

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
CORNILLES FOR CONGRESS

ADDRESS (number and street) PO BOX 2272
 Check if different than previously reported. (ACC)
TUALATIN OR 97062

2. **FEC IDENTIFICATION NUMBER** C00464107
CITY **STATE** **ZIP CODE** **STATE** **DISTRICT**
3. IS THIS REPORT NEW (N) OR AMENDED (A) OR 01

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

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

5. Covering Period 04 29 2010 through 06 30 2010

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 Cabell Hobbs

Signature of Treasurer Electronically Filed by Cabell Hobbs Date 09 28 2010

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

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

CORNILLES FOR CONGRESS

Report Covering the Period:

From:

M	M
0	4

D	D
2	9

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<hr/>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	202159.60	606624.98
(b) Total Contribution Refunds (from Line 20(d)).....	100.00	2925.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	202059.60	603699.98
<hr/>		
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	145572.78	347719.13
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	145572.78	347719.13
<hr/>		
8. Cash on Hand at Close of Reporting Period (from Line 27).....	256426.30	
<hr/>		
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
<hr/>		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

Federal Election Commission
 999 E Street, NW
 Washington, DC 20463
 Toll Free 800-424-9530
 Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name
CORNILLES FOR CONGRESS

Report Covering the Period: From:

M	M
0	4

D	D
2	9

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees	172954.10	524108.39
(i) Itemized (use Schedule A).....	11305.50	61516.59
(ii) Unitemized.....	184259.60	585624.98
(iii) TOTAL of contributions from individuals..... ▶	0.00	0.00
(b) Political Party Committees.....	17900.00	21000.00
(c) Other Political Committees (such as PACS).....	0.00	0.00
(d) The Candidate.....	202159.60	606624.98
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))		
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....		
	0.00	0.00
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....		
	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	345.45	445.45
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶		
	202505.05	607070.43

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	145572.78	347719.13
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	100.00	2925.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	100.00	2925.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	145672.78	350644.13

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	199594.03
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	202505.05
25. SUBTOTAL (add Line 23 and Line 24).....	402099.08
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	145672.78
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	256426.30

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

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

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)
CORNILLES FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) ALLEN H ALLEY		Date of Receipt
	Mailing Address 1003 TERRACE DR		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 30 / 2010
	City	State	Zip Code
	LAKE OSWEGO	OR	97034
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7211
Name of Employer SELF		Occupation INVESTOR	Amount of Each Receipt this Period 500.00
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	CONTRIBUTION

B.	Full Name (Last, First, Middle Initial) RANDALL ANDERSON		Date of Receipt
	Mailing Address 871 W. ROBINSON DR		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 25 / 2010
	City	State	Zip Code
	NORTH SALT LAKE	UT	84054
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7208
Name of Employer ADVANCED FIBER OPTICS, INC.		Occupation ENGINEER	Amount of Each Receipt this Period 500.00
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	CONTRIBUTION

C.	Full Name (Last, First, Middle Initial) VICTOR ATIYEH		Date of Receipt
	Mailing Address 7690 SW FAIRMOOR ST		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 16 / 2010
	City	State	Zip Code
	PORTLAND	OR	97225
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7346
Name of Employer N/A		Occupation RETIRED	Amount of Each Receipt this Period 1000.00
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 6 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BETTY ATTEBERRY

Mailing Address 3720 NW BRONSON CREST LP

City State Zip Code
PORTLAND OR 97229

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.7133

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
STEPHEN E. BABSON

Mailing Address 12045 SW BREYMAN AVE

City State Zip Code
PORTLAND OR 97219

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

Name of Employer ENDEAVOUR CAPITAL Occupation PRINCIPAL

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4400.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.7279

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
BRUCE BASS

Mailing Address 21914 SW MANDAN CT

City State Zip Code
TUALATIN OR 97045

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 275.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.6992

Amount of Each Receipt this Period
75.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **2325.00**

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

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

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

FOR LINE NUMBER: PAGE 7 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
KARLA S. BATEMAN

Mailing Address 17875 SW 114TH AVE

City State Zip Code
TUALATIN OR 97062

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

Name of Employer Occupation
BATEMAN LARKIN, CPSS, PC CPA

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
06 / 02 / 2010

Transaction ID: SA11AI.7162

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
RUTH BENDL

Mailing Address 10980 SW MUIRWOOD DRIVE

City State Zip Code
PORTLAND OR 97225

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

Name of Employer Occupation
N/A RETIRED

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
06 / 28 / 2010

Transaction ID: SA11AI.7153

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MIRIAM F BITTE

Mailing Address 7173 SW BARBARA LN

City State Zip Code
TIGARD OR 97223

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

Name of Employer Occupation
N/A RETIRED

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
05 / 11 / 2010

Transaction ID: SA11AI.7118

Amount of Each Receipt this Period
200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ **700.00**

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

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

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

FOR LINE NUMBER: PAGE 8 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MARY BOYLE

Mailing Address PO BOX 8307

City PORTLAND State OR Zip Code 97207

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

Name of Employer N/A Occupation HOMEMAKER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: SA11AI.7387
 Amount of Each Receipt this Period: 2400.00
 Reattribute: CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
TIMOTHY P BOYLE

Mailing Address PO BOX 8307

City PORTLAND State OR Zip Code 97207

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

Name of Employer COLUMBIA SPORTSWEAR Occupation CEO

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4800.00

Date of Receipt: 06 / 29 / 2010
Transaction ID: SA11AI.7339
 Amount of Each Receipt this Period: 4800.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
TIMOTHY P BOYLE

Mailing Address PO BOX 8307

City PORTLAND State OR Zip Code 97207

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

Name of Employer COLUMBIA SPORTSWEAR Occupation CEO

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: SA11AI.7388
 Amount of Each Receipt this Period: -2400.00
 Reattribute: TO SPOUSE

SUBTOTAL of Receipts This Page (optional) ► 4800.00

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

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

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

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) WILLIAMSON BRIAN		Date of Receipt
	Mailing Address 19535 SW 129TH AVE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 30 / 2010
	City	State	Zip Code
	TUALATIN	OR	97062
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7326
Name of Employer ASCENTEC ENGINEERING LLC		Occupation BUSINESS OWNER	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 2400.00
			CONTRIBUTION

