Disbursement 09 / 01 / 2006 Amount of Each Disbursement this Period 33.01 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 (contributor) In-Kind Received
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<b>B. Luke Kintigh</b> Full Name (Last, First, Middle Initial) Mailing Address 79117 Sears Rd City Cottage Grove State OR Zip Code 97424 Purpose of Disbursement Reimbursement for Gas Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 0004247</b> Date of Disbursement 09 / 01 / 2006 Amount of Each Disbursement this Period 48.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 ITEMIZATION BELOW
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<b>C. Avery, Nina</b> Full Name (Last, First, Middle Initial) Mailing Address P O Box 580 City Junction City State OR Zip Code 97448 Purpose of Disbursement Reimbursement office supplies/postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 0004249</b> Date of Disbursement 09 / 01 / 2006 Amount of Each Disbursement this Period 158.98 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 ITEMIZATION BELOW
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	239.99
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

Full Name (Last, First, Middle Initial) <b>A. U.S. Post Office</b>		Transaction ID: 0004249-001 Date of Disbursement 09 / 01 / 2006	
Mailing Address River Road Station		Amount of Each Disbursement this Period 78.00	
City Eugene State OR Zip Code 97404	Purpose of Disbursement POSTAGE Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO	

Full Name (Last, First, Middle Initial) <b>B. OfficeMax</b>		Transaction ID: 0004249-002 Date of Disbursement 09 / 01 / 2006	
Mailing Address 85 Division Blvd		Amount of Each Disbursement this Period 80.98	
City Eugene State OR Zip Code 97404	Purpose of Disbursement OFFICE SUPPLIES Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO	

Full Name (Last, First, Middle Initial) <b>C. Lyndsey Shaver</b>		Transaction ID: 0004250 Date of Disbursement 09 / 01 / 2006	
Mailing Address P O Box 2155		Amount of Each Disbursement this Period 247.90	
City Corvallis State OR Zip Code 97339	Purpose of Disbursement Reimbursements for Gas Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 ITEMIZATION BELOW	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	247.90
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

Full Name (Last, First, Middle Initial) <b>A. Shell</b>		Transaction ID: 0004250-001 Date of Disbursement MM / DD / YYYY 09 / 01 / 2006	
Mailing Address 468 NW Garden Way		Amount of Each Disbursement this Period 20.00	
City Roseburg State OR Zip Code 97470	Purpose of Disbursement General Expenses	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001	<b>[MEMO ITEM]</b> MEMO	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. 76 Gas Station</b>		Transaction ID: 0004250-002 Date of Disbursement MM / DD / YYYY 09 / 01 / 2006	
Mailing Address 2090 River Rd		Amount of Each Disbursement this Period 47.15	
City Eugene State OR Zip Code 97404	Purpose of Disbursement General Expenses	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001	<b>[MEMO ITEM]</b> MEMO	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Shell</b>		Transaction ID: 0004250-003 Date of Disbursement MM / DD / YYYY 09 / 01 / 2006	
Mailing Address 468 NW Garden Way		Amount of Each Disbursement this Period 52.19	
City Roseburg State OR Zip Code 97470	Purpose of Disbursement General Expenses	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001	<b>[MEMO ITEM]</b> MEMO	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) 76 Gas Station</p>		<p><b>Transaction ID:</b> 0004250-004 <b>Date of Disbursement</b> 09 / 01 / 2006</p>	
<p>Mailing Address 2090 River Rd</p>		<p>Amount of Each Disbursement this Period 46.95</p>	
<p>City Eugene State OR Zip Code 97404</p>	<p>Purpose of Disbursement General Expenses</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Candidate Name</p>	<p>001 Category/Type</p>	<p><b>[MEMO ITEM]</b> MEMO</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		

