

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee  
(Summary Page)

APPROVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

FEB 5 11 17 AM '98

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (In full) <b>Linda Peters for US Congress</b>		2. FEC IDENTIFICATION NUMBER <b>C00329441</b>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. <b>1903 NE 13th Avenue</b>		
CITY, STATE and ZIP CODE <b>Portland, OR 97212</b>	STATE/DISTRICT <b>OR/1st</b>	3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

## 4. TYPE OF REPORT

<input type="checkbox"/> April 15 Quarterly Report	<input type="checkbox"/> 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____
<input type="checkbox"/> July 15 Quarterly Report	<input type="checkbox"/> 30-Day Post-Election Report for the _____ (Type of Election) election on _____ in the State of _____
<input type="checkbox"/> October 15 Quarterly Report	<input type="checkbox"/> Termination Report
<input checked="" type="checkbox"/> January 31 Year End Report	
<input type="checkbox"/> July 31 Mid-Year Report (Non-election Year Only)	

This report contains activity for  Primary Election  General Election  Special Election  Runoff Election

## SUMMARY

5. Covering Period <u>5/11/97</u> through <u>12/31/97</u>	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	120,713.54	120,713.54
(b) Total Contribution Refunds (from Line 20(d))	500.00	500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	120,213.54	120,213.54
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	26,637.69	26,637.69
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	26,637.69	26,637.69
8. Cash on Hand at Close of Reporting Period (from Line 27)	94,134.09	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3429
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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 <b>Steven W. Middleton</b>	Date <b>1/29/98</b>
Signature of Treasurer <i>Steven W. Middleton</i>	

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5497g.

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FEC FORM 3  
(revised 4/87)

# DETAILED SUMMARY PAGE

of Receipts and Disbursements  
(Page 2, FEC FORM 3)

Name of Committee (in full) Linda Peters for US Congress	Report Covering the Period: From: 6/11/97 To: 12/31/97	
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) -----	75,928.23	
(ii) Unitemized -----	30,844.00	
(iii) Total of contributions from individuals -----	106,772.23	106,772.23
(b) Political Party Committees -----	0.00	0.00
(c) Other Political Committees (such as PACs) -----	13,941.31	13,941.31
(d) The Candidate -----	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d)) -----	120,713.54	120,713.54
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES</b> -----	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate -----	0.00	0.00
(b) All Other Loans -----	0.00	0.00
(c) TOTAL LOANS (add 13(a) and (b)) -----	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)</b> -----	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.)</b> -----	58.24	58.24
<b>16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)</b> -----	120,771.78	120,771.78
<b>II. DISBURSEMENTS</b>		
<b>17. OPERATING EXPENDITURES</b> -----	26,137.69	26,137.69
<b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES</b> -----	0.00	0.00
<b>19. LOAN REPAYMENTS:</b>		
(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 19(a) and (b)) -----	0.00	0.00
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>		
(a) Individuals/Persons Other Than Political Committees -----	500.00	500.00
(b) Political Party Committees -----	0.00	0.00
(c) Other Political Committees (such as PACs) -----	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c)) -----	500.00	500.00
<b>21. OTHER DISBURSEMENTS</b> -----	0.00	0.00
<b>22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)</b> -----	26,637.69	26,637.69
<b>III. CASH SUMMARY</b>		
<b>23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD</b> -----	\$	0.00
<b>24. TOTAL RECEIPTS THIS PERIOD (from Line 16)</b> -----	\$	120,771.78
<b>25. SUBTOTAL (add Line 23 and Line 24)</b> -----	\$	120,771.78
<b>26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)</b> -----	\$	26,637.69
<b>27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)</b> -----	\$	94,134.09

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 22  
FOR LINE NUMBER 11(a)(1)

**Contributions from Individuals/Persons Other Than Political Committees**

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)

Linda Peters for US Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Buzz Walker 455 NW 97th Portland, OR 97229	Walker Sanitary	6/11/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Garbage Hauler	Aggregate Year-to-Date > \$ 500.00	
B. Full Name, Mailing Address and ZIP Code Walter Grodahl 2164 SW Park Pl. Portland, OR 97205	Name of Employer GSL, Inc.	Date (month, day, year) 6/13/97	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Developer	Aggregate Year-to-Date > \$ 1,000.00	
C. Full Name, Mailing Address and ZIP Code Victor Doherty 15770 SW Village Ln. Beaverton, OR 97007	Name of Employer	Date (month, day, year) 6/13/97	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$ 500.00	
D. Full Name, Mailing Address and ZIP Code William W. Wessinger 121 SW Salmon St., Ste. 1100 Portland, OR 97204	Name of Employer	Date (month, day, year) 6/24/97	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$ 1,000.00	
E. Full Name, Mailing Address and ZIP Code John L. Frewing 7932 SE Reed College Place Portland, OR 97202	Name of Employer	Date (month, day, year) 6/27/97	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$ 500.00	
F. Full Name, Mailing Address and ZIP Code Christy L. Eugenis 4115 NE 19th Ave. Portland, OR 97210	Name of Employer	Date (month, day, year) 6/27/97	Amount of Each Receipt this Period 300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker	Aggregate Year-to-Date > \$ 300.00	
G. Full Name, Mailing Address and ZIP Code Bill Blosser 831 NW 25th Portland, OR 97210	Name of Employer CH2M Hill	Date (month, day, year) 7/7/97	Amount of Each Receipt this Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Engineer	Aggregate Year-to-Date > \$ 250.00	

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

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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PAGE 2 OF 22  
FOR LINE NUMBER 11(a)(i)

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**NAME OF COMMITTEE (in Full)**

Linda Peters for US Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gail L. Achterman 5505 SW Sweetbriar Portland, OR 97221	Stoel Rives Occupation Attorney	7/9/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
B. Full Name, Mailing Address and ZIP Code Stanley W. Jacob, MD Oregon Health Sciences University Portland, OR 97201	OBSU Occupation Doctor	7/9/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
C. Full Name, Mailing Address and ZIP Code George C. Sheldon 3033 NW Quimby Portland, OR 97210	SBRA, Inc. Occupation Architect	7/9/97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
D. Full Name, Mailing Address and ZIP Code Paul E. Bragdon 7535 SE 31st Avenue Portland, OR 97202	Retired	7/11/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
E. Full Name, Mailing Address and ZIP Code Howard Grabhorn 14930 SW Vandermoot Rd. Beaverton, OR 97007	Landfill Owner	7/14/97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
F. Full Name, Mailing Address and ZIP Code John Lee Sherman 1912 NW Aspen Portland, OR 97210	UNIT, Inc. Occupation Financial Advisor	7/18/97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
G. Full Name, Mailing Address and ZIP Code David Randall 6601 SW Pine St. Tigard, OR 97223	PSU Occupation Advisor	7/18/97	300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		