B.	Full Name (Last, First, Middle Initial) JOHN D BRYAN		Date of Receipt
	Mailing Address PO BOX 1929		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 04 / 2010
	City	State	Zip Code
	LAKE OSWEGO	OR	97035
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7179
Name of Employer N/A		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 500.00
			CONTRIBUTION

C.	Full Name (Last, First, Middle Initial) KNUTE BUEHLER		Date of Receipt
	Mailing Address 1122 FOXWOOD PLACE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 10 / 2010
	City	State	Zip Code
	BEND	OR	97701
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7248
Name of Employer THE CENTER		Occupation ORTHOPEDIC SURGEON	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 1000.00
			CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 3900.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
RAYMOND CAREW

Mailing Address 100 HILTON AVE
#802

City State Zip Code
GARDEN CITY NY 11530

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

Name of Employer Occupation
GDC CONSULTANTS COMMERCIAL REAL ESTATE CONSULTANT

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	1	/	2	0	1	0

Transaction ID: SA11AI.7282

Amount of Each Receipt this Period
2400.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
RAYMOND CAREW

Mailing Address 100 HILTON AVE
#802

City State Zip Code
GARDEN CITY NY 11530

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

Name of Employer Occupation
GDC CONSULTANTS COMMERCIAL REAL ESTATE CONSULTANT

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	5	/	2	0	1	0

Transaction ID: SA11AI.7304

Amount of Each Receipt this Period
2400.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ALEXANDRA CARNEY

Mailing Address 15825 NE ELIERS RD

City State Zip Code
AURORA OR 97002

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

Name of Employer Occupation
TULANE AUTOBODY OWNER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	0	/	2	0	1	0

Transaction ID: SA11AI.7214

Amount of Each Receipt this Period
800.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **5600.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
OLOF BRUCE CARPENTER

Mailing Address 30703 SW PEACH COVE RD

City State Zip Code
WEST LINN OR 97068

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

Name of Employer Occupation
PGE MANAGER

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 04 / 2010

Transaction ID: SA11AI.7142

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
SHERRY K. CHEW

Mailing Address 7355 SW LARA ST

City State Zip Code
Portland OR 97223

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

Name of Employer Occupation
N/A RETIRED

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 29 / 2010

Transaction ID: SA11AI.7324

Amount of Each Receipt this Period
2400.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
GLEN A CLEMANS

Mailing Address 5 CENTERPOINTE DR
STE 270

City State Zip Code
LAKE OSWEGO OR 97035

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

Name of Employer Occupation
CBG FINANCIAL FINANCIAL ADVISOR

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 22 / 2010

Transaction ID: SA11AI.7228

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **3650.00**

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

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

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

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) GLEN A CLEMANS	Date of Receipt MM / DD / YYYY 06 / 29 / 2010
	Mailing Address 5 CENTERPOINTE DR STE 270	Transaction ID: SA11AI.7263
	City LAKE OSWEGO State OR Zip Code 97035	Amount of Each Receipt this Period 1400.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer CBG FINANCIAL Occupation FINANCIAL ADVISOR	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2900.00	

B.	Full Name (Last, First, Middle Initial) KATIE A COOK	Date of Receipt MM / DD / YYYY 05 / 29 / 2010
	Mailing Address 5612 NW LANDING DRIVE	Transaction ID: SA11AI.6893
	City PORTLAND State OR Zip Code 97229	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer SELF Occupation PIANO TEACHER	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 280.00	

C.	Full Name (Last, First, Middle Initial) KATIE A COOK	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 5612 NW LANDING DRIVE	Transaction ID: SA11AI.6839
	City PORTLAND State OR Zip Code 97229	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer SELF Occupation PIANO TEACHER	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 290.00	

SUBTOTAL of Receipts This Page (optional)	1435.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 13 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DON COOPER

Mailing Address 4715 NW KIWANDA DRIVE

City State Zip Code
PORTLAND OR 97229

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

Name of Employer Occupation
INTEL CORP. HR STAFFING MANAGER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	8	/	2	0	1	0

Transaction ID: SA11AI.7256

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ALEXANDER M CORRIGAN

Mailing Address 22328 SW 106TH AVENUE

City State Zip Code
TUALATIN OR 97062

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

Name of Employer Occupation
DELAP CPA

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	1	0

Transaction ID: SA11AI.7113

Amount of Each Receipt this Period
100.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
COLLEEN CORRY

Mailing Address 22905 SW MIAMI DR

City State Zip Code
TUALATIN OR 97062

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

Name of Employer Occupation
N/A HOMEMAKER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	1	0

Transaction ID: SA11AI.7172

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **1350.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ABBY GROUCH
Mailing Address 651 NW 92ND PLACE
City PORTLAND State OR Zip Code 97229
FEC ID number of contributing federal political committee. **C**
Name of Employer DOVE LEWIS EMERGENCY ANIMAL HO Occupation DONOR RELATIONS
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 850.00
Date of Receipt 06 / 04 / 2010
Transaction ID: SA11AI.7121
Amount of Each Receipt this Period 200.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DOUGLAS J DAVINA
Mailing Address 23819 SW REDFERN DRIVE
City SHERWOOD State OR Zip Code 97140
FEC ID number of contributing federal political committee. **C**
Name of Employer N/A Occupation RETIRED
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 300.00
Date of Receipt 06 / 30 / 2010
Transaction ID: SA11AI.7112
Amount of Each Receipt this Period 100.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
EDWIN DEAN
Mailing Address 1335 NW MAYFIELD
City PORTLAND State OR Zip Code 97229
FEC ID number of contributing federal political committee. **C**
Name of Employer NISHKIAN DEAN Occupation ENGINEER
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 250.00
Date of Receipt 06 / 03 / 2010
Transaction ID: SA11AI.7167
Amount of Each Receipt this Period 250.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 550.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: PAGE 15 / 107

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
STEVEN C DOTY

Mailing Address 4300 NE FREMONT
STE 260

City State Zip Code
PORTLAND OR 97213

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

Name of Employer Occupation
NW EMPLOYEE BENEFITS INSURANCE

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.7180

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
CECIL W. DRINKWARD

Mailing Address 01920 SW GREENWOOD DRIVE

City State Zip Code
PORTLAND OR 97219

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

Name of Employer Occupation
N/A RETIRED

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4800.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.7280