<p><b>B.</b> Full Name (Last, First, Middle Initial) Shell</p>		<p><b>Transaction ID:</b> 0004250-006 <b>Date of Disbursement</b> 09 / 01 / 2006</p>	
<p>Mailing Address 468 NW Garden Way</p>		<p>Amount of Each Disbursement this Period 15.00</p>	
<p>City Roseburg State OR Zip Code 97470</p>	<p>Purpose of Disbursement General Expenses</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Candidate Name</p>	<p>001 Category/Type</p>	<p><b>[MEMO ITEM]</b> MEMO</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		

<p><b>C.</b> Full Name (Last, First, Middle Initial) Shell</p>		<p><b>Transaction ID:</b> 0004250-007 <b>Date of Disbursement</b> 09 / 01 / 2006</p>	
<p>Mailing Address 468 NW Garden Way</p>		<p>Amount of Each Disbursement this Period 10.00</p>	
<p>City Roseburg State OR Zip Code 97470</p>	<p>Purpose of Disbursement General Expenses</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Candidate Name</p>	<p>001 Category/Type</p>	<p><b>[MEMO ITEM]</b> MEMO</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>0.00</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

Full Name (Last, First, Middle Initial) <b>A. Shell</b>		Transaction ID: 0004250-008 Date of Disbursement MM / DD / YYYY 09 / 01 / 2006	
Mailing Address 468 NW Garden Way		Amount of Each Disbursement this Period 15.00	
City Roseburg State OR Zip Code 97470	Purpose of Disbursement General Expenses Candidate Name	Category/Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial) <b>B. Shell</b>		Transaction ID: 0004250-009 Date of Disbursement MM / DD / YYYY 09 / 01 / 2006	
Mailing Address 468 NW Garden Way		Amount of Each Disbursement this Period 20.00	
City Roseburg State OR Zip Code 97470	Purpose of Disbursement General Expenses Candidate Name	Category/Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial) <b>C. Avery, Nina</b>		Transaction ID: 0004248 Date of Disbursement MM / DD / YYYY 09 / 01 / 2006	
Mailing Address P O Box 580		Amount of Each Disbursement this Period 468.00	
City Junction City State OR Zip Code 97448	Purpose of Disbursement Reimbursement for Postage Candidate Name	Category/Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

ITEMIZATION BELOW

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

468.00

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

Full Name (Last, First, Middle Initial) <b>A. U.S. Post Office</b>		Transaction ID: 0004248-001 Date of Disbursement 09 / 01 / 2006
Mailing Address River Road Station		Amount of Each Disbursement this Period 156.00
City Eugene State OR Zip Code 97404	Purpose of Disbursement POSTAGE Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO

Full Name (Last, First, Middle Initial) <b>B. U.S. Post Office</b>		Transaction ID: 0004248-002 Date of Disbursement 09 / 01 / 2006
Mailing Address River Road Station		Amount of Each Disbursement this Period 195.00
City Eugene State OR Zip Code 97404	Purpose of Disbursement POSTAGE Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO

Full Name (Last, First, Middle Initial) <b>C. U.S. Post Office</b>		Transaction ID: 0004248-003 Date of Disbursement 09 / 01 / 2006
Mailing Address River Road Station		Amount of Each Disbursement this Period 117.00
City Eugene State OR Zip Code 97404	Purpose of Disbursement POSTAGE Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Brendan M. Bradley		<b>Transaction ID:</b> 0004242 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 6	
Mailing Address 3410 Kinsrow Ave, #197		Amount of Each Disbursement this Period 1650.00	
City Eugene State OR Zip Code 97401	Purpose of Disbursement Salary for two weeks August	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>B.</b> Full Name (Last, First, Middle Initial) Avery, Nina		<b>Transaction ID:</b> 0004243 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 6	
Mailing Address P O Box 580		Amount of Each Disbursement this Period 1800.00	
City Junction City State OR Zip Code 97448	Purpose of Disbursement Salary for August	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>C.</b> Full Name (Last, First, Middle Initial) Jennifer A. Gaskill		<b>Transaction ID:</b> 0004244 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 6	
Mailing Address 4055 Eddystone Place		Amount of Each Disbursement this Period 1500.00	
City Eugene State OR Zip Code 97402	Purpose of Disbursement Salary for August	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4950.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