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PAGE 3 OF 22  
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**NAME OF COMMITTEE (in Full)**

Linda Peters for US Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William A. Gaylord 3630 NE Merges Dr. Portland, OR 97212	Gaylord & Eyerman Occupation: Attorney	7/22/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joyce T. Stride 16144 NW Dixie Mtn. Rd. Hillsboro, OR 97124	Self Occupation: Farmer	7/31/97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ronald A. Buel 2817 NE 19th Portland, OR 97212	Retired Occupation: Retired	7/31/97	300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert E. Stacey, Jr. 3434 SE Brooklyn St. Portland, OR 97202	Tri-Met Occupation: Policy Director	7/31/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles Swindells 455 NW Greenleaf Rd. Portland, OR 97229	1000 Friends of Oregon Occupation: Attorney	8/1/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas D. Kelly 173 NE Bridgeton Rd. Portland, OR 97211	Neil Kelly Remodeling Occupation: Vice Pres.	8/9/97	300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Peter F. Becher 1128 North Shore Road Lake Oswego, OR 97034	PAC Trust, Inc. Occupation: President	8/9/97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		

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NAME OF COMMITTEE (in Full)

Linda Peters for US Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donna Martinson 10875 NW Rainmont Portland, OR 97229	Homemaker	8/9/97	350.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Homemaker	Aggregate Year-to-Date > \$ 350.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marc D. San Soucie 4230 NW 147th Ave. Portland, OR 97229	Self	8/9/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Forester	Aggregate Year-to-Date > \$ 500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Peter W. Preston 11020 NW District Ct. Portland, OR 97229	Pozzi Wilson	8/9/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney	Aggregate Year-to-Date > \$ 500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David K. Bell 2740 NW Calumet Ter. Portland, OR 97210	GSL, Inc.	8/12/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Developer	Aggregate Year-to-Date > \$ 500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John McKesson Rt. 4 Box 113 Astoria, OR 97103	Retired	8/12/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired	Aggregate Year-to-Date > \$ 250.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Cecilia A. Garbarino 13124 NW Harvest St. Portland, OR 97229	Retired	8/12/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired	Aggregate Year-to-Date > \$ 500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert J. Neuberger 3434 SW 12th Ave. Portland, OR 97201	Pozzi, Wilson, Atchison, LLP	8/15/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney	Aggregate Year-to-Date > \$ 500.00	

SUBTOTAL of Receipts This Page (optional)

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**SCHEDULE A**

**ITEMIZED RECEIPTS**

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PAGE 5 OF 22  
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Linda Peters for US Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
James E. John 6117 Buena Vista Dr. Vancouver, WA 98661	J.E. John Company	8/15/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date > \$ 500.00	
John W. Russell 1727 SW Hawthorne Terrace Portland, OR 97201	Russell Development	8/18/97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$ 1,000.00	
Genevieve R. Goldy 2225 SW Scenic Dr. Portland, OR 97225		8/18/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$ 500.00	
Marcia Ann Petty 12230 NW Sunningdale Dr. Portland, OR 97229		8/22/97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker	Aggregate Year-to-Date > \$ 1,000.00	
Garry R. Bullard 1000 SW Broadway, Ste. 1900 Portland, OR 97205	Ballard Korshey Snika & Jenn	8/22/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 500.00	
James O. Kelly 2448 N.W. Johnson Portland, OR 97210	Renovation House Plants	8/22/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner	Aggregate Year-to-Date > \$ 500.00	
S. James Elliott 2732 NW Thurman St. Portland, OR 97210		8/28/97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$ 1,000.00	

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PAGE 6 OF 22

FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (In Full)

Linda Peters for US Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Philip F. Sparr 2681 SW Upper Drive Pl. Portland, OR 97201	NEC Occupation: Vice Pres.	9/5/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Homer G. Williams 121 SW Morrison, Suite 950 Portland, OR 97204	HGW Development Co. Occupation: President	9/5/97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Katherine H. O'Neil 3714 SE 169th Court Vancouver, WA 98683	Graff & O'Neil Occupation: Attorney	9/5/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Harold J. Schnitzer PO Box 2708 Portland, OR 97208	Schnitzer Co. Occupation: President	9/5/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Charlotte C. Corkran 130 NW 114th Portland, OR 97229	Self Occupation: Natural Res. Consultant	9/10/97	400.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 400.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ken Novack PO Box 10047 Portland, OR 97296	The Schnitzer Group Occupation: CEO	9/12/97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Brian G. Booth 2161 SW Laurel St. Portland, OR 97201	Tonkin Torp et al Occupation: Attorney	9/17/97	150.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

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

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**SCHEDULE A**

**ITEMIZED RECEIPTS**

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PAGE 7 OF 22  
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NAME OF COMMITTEE (In Full)

Linda Peters for US Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Buzz Ortiz 41525 SE Vista Loop Sandy, OR 97055	Self	9/17/97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President		Aggregate Year-to-Date > \$ 1,000.00
B. Full Name, Mailing Address and ZIP Code Charles J. Merten 1905 NW 169th Pl., Suite A Beaverton, OR 97006	Charles J. Merten Attorney at Law	9/17/97	300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney		Aggregate Year-to-Date > \$ 300.00
C. Full Name, Mailing Address and ZIP Code Peter E. Heuser 7724 SE 29th Ave. Portland, OR 97202	Stoel, Rives, et al	9/17/97	300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney		Aggregate Year-to-Date > \$ 300.00
D. Full Name, Mailing Address and ZIP Code Richard G. Helzer 9710 SW Washington Portland, OR 97225	Adams, De Bast, et al	9/26/97	513.13
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney		Aggregate Year-to-Date > \$ 513.13
E. Full Name, Mailing Address and ZIP Code Joan E. Moss 3940 NW Owl Dr. Forest Grove, OR 97116		9/26/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker		Aggregate Year-to-Date > \$ 500.00
F. Full Name, Mailing Address and ZIP Code Richard G. Reiten One Pacific Square 220 NW 2nd Portland, OR 97209	NW Natural Gas	9/22/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President		Aggregate Year-to-Date > \$ 250.00
G. Full Name, Mailing Address and ZIP Code Frank J. Foti 2626 NW Cornell Rd. Portland, OR 97210	Cascade General	9/22/97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CFO		Aggregate Year-to-Date > \$ 1,000.00

