

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee  
(Summary Page)

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C00308338 060297  
DAVID HARTMAN NAEMURA  
MOLLY BORDNARD FOR CONGRESS  
8835 SW CANYON LANE SUITE 233  
PORTLAND OR 97225

Aug 4 11 23 AM '96

2. FEC IDENTIFICATION NUMBER  
**C00308338**  
3. IS THIS REPORT AN AMENDMENT?  
 YES  NO

### 4. TYPE OF REPORT

- April 15 Quarterly Report  12-Day Pre-Election Report for the \_\_\_\_\_ (Type of Election) election on \_\_\_\_\_ in the State of \_\_\_\_\_
- July 15 Quarterly Report  30-Day Post-Election Report for the \_\_\_\_\_ (Type of Election) election on \_\_\_\_\_ in the State of \_\_\_\_\_
- October 15 Quarterly Report  Termination Report
- 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	COLUMN A This Period	COLUMN B Calendar Year-to-Date
1/1/97 through _____		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	1,642.42	1,642.42
(b) Total Contribution Refunds (from Line 20(d))	-	-
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	1,642.42	1,642.42
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	719.30	719.30
(b) Total Offsets to Operating Expenditures (from Line 14)	-	-
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	719.30	719.30
8. Cash on Hand at Close of Reporting Period (from Line 27)	1353.29	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20468 Toll Free 800-424-9530 Local 202-218-3420
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	-	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	18,576.50	

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  
**DAVID H. NAEMURA**

Signature of Treasurer  Date **7/31/97**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 8437g.

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# DETAILED SUMMARY PAGE

## of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (in full)	Report Covering the Period:	
<b>MOLLY BORDONARO FOR CONGRESS</b>	From <b>1/1/97</b>	To <b>6/30/97</b>
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) -----	1000	
(ii) Unitemized -----	-	
(iii) Total of contributions from individuals -----	1000	1000
(b) Political Party Committees -----	-	-
(c) Other Political Committees (such as PACs) -----	-	-
(d) The Candidate -----	642.42	642.42
(e) <b>TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d)) -----</b>	<b>1,642.42</b>	<b>1,642.42</b>
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES -----</b>	-	-
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate -----	-	-
(b) All Other Loans -----	-	-
(c) <b>TOTAL LOANS (add 13(a) and (b)) -----</b>	-	-
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) -----</b>	-	-
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) -----</b>	-	-
<b>16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) -----</b>	<b>1,642.42</b>	<b>1,642.42</b>
II. DISBURSEMENTS		
<b>17. OPERATING EXPENDITURES -----</b>	<b>719.30</b>	<b>719.30</b>
<b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES -----</b>	-	-
<b>19. LOAN REPAYMENTS:</b>		
(a) Of Loans Made or Guaranteed by the Candidate -----	-	-
(b) Of All Other Loans -----	-	-
(c) <b>TOTAL LOAN REPAYMENTS (add 19(a) and (b)) -----</b>	-	-
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>		
(a) Individuals/Persons Other Than Political Committees -----	-	-
(b) Political Party Committees -----	-	-
(c) Other Political Committees (such as PACs) -----	-	-
(d) <b>TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c)) -----</b>	-	-
<b>21. OTHER DISBURSEMENTS -----</b>	-	-
<b>22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21) -----</b>	<b>719.30</b>	<b>719.30</b>

### III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD -----	\$	430.17	
24. TOTAL RECEIPTS THIS PERIOD (from Line 16) -----	\$	1642.42	
25. SUBTOTAL (add Line 23 and Line 24) -----	\$	2072.59	
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) -----	\$	719.30	
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) -----	\$	1353.29	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1  
FOR LINE NUMBER

11(a)(i)

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

NAME OF COMMITTEE (in Full)

MOLLY BORDOWARD FOR CONGRESS 1998

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MRS. WILLIAM SWIBELLS, JR. 1100 SW MYRTLE DRIVE PORTLAND, OR 97201	WILLAMETTE INDUSTRIES, INC.	5/14/97	\$1000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): (DEBT RETIREMENT)	Occupation: Chairman Aggregate Year-to-Date > \$1000		
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 > \$		

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

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

\$1000

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1  
FOR LINE NUMBER 11 (A)

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NAME OF COMMITTEE (in Full)

MOLLY BORDONARO FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MOLLY BORDONARO 9222 SW MIDEA CT PORTLAND, OR 97225	THE BORDONARO GROUP	1/15/97 4/8/97	\$197.67 \$444.75
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRINCIPAL		in-kind interest on campaign loan
	Aggregate Year-to-Date > \$ 642.42		
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 > \$		

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

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

-----  
\$ 642.42

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1  
FOR LINE NUMBER 17

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)

MOLLY BORDENARO FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Campaign Loan Interest Payment	Date (month, day, year)	Amount of Each Disbursement This Period
MOLLY BORDENARO 7222 SW MIOBACT PORTLAND, OR 97225	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/15/17 4/18/17	\$197.67 3444.75
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)

\$642.42

LOANS

Name of Committee (in Full) <b>MOLLY BORDONARO FOR CONGRESS</b>			
A. Full Name, Mailing Address and ZIP Code of Loan Source <b>CENTENNIAL BANK LOAN SERVICES - 4th Floor 675 OAK STREET EUGENE, OR 97440</b>	Original Amount of Loan <b>\$18,500</b>	Cumulative Payment To Date <b>\$393</b> <i>(Previous Reporting)</i>	Balance Outstanding at Close of This Period <b>\$18,107</b>
Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms:    Date Incurred <b>11-18-96</b> Date Due <b>12-1-97</b> Interest Rate <b>12.92%</b> (apr) <input checked="" type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code <b>MOLLY BORDONARO 9222 SW MIDEA CT PORTLAND, OR 97225</b>	Name of Employer <b>THE BORDONARO GROUP</b>	Amount Guaranteed Outstanding: <b>\$18,107</b>	
	Occupation <b>PRINCIPAL</b>		
	Name of Employer		
2. Full Name, Mailing Address and ZIP Code	Name of Employer	Amount Guaranteed Outstanding: \$	
	Occupation		
	Name of Employer		
3. Full Name, Mailing Address and ZIP Code	Name of Employer	Amount Guaranteed Outstanding: \$	
	Occupation		
	Name of Employer		
B. Full Name, Mailing Address and ZIP Code of Loan Source			
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms:    Date Incurred _____    Date Due _____    Interest Rate _____ % (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer	Amount Guaranteed Outstanding: \$	
	Occupation		
	Name of Employer		
2. Full Name, Mailing Address and ZIP Code	Name of Employer	Amount Guaranteed Outstanding: \$	
	Occupation		
	Name of Employer		
3. Full Name, Mailing Address and ZIP Code	Name of Employer	Amount Guaranteed Outstanding: \$	
	Occupation		
	Name of Employer		
SUBTOTALS This Period This Page (optional) .....			_____
TOTALS This Period (last page in this line only) .....			<b>\$18,107</b>

Carry overstatement balance only to LINE A, Schedule D for this line. If no Schedule D, carry forward to appropriate line of Summary.

DEBTS AND OBLIGATIONS  
Excluding Loans

Name of Committee (In Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
MOLLY BORDONARO FOR CONGRESS A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor NEW Printing Co 825 SE Hawthorne PORTLAND, OR 97214	\$469.50	0	0	\$469.50
Nature of Debt (Purpose): Invitation Printing				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				—
2) TOTALS This Period (last page in this line only)				\$469.50
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				—
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				\$469.50

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 7/31/97
<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

JLW  
PREPARER

8/4/97  
DATE PREPARED