<p><b>A.</b> Lyndsey Shaver</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address P O Box 2155</p> <p>City Corvallis State OR Zip Code 97339</p> <p>Purpose of Disbursement Salary for August</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 0004245</p> <p>Date of Disbursement</p> <p>09 / 01 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>1200.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Luke Kintigh</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 79117 Sears Rd</p> <p>City Cottage Grove State OR Zip Code 97424</p> <p>Purpose of Disbursement Salary for August</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 0004246</p> <p>Date of Disbursement</p> <p>09 / 01 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>800.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> James L. Feldkamp</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 3210 Kinsrow Ave, #267</p> <p>City Eugene State OR Zip Code 97401</p> <p>Purpose of Disbursement IN-KIND: Spindrift Motor Inn</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 0004298-IK</p> <p>Date of Disbursement</p> <p>09 / 02 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>160.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>(contributor) In-Kind Received</p>

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

2160.50

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

<b>A. James L. Feldkamp</b> Full Name (Last, First, Middle Initial) Mailing Address 3210 Kinsrow Ave, #267 City Eugene State OR Zip Code 97401 Purpose of Disbursement IN-KIND: Wild River Brewing & Pizza Co Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 0004296-IK</b> Date of Disbursement 09 / 03 / 2006 Amount of Each Disbursement this Period 19.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 (contributor) In-Kind Received
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<b>B. James L. Feldkamp</b> Full Name (Last, First, Middle Initial) Mailing Address 3210 Kinsrow Ave, #267 City Eugene State OR Zip Code 97401 Purpose of Disbursement IN-KIND: The Apple Peddler #10 - Harbor Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 0004297-IK</b> Date of Disbursement 09 / 03 / 2006 Amount of Each Disbursement this Period 51.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 (contributor) In-Kind Received
--	--	--

<b>C. James L. Feldkamp</b> Full Name (Last, First, Middle Initial) Mailing Address 3210 Kinsrow Ave, #267 City Eugene State OR Zip Code 97401 Purpose of Disbursement IN-KIND: Gas - Brookings Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 0004302-IK</b> Date of Disbursement 09 / 04 / 2006 Amount of Each Disbursement this Period 32.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 (contributor) In-Kind Received
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	102.95
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

<b>A. James L. Feldkamp</b> Full Name (Last, First, Middle Initial) Mailing Address 3210 Kinsrow Ave, #267 City Eugene State OR Zip Code 97401 Purpose of Disbursement IN-KIND: Gas - Cottage Grove Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 0004300-1K</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6 Amount of Each Disbursement this Period 32.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 (contributor) In-Kind Received
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<b>B. Braynard Goup, Inc.</b> Full Name (Last, First, Middle Initial) Mailing Address 1226 N Vernon Street City Arlington State VA Zip Code 22201 Purpose of Disbursement Survey design, fielding & analysis consu Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 0004252</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 6 Amount of Each Disbursement this Period 5500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. Towers Marketing</b> Full Name (Last, First, Middle Initial) Mailing Address 1015 Arrowsmith Street City Eugene State OR Zip Code 97402 Purpose of Disbursement Signs Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 0004251</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 6 Amount of Each Disbursement this Period 2438.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7970.90
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

<b>A. James L. Feldkamp</b> Full Name (Last, First, Middle Initial) Mailing Address 3210 Kinsrow Ave, #267 City Eugene State OR Zip Code 97401 Purpose of Disbursement IN-KIND: Gas - Springfield Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 0004295-IK</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 9 / 2 0 0 6 Amount of Each Disbursement this Period 33.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 (contributor) In-Kind Received
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<b>B. Brendan M. Bradley</b> Full Name (Last, First, Middle Initial) Mailing Address 3410 Kinsrow Ave, #197 City Eugene State OR Zip Code 97401 Purpose of Disbursement Reimbursement Hotel in Brookings Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 0004254</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6 Amount of Each Disbursement this Period 160.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. Avery, Nina</b> Full Name (Last, First, Middle Initial) Mailing Address P O Box 580 City Junction City State OR Zip Code 97448 Purpose of Disbursement Reimbursements for Gas/Hotel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 0004255</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6 Amount of Each Disbursement this Period 300.46 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 ITEMIZATION BELOW
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	493.96
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 101 / 107