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

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**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11(a)(i)

**Contributions from Individuals/Persons Other Than Political Committees**

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NAME OF COMMITTEE (in Full)

Linda Peters for US Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Roy I. Kim 16045 SW Flicker Ct. Beaverton, OR 97007	Bethany Development Company	9/26/97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Executive Aggregate Year-to-Date > \$ 1,000.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pat Pendergast 333 Sw fifth, Ste. 200 Portland, OR 97204	Realty Trust & Associates	9/29/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Developer Aggregate Year-to-Date > \$ 500.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edmund Hayes, Jr. 707 SW Washington St. Portland, OR 97205		9/29/97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired Aggregate Year-to-Date > \$ 1,000.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gary L. Conkling 13730 SW Latigo Cir. Beaverton, OR 97008	Conkling, McCormick & Fiskum	9/30/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Public Affairs Lobbyist Aggregate Year-to-Date > \$ 250.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Henry Hewitt 900 SW Fifth, Suite 2300 Portland, OR 97204	Stoel, Rives, et al	9/30/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney Aggregate Year-to-Date > \$ 500.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald J. Sterling, Jr. 1718 SW Myrtle St. Portland, OR		10/7/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired Aggregate Year-to-Date > \$ 250.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Elizabeth McKanna 7445 SW Kelly Portland, OR 97219	Bennett & Hartman	10/11/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney Aggregate Year-to-Date > \$ 250.00		

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

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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**Contributions from Individuals/Persons Other Than Political Committees**

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NAME OF COMMITTEE (In Full)

Linda Peters for US Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wayne E. Holm 15209 NW Mason Hill Rd. Hillsboro, OR 97124	Oregon-Canadian Forest Products	10/11/97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mary M. sellin PO Box 204 Cannon Beach, OR 97110	El Mundo for Women	10/11/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner	Aggregate Year-to-Date > \$ 500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Linda Ficene PO Box 849 Forest Grove, OR 97116	Self	10/15/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Planning consultant	Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Shelie Bartman-Gibbs 47375 NW David Hill Forest Grove, OR 97116	Self	10/15/97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Nutritionist	Aggregate Year-to-Date > \$ 1,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Corrine Oishi 3865 NW Gales Creek Rd. Forest Grove, OR 97116		10/15/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker	Aggregate Year-to-Date > \$ 500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Glen A. Mick 11310 NW Parson Rd. Forest Grove, OR 97116		10/15/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$ 500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Patricia D. Keeney 11310 NW Parson Rd. Forest Grove, OR 97116		10/15/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$ 500.00	

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

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**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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**Contributions from Individuals/Persons Other Than Political Committees**

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**NAME OF COMMITTEE (in Full)**

Linda Peters for US Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Terrence P. Bean, PC 1882 SW Hawthorne Terrace Portland, OR 97201	Terrence P. Bean, PC	10/15/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Planning Consultant		Aggregate Year-to-Date > \$ 500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mark Whitlow 425 N Shore Dr. Lake Oswego, OR 97034	Bogle & Gates	10/20/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney		Aggregate Year-to-Date > \$ 500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John McKesson Rt. 4, Box 113 Astoria, OR 97103		10/20/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired		Aggregate Year-to-Date > \$ 500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mabel B. Walters 7324 NW Penridge Rd. Portland, OR 97229		10/20/97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Unemployed		Aggregate Year-to-Date > \$ 1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ralph Arnold III 9309 NW Wood Rose Loop Portland, OR 97229	Self	10/20/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Appraiser		Aggregate Year-to-Date > \$ 250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jim McBroom 55 Eagle Crest Dr. Lake Oswego, OR 97035		10/20/97	350.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired		Aggregate Year-to-Date > \$ 350.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
William Lazar 4848 SW Humphrey Blvd. Portland, OR 97221	Self	10/20/97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney		Aggregate Year-to-Date > \$ 1,000.00

SUBTOTAL of Receipts This Page (optional)

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**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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**Contributions from Individuals/Persons Other Than Political Committees**

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NAME OF COMMITTEE (in Full)

Linda Peters for US Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert S. Sweeney, Jr. 2164 SW Park Place Portland, OR 97205	GSL Properties, Inc.	10/23/97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Property Management	Aggregate Year-to-Date > \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gary A. Lahaie 135 NE 3rd Ave. Hillsboro, OR 97124	Aussie Connection	10/28/97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Business owner	Aggregate Year-to-Date > \$ 1,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Greg H. Brown 28525 NW Fern Flat Rd. Cornelius, OR 97113	Pacific Service	10/28/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Sewage Consultant	Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Cliff Carleen 211 SW Wright Portland, OR 97201	Miller, Nash, et al	10/28/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steve Kenyon 900 SW 5th Ave., #2300 Portland, OR 97204	Stoel, Rives, et al	10/30/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bill Furman One Centerpointe Dr., #200 Lake Oswego, OR 97035	The Greenbrier Company	10/30/97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$ 1,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steven R. Schell 4341 SW Chesapeake Portland, OR 97201	Black Hellerline	10/30/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 500.00	

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

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**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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**Contributions from Individuals/Persons Other Than Political Committees**

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NAME OF COMMITTEE (in Full)

Linda Peters for US Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Philip A. Kalberer 1330 SW 3rd, No. P12 Portland, OR 97201	Kalberer Restaurant Supplies	10/30/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Owner	Aggregate Year-to-Date > \$ 500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Terrence P. Bean 1882 SW Hawthorne Ter. Portland, OR 97201	Terrence P. Bean, PC	10/30/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Planning Consultant	Aggregate Year-to-Date > \$ 500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John S. Phias 4202 SW Melville Ave. Portland, OR 97201	John Phias Co.	10/30/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Public Relations Consult.	Aggregate Year-to-Date > \$ 500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Brett B. Wilcox 2727 NW Westover Rd. Portland, OR 97210	Northwest Aluminum Co.	10/30/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Executive	Aggregate Year-to-Date > \$ 500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Daniel D. Heagerty 6836 SW Raleighwood Ln. Portland, OR 97225	Ch2M Hill	11/7/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Engineer	Aggregate Year-to-Date > \$ 250.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Teri K. Martin 17430 NW Bernard Pl. Beaverton, OR 97006	Self	11/19/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Consultant	Aggregate Year-to-Date > \$ 250.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Myron J. Fleck 3416 SW Brentwood Dr. Portland, OR 97201		11/19/97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired	Aggregate Year-to-Date > \$ 1,000.00	

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

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**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**Contributions from Individuals/Persons Other Than Political Committees**