Amount of Each Receipt this Period

2300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
SALLY W DRINKWARD

Mailing Address 01920 SW GREENWOOD DRIVE

City State Zip Code
PORTLAND OR 97219

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

Name of Employer Occupation
N/A RETIRED

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4800.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.7298

Amount of Each Receipt this Period

2400.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

5200.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WAYNE DRINKWARD

Mailing Address 5570 SW MENELEE DRIVE

City State Zip Code
PORTLAND OR 97239

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

Name of Employer Occupation
HOFFMAN CONSTRUCTION MANAGER

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 29 / 2010

Transaction ID: SA11AI.7299

Amount of Each Receipt this Period
2400.00

CONTRIBUTION

4400.00

B. Full Name (Last, First, Middle Initial)
WILLIAM L DRINKWARD

Mailing Address 9965 SW CHOCTAW STREET

City State Zip Code
TUALATIN OR 97062

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

Name of Employer Occupation
HOFFMAN CONSTRUCTION CONSTRUCTION MANAGER

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 28 / 2010

Transaction ID: SA11AI.7297

Amount of Each Receipt this Period
2400.00

CONTRIBUTION

3150.00

C. Full Name (Last, First, Middle Initial)
SCOTT S. EMMETT

Mailing Address 18955 BRYANT ROAD

City State Zip Code
LAKE OSWEGO OR 97034

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

Name of Employer Occupation
PHAIR DEVELOPMENT CONTRACTOR

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 24 / 2010

Transaction ID: SA11AI.7173

Amount of Each Receipt this Period
300.00

CONTRIBUTION

1100.00

SUBTOTAL of Receipts This Page (optional) ► **5100.00**

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

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 17 / 107

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
THOMAS Y. EMMETT

Mailing Address 4500 NW TAMOSHANTER WAY

City State Zip Code
PORTLAND OR 97229

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

Name of Employer Occupation
N/A RETIRED

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 3600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.7412

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
THOMAS Y. EMMETT

Mailing Address 4500 NW TAMOSHANTER WAY

City State Zip Code
PORTLAND OR 97229

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

Name of Employer Occupation
N/A RETIRED

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 3600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.7413

Amount of Each Receipt this Period

-1000.00

Redesignate: CONTRIBUTION

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
THOMAS Y. EMMETT

Mailing Address 4500 NW TAMOSHANTER WAY

City State Zip Code
PORTLAND OR 97229

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

Name of Employer Occupation
N/A RETIRED

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 3600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.7414

Amount of Each Receipt this Period

1000.00

Redesignate: TO GENERAL

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) ▶

0.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 18 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ROBERT J. EMRICK

Mailing Address 5765 NW DAWNSON LN

City State Zip Code
MCMINNVILLE OR 97128

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

Name of Employer Occupation
WESTERN OREGON WASTE CEO

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: SA11AI.7330

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DIANA POWERS EVANS

Mailing Address 1910 MADRONA AVE S

City State Zip Code
SALEM OR 97302

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

Name of Employer Occupation
N/A Retired

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
05 / 08 / 2010

Transaction ID: SA11AI.7008

Amount of Each Receipt this Period
100.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DIANA POWERS EVANS

Mailing Address 1910 MADRONA AVE S

City State Zip Code
SALEM OR 97302

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

Name of Employer Occupation
N/A Retired

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
06 / 04 / 2010

Transaction ID: SA11AI.7122

Amount of Each Receipt this Period
200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **2800.00**

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

A. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.7330**

REFUND/VERIFIED REATTRIBUTION TO BE DISCLOSED ON NEXT REPORT

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
AMANDA M FISHER

Mailing Address 22640 SW MIAMI DR

City State Zip Code
TUALATIN OR 97062

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

Name of Employer INFORMATION REQUESTED

Occupation INFORMATION REQUESTED

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 28 / 2010

Transaction ID: SA11AI.7155

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
ROB C FOTHERINGHAM

Mailing Address 7000 SW VARNS ST

City State Zip Code
PORTLAND OR 97223

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

Name of Employer VIAL FOTHERINGHAM LLP

Occupation ATTORNEY

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2550.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 30 / 2010

Transaction ID: SA11AI.7281

Amount of Each Receipt this Period

2350.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MARK B GANZ

Mailing Address 2715 SW MAYFIELD AVE

City State Zip Code
PORTLAND OR 97225

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

Name of Employer REGENCE

Occupation CEO

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 25 / 2010

Transaction ID: SA11AI.7246

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

3600.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
RICHARD GEARY

Mailing Address 1211 SW 5TH AVENUE SUITE 2980
STE 2980

City State Zip Code
PORTLAND OR 97204

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.7135

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
FRANK C. GILL

Mailing Address 01740 SW MILITARY ROAD

City State Zip Code
PORTLAND OR 97219

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3400.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.7257

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
WILLIAM C GIRARD, JR

Mailing Address 9951 SW STONECREEK DR

City State Zip Code
BEAVERTON OR 97007

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

Name of Employer PLAID PANTRIES, INC. Occupation RETAIL MANAGEMENT

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.7252

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **2250.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
RODGER GLOS

Mailing Address 14235 SW COVEN CT

City State Zip Code
TIGARD OR 97224

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

Name of Employer Occupation
TOC MANAGEMENT SERVICES ASSOCIATION PRESIDENT

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.6648

Amount of Each Receipt this Period
194.10

In-kind - FOOD/BEVERAGE

B. Full Name (Last, First, Middle Initial)
RODGER GLOS

Mailing Address 14235 SW COVEN CT

City State Zip Code
TIGARD OR 97224

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

Name of Employer Occupation
TOC MANAGEMENT SERVICES ASSOCIATION PRESIDENT

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.7322

Amount of Each Receipt this Period
2400.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
SHIRLEY A. GLOS

Mailing Address 14235 SW COVEN CT.

City State Zip Code
TIGARD OR 97224

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

Name of Employer Occupation
SELF CONSULTANT

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.7199

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **3094.10**

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

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

Use separate schedule(s)
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(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SHIRLEY A. GLOS

Mailing Address 14235 SW COVEN CT.