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

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

Full Name (Last, First, Middle Initial) <b>A. Shell</b>		Transaction ID: 0004255-001 Date of Disbursement 09 / 13 / 2006	
Mailing Address 468 NW Garden Way		Amount of Each Disbursement this Period 34.00	
City Roseburg State OR Zip Code 97470	Purpose of Disbursement General Expenses Candidate Name	Category/Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO	

Full Name (Last, First, Middle Initial) <b>B. Brendan M. Bradley</b>		Transaction ID: 0004253 Date of Disbursement 09 / 13 / 2006	
Mailing Address 3410 Kinsrow Ave, #197		Amount of Each Disbursement this Period 1650.00	
City Eugene State OR Zip Code 97401	Purpose of Disbursement Salary for two weeks September Candidate Name	Category/Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. James L. Feldkamp</b>		Transaction ID: 0004294-IK Date of Disbursement 09 / 18 / 2006	
Mailing Address 3210 Kinsrow Ave, #267		Amount of Each Disbursement this Period 32.50	
City Eugene State OR Zip Code 97401	Purpose of Disbursement IN-KIND: Gas - Eugene Candidate Name	Category/Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	(contributor) In-Kind Received	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1682.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) James L. Feldkamp		<b>Transaction ID:</b> 0004273-IK <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6
Mailing Address 3210 Kinsrow Ave, #267		Amount of Each Disbursement this Period 32.26
City Eugene State OR Zip Code 97401	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement IN-KIND: Gas - Eugene	Candidate Name	001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	(contributor) In-Kind Received

<b>B.</b> Full Name (Last, First, Middle Initial) James L. Feldkamp		<b>Transaction ID:</b> 0004299-IK <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6
Mailing Address 3210 Kinsrow Ave, #267		Amount of Each Disbursement this Period 482.20
City Eugene State OR Zip Code 97401	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement IN-KIND: Portland / Washington Ticket	Candidate Name	001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	(contributor) In-Kind Received

<b>C.</b> Full Name (Last, First, Middle Initial) James L. Feldkamp		<b>Transaction ID:</b> 0004276-IK <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 3210 Kinsrow Ave, #267		Amount of Each Disbursement this Period 131.00
City Eugene State OR Zip Code 97401	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement IN-KIND: Car Rental Washington Nat'l	Candidate Name	001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	(contributor) In-Kind Received

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	645.46
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

Full Name (Last, First, Middle Initial) <b>A. Jamestown Associates</b>		<b>Transaction ID:</b> 0004256 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 5 Mapleton Rd, Ste 300		Amount of Each Disbursement this Period 29155.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Princeton State NJ Zip Code 08540	Purpose of Disbursement T V Adds Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Jennifer A. Gaskill</b>		<b>Transaction ID:</b> 0004257 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address 4055 Eddystone Place		Amount of Each Disbursement this Period 403.27 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Eugene State OR Zip Code 97402	Purpose of Disbursement Reimbursements for fairs Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	ITEMIZATION BELOW

Full Name (Last, First, Middle Initial) <b>C. Wal-Mart</b>		<b>Transaction ID:</b> 0004257-002 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address 1040 Green Acres Rd		Amount of Each Disbursement this Period 38.63 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Eugene State OR Zip Code 97401	Purpose of Disbursement General Expenses Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	29558.47
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