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NAME OF COMMITTEE (in Full)  
Linda Peters for US Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wesley Jarrell 1920 NW 110th Ct. Portland, OR 97229	Oregon Graduate Institute	11/20/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Professor	Aggregate Year-to-Date > \$ 500.00	
B. Full Name, Mailing Address and ZIP Code Janice J. Wilson 1910 SW Broadway Dr. Portland, OR 97201	Wells Fargo Bank	11/20/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice-President	Aggregate Year-to-Date > \$ 500.00	
C. Full Name, Mailing Address and ZIP Code David A. Vasche 36130 NW Wren Rd. Cornelius, OR 97113	Self	11/25/97	225.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Farmer	Aggregate Year-to-Date > \$ 225.00	
D. Full Name, Mailing Address and ZIP Code E. Kay Stepp 3043 SW Bennington Dr. Portland, OR 97201	Kay Stepp & Assoc.	11/25/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Business Consultant	Aggregate Year-to-Date > \$ 500.00	
E. Full Name, Mailing Address and ZIP Code Richard L. Stride 16144 NW Dixie Mountain Rd. Hillsboro, OR 97124	Self	11/25/97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Farmer	Aggregate Year-to-Date > \$ 1,000.00	
F. Full Name, Mailing Address and ZIP Code Nawzad Othman PO Box 1623 Lake Oswego, OR 97035	OTAK	12/2/97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO	Aggregate Year-to-Date > \$ 1,000.00	
G. Full Name, Mailing Address and ZIP Code Eugene Zorbrugg 390 SE Washington St. Hillsboro, OR 97123	Self-employed	12/4/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Farmer	Aggregate Year-to-Date > \$ 500.00	

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**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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**Contributions from Individuals/Persons Other Than Political Committees**

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NAME OF COMMITTEE (in full)

Linda Peters for US Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Merry DeMarest 3621 NW Sylvan Dr. Corvallis, OR 97330		12/4/97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Activist</b>		Aggregate Year-to-Date > \$ 1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Harold DeMarest 3621 NW Sylvan Dr. Corvallis, OR 97330		12/4/97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Self-employed</b>		Aggregate Year-to-Date > \$ 1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John King 1919 NW Lovejoy Portland, OR	Legacy Health Center	12/9/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>President</b>		Aggregate Year-to-Date > \$ 250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stanley Jacob, MD Oregon Health Sciences University Portland, OR 97201	Oregon Health Sciences University	12/9/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Doctor</b>		Aggregate Year-to-Date > \$ 500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steven Walker 5246 NE Alameda Portland, OR 97213	HDR Engineering	12/9/97	400.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Manager</b>		Aggregate Year-to-Date > \$ 400.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gary Berne 7520 SW Montclair Dr. Portland, OR 97225	Stoll, Stoll, Berne, et al	12/9/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Lawyer</b>		Aggregate Year-to-Date > \$ 250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Christy Eugenia 4115 NE 19th Avenue Portland, OR 97211		12/11/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Homemaker</b>		Aggregate Year-to-Date > \$ 550.00

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**ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Linda Peters for US Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nancy Russell 4921 SW Hewett Blvd. Portland, OR 97221		12/11/97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Volunteer</b>	Aggregate Year-to-Date > \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code John McKesson Rt. 4, Box 113 Astoria, OR 97103		12/11/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Retired</b>	Aggregate Year-to-Date > \$ 750.00	
C. Full Name, Mailing Address and ZIP Code Victor Doherty 15770 SW Village Lane Beaverton, OR 97007		12/11/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Retired</b>	Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code Zimmer-Gunsul-Frasca Partnership 320 SW Oak Street, Suite 500 Portland, OR 97204		12/15/97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Partnership</b>	Aggregate Year-to-Date > \$ 1,000.00	
E. Full Name, Mailing Address and ZIP Code Robert Frasca 320 SW Oak St., Suite 500 Portland, OR 97204		12/15/97	333.34 MEMO
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Partner</b>	Aggregate Year-to-Date > \$ 333.34	
F. Full Name, Mailing Address and ZIP Code Robert Packard 320 SW Oak St., Suite 500 Portland, OR 97204		12/15/97	333.33 MEMO
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Executive</b>	Aggregate Year-to-Date > \$ 333.33	
G. Full Name, Mailing Address and ZIP Code Dan Huberty 320 SW Oak St., Suite 500 Portland, OR 97204		12/15/97	333.33 MEMO
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Executive</b>	Aggregate Year-to-Date > \$ 333.33	

SUBTOTAL of Receipts This Page (optional)

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SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 16 OF 22  
FOR LINE NUMBER 11(a)(i)

Contributions from Individuals/Persons Other Than Political Committees

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NAME OF COMMITTEE (In Full)

Linda Peters for US Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Linda K. Eyerman 3630 NE Merges Dr. Portland, OR 97212	Gaylord & Eyerman, PC Occupation: Lawyer	12/15/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Harold Pollin 8235 NE Airport Way Portland, OR 97220	Airport Sheraton Occupation: Business Owner	12/15/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 450.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Harold Schnitzer 1211 SW Salmon St. Portland, OR 97205	Harsch Investments Occupation: Business Owner	12/15/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Cassie Kottkamp 7225 NW Summit View Dr. Portland, OR 97229	Homemaker	12/16/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Philip Bogue 11519 SW Breyman Ave. Portland, OR 97219	Retired	12/16/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Leigh Dolin 3444 NE Alameda Portland, OR 97212	Health First Medical Group Occupation: Physician	12/16/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Julie O'Rourke 6330 Haverhill Ct. West Linn, OR 97068	Homemaker	12/16/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		

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

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 17 OF 22  
FOR LINE NUMBER 11(a)(i)

Contributions from Individuals/Persons Other Than Political Committees

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NAME OF COMMITTEE (In Full)

Linda Peters for US Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Anna Leah Geller 9139 SW Morrison St. Portland, OR 97225	Geller & Assoc.	12/16/97	400.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Nursing Consultant	Aggregate Year-to-Date > \$ 400.00	
B. Full Name, Mailing Address and ZIP Code Christine King 20700 NW Collins Rd. Hillsboro, OR 97124	Self	12/18/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Forester	Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code Rudy Kadlub 18335 SW river Edge Lane Lake Oswego, OR 97034	Self	12/18/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker	Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code Albert Soldheim 1231 NW Hoyt, Suite 201 Portland, OR 97209	Self	12/18/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Real Estate Developer	Aggregate Year-to-Date > \$ 500.00	
E. Full Name, Mailing Address and ZIP Code James Irvine 16550 SE 232nd Dr. Boring, OR 97009	Self	12/18/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Real Estate Developer	Aggregate Year-to-Date > \$ 250.00	
F. Full Name, Mailing Address and ZIP Code Frederick King 20700 NW Collins Rd. Hillsboro, OR 97124	Self	12/18/97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Tree Farmer	Aggregate Year-to-Date > \$ 1,000.00	
G. Full Name, Mailing Address and ZIP Code Phyllis Courney 1209 SW 6th Ave., #401 Portland, OR 97204	Self	12/18/97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$ 1,000.00	