City State Zip Code
TIGARD OR 97224

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

Name of Employer SELF Occupation CONSULTANT

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3800.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.7273

Amount of Each Receipt this Period
1900.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DAVID P GRAU

Mailing Address 22340 SW CHILKAT TERR

City State Zip Code
TUALATIN OR 97062

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.7146

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ROBERT A GRAY

Mailing Address 7823 KINGFISHER WAY

City State Zip Code
PORTLAND OR 97224

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

Name of Employer SELF Occupation CONTRACTOR

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.7222

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **3150.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WALTER H GREBE

Mailing Address 1500 SW 5TH
NO. 1702

City State Zip Code
PORTLAND OR 97201

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.7137

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
NORMAN DEAN GREGSON

Mailing Address 22675 SW MIAMI DR

City State Zip Code
TUALATIN OR 97062

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

Name of Employer SELF Occupation DENTIST

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 7200.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.7312

Amount of Each Receipt this Period
2400.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JASON LOUIS GROSZ

Mailing Address 6734 N GREELEY AVE

City State Zip Code
PORTLAND OR 97217

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

Name of Employer VIAL & FOTHERINGHAM LLP Occupation ATTORNEY

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.7310

Amount of Each Receipt this Period
2400.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **5050.00**

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

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

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

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) STEVEN G HALLER	Date of Receipt M M / D D / Y Y Y Y Y 06 / 28 / 2010
	Mailing Address 629 VILLAGE LN S	Transaction ID: SA11AI.7189
	City State Zip Code MANDEVILLE LA 70471	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation FLASH GAS & OIL SW PRESIDENT	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) STEVEN HANSON	Date of Receipt M M / D D / Y Y Y Y Y 06 / 28 / 2010
	Mailing Address 11902 SE Start St.	Transaction ID: SA11AI.7323
	City State Zip Code Portland OR 97216	Amount of Each Receipt this Period 2400.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation HANSON MANAGEMENT CORPORATION OWNER	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2600.00	

C.	Full Name (Last, First, Middle Initial) JEFFREY S HARDEN	Date of Receipt M M / D D / Y Y Y Y Y 05 / 17 / 2010
	Mailing Address 47851 WESTVIEW RD	Transaction ID: SA11AI.7177
	City State Zip Code LAKE OSWEGO OR 97034	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation INFORMATION REQUESTED INFORMATION REQUESTED	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	3400.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 26 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
TYRA F HARKER

Mailing Address 720 SW 6TH CT

City State Zip Code
PORTLAND OR 97219

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

Name of Employer Occupation
VIAL & FOTHERINGHAM LLP PARALEGAL

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 30 / 2010

Transaction ID: SA11AI.7314

Amount of Each Receipt this Period
2400.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DAN D HARMON

Mailing Address 930 ROSEMONT RD

City State Zip Code
WEST LINN OR 97068

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

Name of Employer Occupation
HOFFMAN CONSTRUCTION CEO

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 26 / 2010

Transaction ID: SA11AI.7336

Amount of Each Receipt this Period
4800.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DAN D HARMON

Mailing Address 930 ROSEMONT RD

City State Zip Code
WEST LINN OR 97068

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

Name of Employer Occupation
HOFFMAN CONSTRUCTION CEO

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 29 / 2010

Transaction ID: SA11AI.7384

Amount of Each Receipt this Period
-2400.00

Reattribute: CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **4800.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
KATHERINE K HARMON

Mailing Address 930 ROSEMONT RD

City State Zip Code
WEST LINN OR 97068

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

Name of Employer N/A Occupation HOMEMAKER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.7383

Amount of Each Receipt this Period
2400.00

Reattribute: FROM SPOUSE

B. Full Name (Last, First, Middle Initial)
DAVID C HAUGE

Mailing Address 20160 SW 112TH AVE

City State Zip Code
TUALATIN OR 97062

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.7240

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
J CLAYTON HERING

Mailing Address 1708 SW HIGHLAND RD

City State Zip Code
PORTLAND OR 97221

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

Name of Employer NORRIS, BEGGS & SIMPSON Occupation CEO

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.7354

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **3650.00**

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

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

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

FOR LINE NUMBER: PAGE 28 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CURTIS R HOLZGANG, MD

Mailing Address 9645 SW EAGLE CT

City State Zip Code
BEAVERTON OR 97008

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

Name of Employer Occupation
ST VINCENT HOSPITAL PHYSICIAN

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.7241

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DARRELYN HOLZGANG

Mailing Address 9645 SW EAGLE CT

City State Zip Code
BEAVERTON OR 97008

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

Name of Employer Occupation
ST VINCENT HOSPITAL PHYSICIAN

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.7221

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MARK C. HOLZGANG

Mailing Address 13038 SW BEDFORD ST

City State Zip Code
PORTLAND OR 97224

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

Name of Employer Occupation
BOGUMIL, HOLZGANG & HARRIS PC CPA

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.7200

Amount of Each Receipt this Period
500.00

CONTRIBUTION

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
IB HOLZMAN
Mailing Address 3724 SW 50TH

City State Zip Code
PORTLAND OR 97221

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

Name of Employer
RELIABLE CREDIT ASSOCIATION

Occupation
PRESIDENT

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2400.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.7296

Amount of Each Receipt this Period
2400.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
KENNETH HUNKINS
Mailing Address 5170 SW LANDING DR
#202

City State Zip Code
PORTLAND OR 97239

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

Name of Employer
N/A

Occupation
RETIRED

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.7207

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
KRISTINE INMAN
Mailing Address 1866 NW ASPEN AVE

City State Zip Code
PORTLAND OR 97210

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

Name of Employer
N/A

Occupation
RETIRED

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.7185

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

3400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
KIRK JOHANSEN

Mailing Address 2786 GLENMORRIE DRIVE

City State Zip Code
LAKE OSWEGO OR 97034

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

Name of Employer Occupation
SCHWABE WILLIAMSON WYATT ATTORNEY

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 03 / 2010

Transaction ID: SA11AI.7165

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
KIRK JOHANSEN

Mailing Address 2786 GLENMORRIE DRIVE

City State Zip Code
LAKE OSWEGO OR 97034

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

Name of Employer Occupation
SCHWABE WILLIAMSON WYATT ATTORNEY

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 30 / 2010

Transaction ID: SA11AI.7170

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
THOMAS JOHNSON

Mailing Address 6506 SW FLORENCE LN

City State Zip Code
PORTLAND OR 97223

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

Name of Employer Occupation
VIAL & FOTHERINGHAM LLP ATTORNEY

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 30 / 2010

Transaction ID: SA11AI.7308

Amount of Each Receipt this Period
2400.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **2900.00**