Full Name (Last, First, Middle Initial) <b>A. Wal-Mart</b>		Transaction ID: 0004257-003 Date of Disbursement 09 / 22 / 2006
Mailing Address 1040 Green Acres Rd		Amount of Each Disbursement this Period 21.35
City Eugene State OR Zip Code 97401	Purpose of Disbursement General Expenses Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO

Full Name (Last, First, Middle Initial) <b>B. OfficeMax</b>		Transaction ID: 0004257-005 Date of Disbursement 09 / 22 / 2006
Mailing Address 85 Division Blvd		Amount of Each Disbursement this Period 40.68
City Eugene State OR Zip Code 97404	Purpose of Disbursement General Expenses Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO

Full Name (Last, First, Middle Initial) <b>C. 76 Gas Station</b>		Transaction ID: 0004257-006 Date of Disbursement 09 / 22 / 2006
Mailing Address 2090 River Rd		Amount of Each Disbursement this Period 30.53
City Eugene State OR Zip Code 97404	Purpose of Disbursement General Expenses Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

Full Name (Last, First, Middle Initial) <b>A. Costco Wholesale Corporation</b>		Transaction ID: 0004257-007 Date of Disbursement 09 / 22 / 2006
Mailing Address 2828 Chad Drive		Amount of Each Disbursement this Period 73.58
City Eugene State OR Zip Code 97401	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement General Expenses	Candidate Name	<b>[MEMO ITEM]</b> MEMO
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. 76 Gas Station</b>		Transaction ID: 0004257-009 Date of Disbursement 09 / 22 / 2006
Mailing Address 2090 River Rd		Amount of Each Disbursement this Period 34.00
City Eugene State OR Zip Code 97404	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement General Expenses	Candidate Name	<b>[MEMO ITEM]</b> MEMO
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. OfficeMax</b>		Transaction ID: 0004257-010 Date of Disbursement 09 / 22 / 2006
Mailing Address 85 Division Blvd		Amount of Each Disbursement this Period 50.99
City Eugene State OR Zip Code 97404	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name	<b>[MEMO ITEM]</b> MEMO
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

Full Name (Last, First, Middle Initial) <b>A. James L. Feldkamp</b>		Transaction ID: 0004277-IK Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 0 6
Mailing Address 3210 Kinsrow Ave, #267		Amount of Each Disbursement this Period 70.00
City Eugene State OR Zip Code 97401	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement IN-KIND: Parking Portland	Category/Type 001	(contributor) In-Kind Received
Candidate Name	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) <b>B. James L. Feldkamp</b>		Transaction ID: 0004275-IK Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address 3210 Kinsrow Ave, #267		Amount of Each Disbursement this Period 31.27
City Eugene State OR Zip Code 97401	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement IN-KIND: Gas - Lake Oswego	Category/Type 001	(contributor) In-Kind Received
Candidate Name	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) <b>C. James L. Feldkamp</b>		Transaction ID: 0004274-IK Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address 3210 Kinsrow Ave, #267		Amount of Each Disbursement this Period 271.38
City Eugene State OR Zip Code 97401	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement IN-KIND: 5th Avenue Suites - Portland	Category/Type 001	(contributor) In-Kind Received
Candidate Name	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	372.65
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Jim Feldkamp for Congress

Full Name (Last, First, Middle Initial) <b>A. PayMerica</b>		Transaction ID: 0004263	
Mailing Address 5620 Paseo Norte 127		Date of Disbursement MM / DD / YYYY 09 / 30 / 2006	
City Carlsbad	State CA	Zip Code 92008	Amount of Each Disbursement this Period 35.20
Purpose of Disbursement PayMerica		001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. PayMerica</b>		Transaction ID: 0004269	
Mailing Address 5620 Paseo Norte 127		Date of Disbursement MM / DD / YYYY 09 / 30 / 2006	
City Carlsbad	State CA	Zip Code 92008	Amount of Each Disbursement this Period 38.44
Purpose of Disbursement PayMerica		001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

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

73.64

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

144964.24