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**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11(a)(i)

**Contributions from Individuals/Persons Other Than Political Committees**

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**NAME OF COMMITTEE (In Full)**

Linda Peters for US Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Brett Wilcox 2727 NW Westover Rd. Portland, OR 97210	Northwest Aluminum Co.	12/18/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Executive Aggregate Year-to-Date > \$ 1,000.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Paul Meyer 1325 SW Myrtle Dr. Portland, OR 97201		12/22/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Self-employed Aggregate Year-to-Date > \$ 250.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ruth Bowers 202 Bushnell San Antonio, TX 78212	Self	12/22/97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired Rancher Aggregate Year-to-Date > \$ 1,000.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Bruce Berger Box 482 Aspen, CO 81612	Self-employed	12/22/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Writer Aggregate Year-to-Date > \$ 500.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Charles Hinckle 900 SW 5th Ave. Portland, OR 97204	Stoel, Rives, et al	12/22/97	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney Aggregate Year-to-Date > \$ 300.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Carrine Oishi 3865 NW Gales Creek Rd. Forest Grove, OR 97116		12/23/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Homemaker Aggregate Year-to-Date > \$ 750.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Carol Lewis 2628 SW Vista Ave. Portland, OR 97201	Katherines Store	12/23/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Store Owner Aggregate Year-to-Date > \$ 500.00		

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**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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**Contributions from Individuals/Persons Other Than Political Committees**

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NAME OF COMMITTEE (In Full)

Linda Peters for US Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Benjamin Middleton PO Box 1004 Beaverton, OR 97075	Middleton & Co., CPA, PC Occupation: CPA	12/26/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Garry Bullard 1000 SW Broadway, Ste. 1900 Portland, OR 97205	Bullard, Korshay, Smirk & Jenn Occupation: Attorney	12/26/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 750.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sharon McFarland 2316 Oakhurst Lane Lake Oswego, OR 97034	Transitions for Health Occupation: CEO	12/26/97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Randall 6601 SW Pine St. Tigard, OR 97223	PSU Occupation: Advisor	12/26/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 800.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Henry Lord 313 Audubon Ct. New Haven, CT 06510	Graduate Student	12/26/97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ronald A. Buel 2817 NE 19th Portland, OR 97212	Retired	12/26/97	200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mary Nolan 910 SW Canning St. Portland, OR 97201	AvroTec, Inc. Occupation: Aviation	12/26/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		

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

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SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11(a)(i)

Contributions from Individuals/Persons Other Than Political Committees

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NAME OF COMMITTEE (in Full)

Linda Peters for US Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mark Gardiner 910 SW Canning St. Portland, OR 97201	Clancy, Gardiner & Pierce, LLC	12/26/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Finance Aggregate Year-to-Date > \$ 250.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Rudd 2023 NW Wheatfield Way Portland, OR 97229	Ferguson, Wellman, Rudd Purdy & Winkle, Inc.	12/29/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Investment Manager Aggregate Year-to-Date > \$ 500.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Debi Coleman 1414 SW 3rd Ave., Suite 2701 Portland, OR 97201	Metrix Corp.	12/29/97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CEO Aggregate Year-to-Date > \$ 1,000.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Margaret Johnson 1661 N. Jantzen Ave. Portland, OR 97217	Ogden, Beaman & Assoc.	12/29/97	300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Consultant/VP Aggregate Year-to-Date > \$ 300.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steven Goldfaden 28539 NW Fern Flat Rd. Cornelius, OR 97113	GTE	12/29/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Phone Tech. Aggregate Year-to-Date > \$ 500.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Julia Mark 1062 SW Douglas Place Portland, OR 97205	Self-employed	12/30/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Business Developer Aggregate Year-to-Date > \$ 500.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ray Steinfeld, Jr. 5756 SW Riverpoint Lane Portland, OR 97201	Steinfeld Pickles	12/30/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President Aggregate Year-to-Date > \$ 250.00		

SUBTOTAL of Receipts This Page (optional)

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SCHEDULE A

ITEMIZED RECEIPTS

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

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Contributions from Individuals/Persons Other Than Political Committees

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NAME OF COMMITTEE (in Full)

Linda Peters for US Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Tori Hudson 3722 NE 20th Ave. Portland, OR 97212	Self-employed Occupation: Naturopathic Physician	12/30/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Matt Chapman 615 SW Burlingame Terrace Portland, OR 97201	Pro-Services Occupation: CEO	12/31/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ramon Eduardo Ruiz PO Box 1775 Rancho Santa Fe, CA 92067	San Diego University Occupation: Professor	12/31/97	300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gayle Troutwine 1001 SW 5th Portland, OR 97204	Williams & Troutwine Occupation: Attorney	12/11/97	715.10 In-Kind (fund-raising lunch)
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 715.10		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Ball 1330 SW 3rd, Apt. 1111 Portland, OR 97201	Self Occupation: Consultant	12/31/97	200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 400.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William Blosser 831 NW 25th Ave. Portland, OR	CH2M Hill Occupation: Vice Pres.	12/9/97	150.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 400.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Frewing 7932 SE Reed College Place Portland, OR 97202	Retired	12/9/97	25.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 525.00		

SUBTOTAL of Receipts This Page (optional)

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SCHEDULE A

ITEMIZED RECEIPTS

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

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Contributions from Individuals/Persons Other Than Political Committees

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NAME OF COMMITTEE (in Full)

Linda Peters for US Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William McAllister 2527 NE 17th Ave. Portland, OR 97212	Steel, Rives	12/23/97	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

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75,928.23



**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11(c)

**Contributions from Other Political Committees**

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**NAME OF COMMITTEE (In Full)**