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

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

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

FOR LINE NUMBER: PAGE 31 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JOEL KIRK JORGENSEN
Mailing Address 18685 NW LAPINE ST
City PORTLAND State OR Zip Code 97229
FEC ID number of contributing federal political committee. **C**
Name of Employer FIRST REAL ESTATE CONSULTING INC Occupation REAL ESTATE APPRAISER
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 250.00
Date of Receipt 06 / 30 / 2010
Transaction ID: SA11AI.6983
Amount of Each Receipt this Period 50.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
REBECCA JULIAN
Mailing Address 8601 LIESER POINT DR
City VANCOUVER State WA Zip Code 98664
FEC ID number of contributing federal political committee. **C**
Name of Employer SELF Occupation INVESTOR
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2400.00
Date of Receipt 05 / 18 / 2010
Transaction ID: SA11AI.7320
Amount of Each Receipt this Period 2400.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JOSEPH KRISKY
Mailing Address 1323 NE ORENCO STATION PKY STE 300
City HILLSBORO State OR Zip Code 97124
FEC ID number of contributing federal political committee. **C**
Name of Employer MASSINI GROUP Occupation OWNER
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 3000.00
Date of Receipt 06 / 30 / 2010
Transaction ID: SA11AI.7334
Amount of Each Receipt this Period 3000.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 5450.00
TOTAL This Period (last page this line number only) ►

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.7334**

REFUND/VERIFIED REATTRIBUTION TO BE DISCLOSED ON NEXT REPORT

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MITLON J LAMPROS

Mailing Address 5540 SW HEWETT BLVD

City PORTLAND State OR Zip Code 97221

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

Name of Employer SELF Occupation BUSINESS OWNER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 06 / 24 / 2010
Transaction ID: SA11AI.7232
 Amount of Each Receipt this Period: 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ALLAN H LARSEN

Mailing Address PO BOX 637

City MCMINNVILLE State OR Zip Code 97126

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

Name of Employer LARSON MOTOR COMPANY INC Occupation AUTO DEALER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1800.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: SA11AI.7215
 Amount of Each Receipt this Period: 800.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
KEN LEAHY

Mailing Address 34175 SW PEAKS VIEW DR

City HILLSBORO State OR Zip Code 97123

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

Name of Employer KEN LEAHY CONSTRUCTION Occupation PRESIDENT

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: SA11AI.7328
 Amount of Each Receipt this Period: 2400.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **4200.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JAMES LIEB

Mailing Address PO BOX 389

City State Zip Code
FOREST GROVE OR 97116

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

Name of Employer Occupation
LIEB FOODS FOOD PROCESSOR

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.7217

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
KENNETH LOGUE

Mailing Address 3114 NE JACKSON LP

City State Zip Code
HILLSBORO OR 97123

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

Name of Employer Occupation
SELF DENTIST

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.7150

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JERILYN LUNDSKOG

Mailing Address 9865 SW IOWA DR

City State Zip Code
TUALATIN OR 97062

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

Name of Employer Occupation
FOUGHT STEEL CFO

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.7069

Amount of Each Receipt this Period
100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **1350.00**

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

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

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

FOR LINE NUMBER: PAGE 35 / 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
STEPHEN D MACMILLAN

Mailing Address 11315 NW REEVES

City State Zip Code
PORTLAND OR 97229

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

Name of Employer Occupation
VELOCITY PARTNERS SALES

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.7108

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
CYNTHIA A MALETIS

Mailing Address 2033 SW JACKSON ST

City State Zip Code
PORTLAND OR 97201

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

Name of Employer Occupation
N/A HOMEMAKER

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.7303

Amount of Each Receipt this Period

2400.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
EDWARD L MALETIS

Mailing Address 2033 SW JACKSON ST

City State Zip Code
PORTLAND OR 97201

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

Name of Employer Occupation
COLUMBIA DISTRIBUTING DIRECTOR

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.7301

Amount of Each Receipt this Period

2400.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

4900.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 36 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MARSHALL ASSOCIATED LLC

Mailing Address PO BOX 278

City TUALATIN State OR Zip Code 97062

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: SA11AI.7265
 Amount of Each Receipt this Period: 1500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JOHN MARSHALL

Mailing Address PO BOX 278

City TUALATIN State OR Zip Code 97062

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

Name of Employer MARSHALL ASSOCIATED LLC Occupation OWNER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3900.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: SA11AI.7265.0
 Amount of Each Receipt this Period: 1500.00
CONTRIBUTION
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
ELIZABETH MCELFIH

Mailing Address 16965 NW PARK CT

City BEAVERTON State OR Zip Code 97006

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt: 06 / 18 / 2010
Transaction ID: SA11AI.7202
 Amount of Each Receipt this Period: 500.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NANCY MCLERNON

Mailing Address 169-23 24 ROAD

City State Zip Code
WHITESTONE NY 11357

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

Name of Employer Occupation
NEW YORK METS TICKETING

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 08 / 2010

Transaction ID: SA11AI.6863

Amount of Each Receipt this Period
25.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
THOMAS MEACHAM

Mailing Address 8321 SW 175TH AVE

City State Zip Code
BEAVERTON OR 97007

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

Name of Employer Occupation
SELF BUSINESS OWNER

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2010

Transaction ID: SA11AI.7204

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
TERRY L MECHAM

Mailing Address 8321 SW 175TH AVE

City State Zip Code
BEAVERTON OR 97007

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 30 / 2010

Transaction ID: SA11AI.7270

Amount of Each Receipt this Period
1500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **2025.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SARAH A MENSAH

Mailing Address 7252 SW NEVADA TERR

City State Zip Code
PORTLAND OR 97219

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

Name of Employer Occupation
TRAIL BLAZERS CHIEF MARKETING OFFICER

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 28 / 2010

Transaction ID: SA11AI.7152

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
HARRY A MERLO

Mailing Address 1001 SE SANDY BLVD

City State Zip Code
PORTLAND OR 97214

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

Name of Employer Occupation
HERLO CORPORATION CEO

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 08 / 2010

Transaction ID: SA11AI.7284

Amount of Each Receipt this Period
2400.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
KATHLEEN E MITTON

