

48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL Jamie for Oregon				
ADDRESS (number and street) 1327 SE Tacoma St #247				
CITY Portland		STATE OR		ZIP CODE 97202
2. NAME OF CANDIDATE McLeod-Skinner, Jamie, , ,			3. OFFICE SOUGHT (State and District) House OR 05	
4. FEC IDENTIFICATION NUMBER C00792465				
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____				

A. FULL NAME Bean, Terrence, P, ,			Name of Employer Self Employed	Date (month, day, year) 11/01/2022	Amount 2900.00
MAILING ADDRESS 1882 SW Hawthorne Ter			Transaction ID : 5262530		
CITY Portland	STATE OR	ZIP CODE 97201-1736	Occupation Real Estate		
B. FULL NAME DCCC			Name of Employer	Date (month, day, year) 11/02/2022	Amount 3913.96
MAILING ADDRESS 430 S Capitol St SE Fl 2			Transaction ID : 5261689		
CITY Washington	STATE DC	ZIP CODE 20003-4024	Occupation		
C. FULL NAME Fassett, Michael, , ,			Name of Employer Not Employed	Date (month, day, year) 11/02/2022	Amount 1000.00
MAILING ADDRESS 3399 NW Greenleaf Way			Transaction ID : 5262498		
CITY Bend	STATE OR	ZIP CODE 97703-0002	Occupation Retired		
D. FULL NAME Ferguson, Ellen, , ,			Name of Employer Burke Museum	Date (month, day, year) 11/02/2022	Amount 1000.00
MAILING ADDRESS 1414 41St Ave E			Transaction ID : 5262337		
CITY Seattle	STATE WA	ZIP CODE 98112-3804	Occupation Museum Administrator		
E. FULL NAME Haegelin, Gloria, , ,			Name of Employer Not Employed	Date (month, day, year) 11/01/2022	Amount 1800.00
MAILING ADDRESS 756 20Th Ave			Transaction ID : 5248936		
CITY Clarkston	STATE WA	ZIP CODE 99403-3110	Occupation Not Employed		
SIGNATURE (optional) Jackson, Sue, , ,			DATE 11/03/2022	For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100	
<i>[Electronically Filed]</i>					

Any information copied from reports and statements filed under the Federal Election Campaign Act 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.

FEC FORM 6

(Revised 03/2016)

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount
March On PAC 9888 W Belleview Ave Ste 2009 Denver CO 80123-2101	Transaction ID : 5262550 Occupation	11/01/2022	2000.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE Mayo, Keith, , , 3926 Forest Beach Dr NW Gig Harbor WA 98335-5701	Name of Employer Swedish Hospital Transaction ID : 5235836 Occupation Physician	Date (month, day, year) 10/23/2022	Amount 1000.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE Preston, Alan, , , 13505 32Nd Ave S Tukwila WA 98168-3921	Name of Employer Self Employed Transaction ID : 5261909 Occupation Leadership Consultant	Date (month, day, year) 11/02/2022	Amount 1000.00
D. FULL NAME, MAILING ADDRESS AND ZIP CODE Rivest, Ronald, , , 41 Academy St Arlington MA 02476-6433	Name of Employer MIT Transaction ID : 5235168 Occupation Professor	Date (month, day, year) 11/01/2022	Amount 1000.00
E. FULL NAME, MAILING ADDRESS AND ZIP CODE Rogers, James, , , 2335 Hillview Dr Laguna Beach CA 92651-2212	Name of Employer Not Employed Transaction ID : 5262110 Occupation Not Employed	Date (month, day, year) 11/02/2022	Amount 1000.00

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE Soros, Robert, , , 250 W 55Th St FI 36TH New York NY 10019-9710			
Name of Employer Soros Capital Management LLC Transaction ID : 5248667 Occupation CIO		Date (month, day, year) 11/01/2022 Amount 2900.00	
B. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Name of Employer Occupation		Date (month, day, year) Amount	
C. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Name of Employer Occupation		Date (month, day, year) Amount	
D. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Name of Employer Occupation		Date (month, day, year) Amount	
E. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Name of Employer Occupation		Date (month, day, year) Amount	