Linda Peters for US Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Parsons Brinckerhoff, Inc., PAC One Penn Plz. New York, NY 10119		11/25/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
I.B.E.W. - C.O.P.E. 1125 - 15th Street, NW Washington, DC 20005		12/2/97	5,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 5,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LTK Political Action Committee Two Valley Square, Suite 300 Blue Bell, PA 19422		12/9/97	200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 200.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
IBPAT Political Action Together 1750 New York Avenue, NW Washington, DC 20006		12/23/97	5,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 5,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Active Ballot Club General Fund United Food and Commercial Workers 1775 K Street, NW Washington, DC 20006		12/26/97	2,500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2,500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Coopers & Lybrand Political Action Committee 1900 K Street, NW Washington, DC 20006		12/26/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Emily's List 805 15th Street, NW, Suite 400 Washington, DC 20005		11/1/97	491.31
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 491.31	In-Kind (accom. & meals at training seminar)

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

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

13,941.31

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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**Operating Expenditures**

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NAME OF COMMITTEE (in Full)

Linda Peter for US Congress

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Phyllis Oster 2630 SW Nevada Portland, OR 97219	Consulting Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/1/97	2,875.50
Wells Fargo Bank PO Box 3908 Portland, OR 97208	Bank charges Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/1/97	10.96
Norwest Mortgage 15455 NW Greenbrier Beaverton, OR 97005	Credit report Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/3/97	20.00
AT & T Box 3611-Customer Care Bothell, WA 98041	Phone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/3/97	9.97
State Elections Division Room 141, State Capitol Building Salem, OR 97310	Copies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/3/97	69.00
Wells Fargo Bank PO Box 3908 Portland, OR 97208	Bank charges Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/3/97	15.05
Edmund Keene 920 SW 13th Avenue Portland, OR 97205	Photos Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/3/97	185.00
Journey Travel 1823 NW 23rd Portland, OR 97210	Travel expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/18/97	447.52
C & E Systems 921 SW Washington St., Ste. 470 Portland, OR 97205	Phone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/18/97	406.66

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

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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**Operating Expenditures**

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NAME OF COMMITTEE (In Full)

Linda Peter for US Congress

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AT & T Box 3611-Customer Care Bothell, WA 98041	Phone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/18/97	166.90
B. Full Name, Mailing Address and ZIP Code Phyllis Oster 2630 SW Nevada Portland, OR 97219	Purpose of Disbursement Consulting Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/22/97	Amount of Each Disbursement This Period 500.00
C. Full Name, Mailing Address and ZIP Code Phyllis Oster 2630 SW Nevada Portland, OR 97219	Purpose of Disbursement Office Supplies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/22/97	Amount of Each Disbursement This Period 40.00
D. Full Name, Mailing Address and ZIP Code Charlotte Comitio 2815 SW Montgomery Portland, OR 97201	Purpose of Disbursement Consulting Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/22/97	Amount of Each Disbursement This Period 500.00
E. Full Name, Mailing Address and ZIP Code Postmaster Holladay Park 815 NE Schuyler Portland, OR 97212	Purpose of Disbursement Postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/13/97	Amount of Each Disbursement This Period 65.25
F. Full Name, Mailing Address and ZIP Code Clatsop County Democratic Central Committee Rt. 4, Box 113 Astoria, OR 97103	Purpose of Disbursement Dinner Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/23/97	Amount of Each Disbursement This Period 20.00
G. Full Name, Mailing Address and ZIP Code Phyllis Oster 2630 SW Nevada Portland, OR 97219	Purpose of Disbursement Consulting Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/1/97	Amount of Each Disbursement This Period 500.00
H. Full Name, Mailing Address and ZIP Code Office Depot 323 MLK Blvd. Portland, OR 97214	Purpose of Disbursement Office Supplies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/2/97	Amount of Each Disbursement This Period 19.45
I. Full Name, Mailing Address and ZIP Code Charlotte Comitio 2815 SW Montgomery Portland, OR 97201	Purpose of Disbursement Consulting Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/1/97	Amount of Each Disbursement This Period 500.00

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

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**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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**Operating Expenditures**

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NAME OF COMMITTEE (In Full)

Linda Peter for US Congress

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Carol Kelsey 1903 NE 13th Portland, OR 97212	Consulting Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/2/97	550.00
B. Full Name, Mailing Address and ZIP Code US Postal Service Main Office Station 715 NW Hoyt St. Portland, OR 97209	Postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/4/97	96.00
C. Full Name, Mailing Address and ZIP Code AT & T Box 3611-Customer Care Bothell, WA 98401	Phone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/5/97	36.59
D. Full Name, Mailing Address and ZIP Code State Elections Division Room 141, State Capitol Building Salem, OR 97310	Copy fees Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/5/97	69.00
E. Full Name, Mailing Address and ZIP Code Labor Press PO Box 13150 Portland, OR 97213	Subscription Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/5/97	11.50
F. Full Name, Mailing Address and ZIP Code C & B Systems 920 SW Washington Ave. Portland, OR 97205	Phone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/5/97	120.96
G. Full Name, Mailing Address and ZIP Code Pronto Box 4187 Portland, OR 97208	Messenger service Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/5/97	16.50
H. Full Name, Mailing Address and ZIP Code Wells Fargo Bank PO Box 3908 Portland, OR 97208	Bank charges Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/5/97	27.01
I. Full Name, Mailing Address and ZIP Code Office Depot 323 MLK Blvd. Portland, OR 97214	Office supplies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/7/97	34.99

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

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**Operating Expenditures**

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NAME OF COMMITTEE (in Full)

Linda Peter for US Congress

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Office Depot 323 MLK Blvd. Portland, OR 97214	Office supplies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/11/97	32.47
Office Depot 323 MLK Blvd. Portland, OR 97214	Supplies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/16/97	19.98
Kinko's 1605 NE 7th St. Portland, OR 97232	Printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/16/97	9.63
US Postmaster Holladay Park 815 NE Schuyler Portland, OR 97212	Postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/17/97	256.00
Office Depot 323 MLK Blvd. Portland, OR 97214	Supplies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/17/97	7.00
Beaverton Chamber of Commerce 4300 SW Griffin Rd. Beaverton, OR 97005	Directory Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/17/97	5.00
Nancy Roche 1795 NW 143rd, #8 Portland, OR 97229	Computer service Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/17/97	36.00
Lazerquick 16155 NW Cornell Rd. Beaverton, OR 97006	Copies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/17/97	44.85
Office Depot 323 MLK Blvd. Portland, OR 97214	Supplies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/23/97	23.97

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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Operating Expenditures

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NAME OF COMMITTEE (In Full)