Mailing Address 1351 SWINTON LANE

City State Zip Code
FARINGTON UT 84025

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

Name of Employer Occupation
WESTERN GRAPHICS & DATA GENERAL MANAGER

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 30 / 2010

Transaction ID: SA11AI.7111

Amount of Each Receipt this Period
100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **2750.00**

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

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

Use separate schedule(s)
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(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SCOTT MITTON

Mailing Address 9820 SW CHOCTAW ST

City TUALATIN State OR Zip Code 97062

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 700.00

Date of Receipt: 06 / 24 / 2010
Transaction ID: SA11AI.7049
 Amount of Each Receipt this Period: 100.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
GREG MOORE

Mailing Address 9995 SW MELNORE ST

City PORTLAND State OR Zip Code 97225

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

Name of Employer WEDBUSH MORGAN SECURITIES Occupation SENIOR VICE PRESIDENT

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt: 06 / 03 / 2010
Transaction ID: SA11AI.7169
 Amount of Each Receipt this Period: 250.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ROBERT W MOORE

Mailing Address 7232 SW ASCOT CT

City PORTLAND State OR Zip Code 97225

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

Name of Employer MOORE INFORMATION Occupation POLLSTER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

Date of Receipt: 06 / 04 / 2010
Transaction ID: SA11AI.7181
 Amount of Each Receipt this Period: 500.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 850.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
RODNEY H MOORE

Mailing Address 0305 SW MONTGOMERY STREET
APT 506

City State Zip Code
PORTLAND OR 97201

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

Name of Employer Occupation
WEST COAST SEAFOOD PROCES- EXECUTIVE DIRECTOR
SORS

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 10 / 2010

Transaction ID: SA11AI.7050

Amount of Each Receipt this Period
100.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
PATRICK D MORIN

Mailing Address 17089 SW SWANK RD

City State Zip Code
SHERWOOD OR 97140

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

Name of Employer Occupation
PK MORIN ENTERPRISES BUSINESS OWNER

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 30 / 2010

Transaction ID: SA11AI.7266

Amount of Each Receipt this Period
1500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DON MORRISSETTE

Mailing Address 4230 GALEWOOD ST
STE 100

City State Zip Code
LAKE OSWEGO OR 97035

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 23 / 2010

Transaction ID: SA11AI.7230

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **2600.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MICHAEL LEE MORSE

Mailing Address 19425 SW POMONA DR

City State Zip Code
BEAVERTON OR 97007

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.7278

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
WILLIAM J. MOSHOFSKY

Mailing Address 10585 SW 161ST CT

City State Zip Code
BEAVERTON OR 97007

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.7223

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DAVID W NELSON

Mailing Address 2467 SW SHERWOOD DR

City State Zip Code
PORTLAND OR 97201

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

Name of Employer TUALATIN IMAGING PC Occupation RADIOLOGIST

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.7144

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **3250.00**

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

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

Use separate schedule(s)
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11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
ROBERT O NELSON

Mailing Address 11399 SW IRONWOOD LOOP

City State Zip Code
TIGARD OR 97223

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

Name of Employer Occupation
NELSON & COMPANY CPA

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 30 / 2010

Transaction ID: SA11AI.7194

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
ZUZANA A OPSAHL

Mailing Address 7196 SW ASCOT CT

City State Zip Code
PORTLAND OR 97225

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

Name of Employer Occupation
N/A HOMEMAKER

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 04 / 2010

Transaction ID: SA11AI.7183

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
BOB PACKWOOD

Mailing Address 11760 SW RIVERWOOD RD

City State Zip Code
PORTLAND OR 97219

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

Name of Employer Occupation
SELF CONSULTANT

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 29 / 2010

Transaction ID: SA11AI.7242

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
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 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
VALORIE PARKER

Mailing Address 15945 SW FALCON DR

City State Zip Code
BEAVERTON OR 97007

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

Name of Employer N/A Occupation HOMEMAKER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.7268

Amount of Each Receipt this Period
1500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MICHELLE C PECK

Mailing Address 17731 SW MANDEL LN

City State Zip Code
SHERWOOD OR 97140

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

Name of Employer BEZWECKEN Occupation CUSTOMER SERVICE AGENT

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.6945

Amount of Each Receipt this Period
50.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JUDY PEPLER

Mailing Address 3486 CHAPARREL LOOP

City State Zip Code
WEST LINN OR 97068

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

Name of Employer QWEST Occupation OREGON PRESIDENT

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.7164

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **1800.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CAROL B PETERSEN

Mailing Address 4485 SW TRAIL ROAD

City TUALATIN State OR Zip Code 97062

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1100.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: SA11AI.7070
 Amount of Each Receipt this Period: 100.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DENNIS H PETERSON

Mailing Address 7750 W. STARK

City PORTLAND State OR Zip Code 97229

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt: 05 / 11 / 2010
Transaction ID: SA11AI.7198
 Amount of Each Receipt this Period: 500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
HARVEY J PLATT

Mailing Address 4343 SW GREENLEAF DR

City PORTLAND State OR Zip Code 97221

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

Name of Employer PLATT ELECTRIC Occupation CEO

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: 06 / 15 / 2010
Transaction ID: SA11AI.7276
 Amount of Each Receipt this Period: 2000.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 2600.00

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

**SCHEDULE A (FEC Form 3)
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11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
JAY L PLATT

Mailing Address 1909 SW MONTGOMERY DR

City State Zip Code
PORTLAND OR 97201

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

Name of Employer Occupation
PLATT ELECTRIC CEO

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2400.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.7294

Amount of Each Receipt this Period

2400.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
JAMES T RICHARDSON

Mailing Address 1396 SW MILITARY RD

City State Zip Code
PORTLAND OR 97219

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

Name of Employer Occupation
SELF CONSULTANT

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2400.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.7306

Amount of Each Receipt this Period

2400.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
WILLIAM S RICHARDSON

Mailing Address 10980 SW AVOCET CT

City State Zip Code
BEAVERTON OR 97007

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

Name of Employer Occupation
PORTLAND SPECIALTY BAKING COO

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.7254

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

5800.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
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 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CINDY ROTH