Linda Peter for US Congress

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
American Horizons 1517 NE Broadway St. Portland, OR 97232	Copier cleaning Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/24/97	67.00
B. Full Name, Mailing Address and ZIP Code Lara Smith 1201 SW 12th Ave., #200 Portland, OR 97205	Consulting Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/25/97	1,025.00
C. Full Name, Mailing Address and ZIP Code US Postmaster Holladay Park 815 NE Schuyler St. Portland, OR 97212	Postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/25/97	128.00
D. Full Name, Mailing Address and ZIP Code Office Depot 323 NE MLK Blvd. Portland, OR 97214	Supplies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/27/97	20.98
E. Full Name, Mailing Address and ZIP Code Fred Meyer 3030 NE Weidler Portland, OR 97232	Photo finishing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/27/97	18.78
F. Full Name, Mailing Address and ZIP Code Carol Kelsey 1903 NE 13th Portland, OR 97212	Consulting Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/30/97	1,500.00
G. Full Name, Mailing Address and ZIP Code Lara Smith 1201 SW 12th Ave., #200 Portland, OR 97205	Dinner expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/30/97	87.99
H. Full Name, Mailing Address and ZIP Code US West Communications PO Box 12480 Seattle, WA 98111	Campaign phone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/2/97	200.00
I. Full Name, Mailing Address and ZIP Code Postmaster Boyt St. Main Office Portland, OR 97209	Postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/2/97	128.00

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

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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**Operating Expenditures**

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NAME OF COMMITTEE (in Full)

Linda Peter for US Congress

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Office Depot 323 NE MLK Blvd. Portland, OR 97212	Supplies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/2/97	18.98
B. Full Name, Mailing Address and ZIP Code Kinko's 1605 NE 7th Portland, OR 97232	Copies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/2/97	19.42
C. Full Name, Mailing Address and ZIP Code Right to Privacy 921 SW Morrison, #546 Portland, OR 97205	Dinner ticket Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/5/97	125.00
D. Full Name, Mailing Address and ZIP Code Office Depot 323 NE MLK Blvd. Portland, OR 97214	Supplies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/9/97	26.96
E. Full Name, Mailing Address and ZIP Code Kinko's 1605 NE 7th Portland, OR 97232	Copies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/9/97	16.02
F. Full Name, Mailing Address and ZIP Code Scribner Services 4208 NE Couch Portland, OR 97213	Computer work Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/10/97	50.00
G. Full Name, Mailing Address and ZIP Code Kinko's 1605 NE 7th Portland, OR 97232	Copies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/10/97	20.19
H. Full Name, Mailing Address and ZIP Code Postmaster 815 NE Schuyler Portland, OR 97212	Postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/10/97	96.00
I. Full Name, Mailing Address and ZIP Code Citibank Advantage PO Box 6705 Sioux Falls, SD 57185	Travel expenses Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/11/97	424.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**Operating Expenditures**

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NAME OF COMMITTEE (In Full)

Linda Peter for US Congress

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Red Lion Inn 400 Industry St. Astoria, OR 97103	Travel expenses Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/13/97	91.31
B. Full Name, Mailing Address and ZIP Code American Horizon 1517 NE Broadway Portland, OR 97232	Zerex maintenance Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/14/97	99.95
C. Full Name, Mailing Address and ZIP Code Franklin Covey Co. 11639 SW Bvtn-Hlsd1 Beaverton, OR 97005	Inserts for planner Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/14/97	30.30
D. Full Name, Mailing Address and ZIP Code Lara Smith 1201 SW 12th, #200 Portland, OR 97205	Consulting Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/15/97	500.00
E. Full Name, Mailing Address and ZIP Code Postmaster Main Office Station 715 NW Hoyt St. Portland, OR 97209	Postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/97	35.55
F. Full Name, Mailing Address and ZIP Code Ron Paul 441 NE Broadway Portland, OR 97232	Reimburse printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19/97	175.00
G. Full Name, Mailing Address and ZIP Code Deidre DeMerrot 526 NW 21st, #4 Portland, OR 97215	Office supplies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/20/97	28.26
H. Full Name, Mailing Address and ZIP Code AT & T Wireless Box 3611 Bothell, WA 98041	Cell phone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/20/97	200.00
I. Full Name, Mailing Address and ZIP Code Pronto Box 4187 Portland, OR 97208	Delivery Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/20/97	5.00

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

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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Operating Expenditures

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NAME OF COMMITTEE (in Full)

Linda Peter for US Congress

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kinko's 1605 NE 7th St. Portland, OR 97232	Copies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/21/97	4.60
Kinko's 1605 NE 7th St. Portland, OR 97232	Printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/22/97	4.20
Oregon Human Development Corp. 9620 SW Barbur Blvd. Portland, OR 97215	Dinner tickets Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/24/97	70.00
US Postmaster Main Office Station 715 NW Hoyt St. Portland, OR 97209	Postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/27/97	64.00
Hispanic Meho Chamber of Commerce PO Box 1346 Portland, OR 97202	Luncheon Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/27/97	34.00
Arvey's PO Box 18453 Chicago, IL 60618	Office supplies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/30/97	14.00
Kinko's 1605 NE 7th Street Portland, OR 97232	Copies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/30/97	34.65
Emily's List 805 15th Street, NW, Suite 400 Washington, DC 20005	Accommodation & meals at training seminar Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/1/97	491.31 (In-kind received)
Cera J. Barr 1023 23rd St. South Arlington, VA 22202	Lodging in DC Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/5/97	135.00

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**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**Operating Expenditures**

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NAME OF COMMITTEE (in Full)

Linda Peter for US Congress

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kinko's 1605 NE 7th Street Portland, OR 97232	Copies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/6/97	11.30
B. Full Name, Mailing Address and ZIP Code Carol Kelsey 1903 NE 13th Portland, OR 97212	Consulting Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/6/97	1,550.00
C. Full Name, Mailing Address and ZIP Code Democratic Party of Oregon 711 SW Alder, #306 Portland, OR 97205	Dinner tickets Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/7/97	150.00
D. Full Name, Mailing Address and ZIP Code AT & T Wireless Box 3611 Bothell, WA 98041	Cell phone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/10/97	159.18
E. Full Name, Mailing Address and ZIP Code Air Touch PO Box 96081 Bellevue, WA 98009	Cell phone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/10/97	43.41
F. Full Name, Mailing Address and ZIP Code Pronto Box 4187 Portland, OR 97208	Delivery Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/10/97	52.50
G. Full Name, Mailing Address and ZIP Code PIP Printing 424 NE Broadway Portland, OR 97232	Printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/11/97	59.00
H. Full Name, Mailing Address and ZIP Code Arvey's PO Box 18453 Chicago, IL 60618	Office supplies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/11/97	31.00
I. Full Name, Mailing Address and ZIP Code Kinko's 1605 NE 7th Street Portland, OR 97232	Copies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/11/97	37.10

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

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 10 OF 13  
FOR LINE NUMBER 17

**Operating Expenditures**

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NAME OF COMMITTEE (In Full)