Mailing Address 12599 NW FOREST SPRING LN

City State Zip Code
PORTLAND OR 97229

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

Name of Employer N/A Occupation HOMEMAKER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.7261

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CHRISTINE A RUELLE

Mailing Address 14090 SW 89TH AVE

City State Zip Code
PORTLAND OR 97224

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

Name of Employer INFO GROUP NW Occupation PRESIDENT

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 550.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.7134

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
TOM RYKERT

Mailing Address 632 NW PACIFIC GROVE DR

City State Zip Code
BEAVERTON OR 97006

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

Name of Employer TOM RYKERT INS AGCY INC Occupation INSURANCE AGENT

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.7159

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

**SCHEDULE A (FEC Form 3)
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 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CAROL THOMAS SANDOR

Mailing Address 9885 SW CHOCTAW ST

City TUALATIN State OR Zip Code 97062

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

Name of Employer WASHINGTON COUNTY PATHOLOGY Occupation PHYSICIAN

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

Date of Receipt: 06 / 28 / 2010
Transaction ID: SA11AI.7128
 Amount of Each Receipt this Period: 200.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
STEVEN M SANDOR

Mailing Address 9885 SW CHOCTAW ST

City TUALATIN State OR Zip Code 97062

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

Date of Receipt: 06 / 28 / 2010
Transaction ID: SA11AI.7127
 Amount of Each Receipt this Period: 200.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ERIC L SCHOOLER

Mailing Address 22355 SW CHILKAT TERR

City TUALATIN State OR Zip Code 97062

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: SA11AI.7244
 Amount of Each Receipt this Period: 1000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 1400.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MICHAEL F SEPPA

Mailing Address 35164 MUDD LN

City State Zip Code
ASTORIA OR 97103

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 06 / 28 / 2010
Transaction ID: SA11AI.7191
 Amount of Each Receipt this Period: 500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
SHELLIE A. SILLIMAN

Mailing Address 24968 SW QUARRYVIEW DRIVE

City State Zip Code
WILSONVILLE OR 97070

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

Name of Employer N/A Occupation HOMEMAKER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 06 / 04 / 2010
Transaction ID: SA11AI.7226
 Amount of Each Receipt this Period: 1000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
FORREST SIMMONS

Mailing Address 11700 SW MILITARY LN

City State Zip Code
PORTLAND OR 97219

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 06 / 22 / 2010
Transaction ID: SA11AI.7206
 Amount of Each Receipt this Period: 500.00
CONTRIBUTION

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

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

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

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 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MICHAEL SKIENS

Mailing Address 10260 SW GREENBURG RD
SUITE 37

City State Zip Code
PORTLAND OR 97223

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	8	/	2	0	1	0

Transaction ID: SA11AI.7161

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CAROL JEANNE SLAMA

Mailing Address 2962 WINSLOW WAY NW

City State Zip Code
SALEM OR 97304

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	4	/	2	0	1	0

Transaction ID: SA11AI.7037

Amount of Each Receipt this Period
100.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DEAN SORENSEN

Mailing Address 22965 SW MIAMI PL

City State Zip Code
TUALATIN OR 97062

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

Name of Employer GRAMOR DEVELOPMENT Occupation REAL ESTATE

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	4	/	2	0	1	0

Transaction ID: SA11AI.7292

Amount of Each Receipt this Period
2400.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **2750.00**

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

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

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

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) SUSANNE M SORENSEN		Date of Receipt
	Mailing Address 22965 SW MIAMI PL		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 24 / 2010
	City	State	Zip Code
	TUALATIN	OR	97062
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7290
Name of Employer N/A		Occupation HOMEMAKER	Amount of Each Receipt this Period 2400.00
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2400.00	CONTRIBUTION

B.	Full Name (Last, First, Middle Initial) KENT A SPACKMAN		Date of Receipt
	Mailing Address 22915 SW ERIO PLACE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 22 / 2010
	City	State	Zip Code
	TUALATIN	OR	97062
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7250
Name of Employer IHTSDO		Occupation EXECUTIVE	Amount of Each Receipt this Period 1000.00
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	CONTRIBUTION

C.	Full Name (Last, First, Middle Initial) KENT A SPACKMAN		Date of Receipt
	Mailing Address 22915 SW ERIO PLACE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 22 / 2010
	City	State	Zip Code
	TUALATIN	OR	97062
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7285
Name of Employer IHTSDO		Occupation EXECUTIVE	Amount of Each Receipt this Period 2400.00
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 3400.00	CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)	5800.00
TOTAL This Period (last page this line number only)	

B. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.7250**

REATTRIBUTION INFORMATION TO BE DISCLOSED ON NEXT REPORT

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

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

FOR LINE NUMBER: PAGE 52 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
GREGORY L SPECHT

Mailing Address 15400 SW MILLIKAN WAY

City State Zip Code
BEAVERTON OR 97006

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

Name of Employer Occupation
SPECHT DEVELOPMENT CEO

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.7236

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
RANDY L. STECK

Mailing Address 788 SE 58TH CT

City State Zip Code
HILLSBORO OR 97123

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

Name of Employer Occupation
STEX LLC ELECTRICAL ENGINEER

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.7209

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
KENNETH R STEVENS, JR

Mailing Address 13680 SW MORGAN RD

City State Zip Code
SHERWOOD OR 97140

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

Name of Employer Occupation
N/A RETIRED

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.7187

Amount of Each Receipt this Period
500.00

CONTRIBUTION

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
KENNETH R STEVENS, JR

Mailing Address 13680 SW MORGAN RD

City State Zip Code
SHERWOOD OR 97140

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

Name of Employer Occupation
N/A RETIRED

Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 2400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.7212

Amount of Each Receipt this Period

600.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
WILLIAM T C STEVENS

Mailing Address 2545 NW THURMAN ST

City State Zip Code
PORTLAND OR 97210

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 2150.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.7274

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
GARY M STEWART

Mailing Address 3825 MONROE ST

City State Zip Code
EUGENE OR 97405

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

Name of Employer Occupation
N/A RETIRED

Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 4800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.7415