Linda Peter for US Congress

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
US West PO Box 12480 Seattle, WA 98111	Phone deposit Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/10/97	200.00
US West PO Box 12480 Seattle, WA 98111	Phone setup Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/10/97	35.00
Arvey's PO Box 18453 Chicago, IL 60618	Office supplies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/2/97	45.88
Kinko's 1605 NE 7th St. Portland, OR 97232	Copies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/12/97	37.14
Kinko's 1605 NE 7th St. Portland, OR 97232	Copies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/12/97	20.50
Kinko's 1605 NE 7th St. Portland, OR 97232	Copies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/12/97	26.50
US Postmaster Holladay Park 815 NE Schuyler St. Portland, OR 97212	Postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/14/97	32.00
Linda Murphy 120 NW Trinity Place, #102 Portland, OR 97209	Consulting Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/14/97	3,000.00
US West PO Box 12480 Seattle, WA 98111	Phone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/16/97	242.49

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

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 11 OF 13  
FOR LINE NUMBER 17

**Operating Expenditures**

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NAME OF COMMITTEE (in Full)

Linda Peter for US Congress

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mileage Plus Po Box 5930 Carol Stream, IL 60197	Delivery charges Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/16/97	38.00
B. Full Name, Mailing Address and ZIP Code US Postmaster Holladay Park 815 NE Schuyler St. Portland, OR 97212	Postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/20/97	64.00
C. Full Name, Mailing Address and ZIP Code Linda Murphy 120 NW Trinity Place, #102 Portland, OR 97209	Consulting Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/22/97	1,374.20
D. Full Name, Mailing Address and ZIP Code US Postmaster Main Office Station 715 NW Hoyt St. Portland, OR 97209	Postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/26/97	160.00
E. Full Name, Mailing Address and ZIP Code Office Depot 323 MLK Blvd. Portland, OR 97214	Office supplies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/26/97	119.98
F. Full Name, Mailing Address and ZIP Code US Postmaster Main Office Station 715 NW Hoyt St. Portland, OR 97209	Postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/2/97	320.00
G. Full Name, Mailing Address and ZIP Code Office Depot 323 MLK Blvd. Portland, OR 97214	Office supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/2/97	30.49
H. Full Name, Mailing Address and ZIP Code Wells Fargo Bank PO Box 3908 Portland, OR 97208	Bank charges Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/3/97	34.50
I. Full Name, Mailing Address and ZIP Code Safeway 1121 NE Broadway Portland, OR 97212	Supplies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/5/97	48.89

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

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE **12** OF **13**  
FOR LINE NUMBER **17**

**Operating Expenditures**

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NAME OF COMMITTEE (In Full)

Linda Peter for US Congress

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
McCormick & Schmick's 013 SW Montgomery Dr. Portland, OR 97201	Fundraising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/8/97	95.00
B. Full Name, Mailing Address and ZIP Code Wells Fargo Bank PO Box 3908 Portland, OR 97208	Bank charge Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/9/97	3.00
C. Full Name, Mailing Address and ZIP Code Arvey's PO Box 18453 Chicago, IL 60618	Supplies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/11/97	21.48
D. Full Name, Mailing Address and ZIP Code Linda Murphy 120 NW Trinity Place, #102 Portland, OR 97209	Consulting Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/12/97	2,409.91
E. Full Name, Mailing Address and ZIP Code Elks club 3717 NE Columbia Blvd. Portland, OR 97213	1st Congressional Meeting Lunch Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/14/97	16.00
F. Full Name, Mailing Address and ZIP Code US West box 12480 Seattle, WA 98111	Phone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/14/97	210.48
G. Full Name, Mailing Address and ZIP Code US West Box 12480 Seattle, WA 98111	Phone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/14/97	152.58
H. Full Name, Mailing Address and ZIP Code Gayle Troutwine 1001 SW 5th Avenue Portland, OR 97204	Fundraising Lunch Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/11/97	715.10 (In-kind received)
I. Full Name, Mailing Address and ZIP Code Linda Peters 120 NW Trinity Place, #102 Portland, OR 97209	Dinner, Travel expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/29/97	90.48

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

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 13 OF 13  
FOR LINE NUMBER 17

**Operating Expenditures**

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NAME OF COMMITTEE (In Full)

Linda Peter for US Congress

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Phone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
AT & T Box 3611 Bothell, WA 98041	Phone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/15/97	100.58
B. Full Name, Mailing Address and ZIP Code US West Box 12480 Seattle, WA 98111	Purpose of Disbursement Phone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 12/15/97	Amount of Each Disbursement This Period 50.28
C. Full Name, Mailing Address and ZIP Code Air Touch Cellular PO box 96081 Bellevue, WA 98009	Purpose of Disbursement Phone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 12/15/97	Amount of Each Disbursement This Period 100.00
D. Full Name, Mailing Address and ZIP Code Oregon State Elections Room 141, State Capitol Building Salem, OR 97310	Purpose of Disbursement Copies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 12/15/97	Amount of Each Disbursement This Period 99.25
E. Full Name, Mailing Address and ZIP Code Kinko's 1605 NE 7th St. Portland, OR 97232	Purpose of Disbursement Copies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 12/15/97	Amount of Each Disbursement This Period 10.22
F. Full Name, Mailing Address and ZIP Code US Postmaster Hoyt Street Station Portland, OR 97208	Purpose of Disbursement Postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 12/15/97	Amount of Each Disbursement This Period 96.00
G. Full Name, Mailing Address and ZIP Code Carol Kelsey 1903 NE 13th Portland, OR 97212	Purpose of Disbursement Travel, office supplies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/6/97	Amount of Each Disbursement This Period 298.27
H. Full Name, Mailing Address and ZIP Code Kinko's 1605 NE 7th Street Portland, OR 97232	Purpose of Disbursement Copies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 12/10/97	Amount of Each Disbursement This Period 7.84
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

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

26,137.69

**SCHEDULE B ITEMIZED DISBURSEMENTS**  
**Refunds of Contributions to Individuals/Persons Other Than Political Committees**

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

PAGE 1 OF 1  
 FOR LINE NUMBER 20(a)

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NAME OF COMMITTEE (in Full)

Linda Peter for US Congress

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Terrence P. Bean, PC 1882 SW Hawthorne Terrace Portland, OR 97201	Refund of contribution inadvertently paid on PC account Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/25/97	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

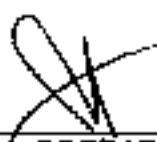
TOTAL This Period (last page this line number only) .....

500.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 11/30/98
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 PREPARER	2/5/98 DATE PREPARED