Amount of Each Receipt this Period

4800.00

CONTRIBUTION

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

2600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
GARY M STEWART

Mailing Address 3825 MONROE ST

City State Zip Code
EUGENE OR 97405

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4800.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.7416

Amount of Each Receipt this Period
-2400.00

Redesignate: CONTRIBUTION

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
GARY M STEWART

Mailing Address 3825 MONROE ST

City State Zip Code
EUGENE OR 97405

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4800.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.7417

Amount of Each Receipt this Period
2400.00

Redesignate: TO GENERAL

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
WILLIAM H STOLLER

Mailing Address 15505 NE STOLLER RD

City State Zip Code
DAYTON OR 97114

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

Name of Employer EXPRESS TEMP Occupation CEO

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4800.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.7286

Amount of Each Receipt this Period
2400.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **2400.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
EDGAR L STONE

Mailing Address 4540 NW MALHUER AVE

City State Zip Code
PORTLAND OR 97229

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.7367

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
PETER W STOTT

Mailing Address 2896 SW PATTON ROAD

City State Zip Code
PORTLAND OR 97201

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

Name of Employer COLUMBIA INVESTMENTS, LTD Occupation PRESIDENT

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4800.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.7369

Amount of Each Receipt this Period
4800.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
TODD STUCKY

Mailing Address 351 NW 12TH

City State Zip Code
PORTLAND OR 97209

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

Name of Employer LKE PARTNERS, LLC Occupation OWNER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.7259

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **6800.00**

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

B. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.7369**

REATTRIBUTION INFORMATION TO BE DISCLOSED ON NEXT REPORT

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MATTHEW S SWAIM

Mailing Address 17750 SW SHAWNEE TRL

City State Zip Code
TUALATIN OR 97062

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

Name of Employer Occupation
HOFFMAN CONSTRUCTION PROJECT MANAGER

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 04 / 2010

Transaction ID: SA11AI.7140

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
HENRY T SWIGERT

Mailing Address 1425 SW 20TH AVE
STE 104

City State Zip Code
PORTLAND OR 97201

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

Name of Employer Occupation
N/A RETIRED

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 16 / 2010

Transaction ID: SA11AI.7371

Amount of Each Receipt this Period
2400.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CHARLES J. SWINDELLS

Mailing Address 500 NW HILLTOP ROAD

City State Zip Code
PORTLAND OR 97210

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

Name of Employer Occupation
EVERCORE PARTNERS WEALTH ADVISOR

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 30 / 2010

Transaction ID: SA11AI.7262

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **3650.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	PAGE 58 / 107
	(check only one)	
	<input checked="" type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) WILLIAM R SWINDELLS		Date of Receipt MM / DD / YYYY 06 / 10 / 2010
	Mailing Address 3690 LAKEVIEW BLVD		Transaction ID: SA11AI.7234
	City LAKE OSWEGO	State OR	Zip Code 97035
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer N/A		Occupation RETIRED
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	CONTRIBUTION

B.	Full Name (Last, First, Middle Initial) W R TAGMYER		Date of Receipt MM / DD / YYYY 06 / 04 / 2010
	Mailing Address PO BOX 533		Transaction ID: SA11AI.7225
	City LAKE OSWEGO	State OR	Zip Code 97034
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer NW PIPE COMPANY		Occupation CHAIRMAN
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	CONTRIBUTION

C.	Full Name (Last, First, Middle Initial) PAULA TEEVIN		Date of Receipt MM / DD / YYYY 05 / 11 / 2010
	Mailing Address 42894 OLD HIGHWAY 30		Transaction ID: SA11AI.7340
	City ASTORIA	State OR	Zip Code 97103
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 4800.00
	Name of Employer N/A		Occupation HOMEMAKER
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 4800.00	CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)	6800.00
TOTAL This Period (last page this line number only)	

C. Form/Schedule : **SA11AI**

REFUND TO BE ISSUED

Transaction ID : **SA11AI.7340**

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

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

FOR LINE NUMBER: PAGE 60 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
E R THOMPSON, DMD

Mailing Address 3895 SW 185TH AVE
STE 130

City ALOHA State OR Zip Code 97007

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

Name of Employer SELF Occupation PHYSICIAN

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 06 / 30 / 2010
Transaction ID: SA11AI.7193
Amount of Each Receipt this Period 500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CHRISTOPHER M TINGEY

Mailing Address 15310 SW 144TH TER

City TIGARD State OR Zip Code 97224

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt 06 / 30 / 2010
Transaction ID: SA11AI.7316
Amount of Each Receipt this Period 2400.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
KYLE HAI TRAN VAN

Mailing Address 20211 NW GALLIARD LP

City HILLSBORO State OR Zip Code 97124

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 06 / 30 / 2010
Transaction ID: SA11AI.7196
Amount of Each Receipt this Period 500.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 3400.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
REBECCA FLOWERS TYMCHUK

Mailing Address 13315 SW ANGORA LAND

City State Zip Code
BEAVERTON OR 97008

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

Name of Employer SELF Occupation CONSULTANT

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.7138

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CORNELL L ULLMAN

Mailing Address 11830 PAYSON LN

City State Zip Code
OREGON CITY OR 97045

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.6877

Amount of Each Receipt this Period
25.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CORNELL L ULLMAN

Mailing Address 11830 PAYSON LN

City State Zip Code
OREGON CITY OR 97045

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 725.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.7184

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **775.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 62 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ELIZABETH K VANSTAAVEREN

Mailing Address 1008 NW CASCADE WAY

City State Zip Code
MCMINNVILLE OR 97128

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.7157

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CHRISTINE E VIAL

Mailing Address 8016 N JERSEY ST

City State Zip Code
PORTLAND OR 97203

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

Name of Employer N/A Occupation HOMEMAKER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.7318

Amount of Each Receipt this Period
2400.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
PAULA VIAL

Mailing Address 12840 SW RIVER ROAD

City State Zip Code
HILLSBORO OR 97128

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

Name of Employer N/A Occupation HOMEMAKER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3650.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.7392

Amount of Each Receipt this Period
2400.00

Reattribute: TO SPOUSE

SUBTOTAL of Receipts This Page (optional) ► **5050.00**

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

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

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

FOR LINE NUMBER: PAGE 63 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
RICHARD A VIAL

Mailing Address 12840 SW RIVER ROAD

City Hillsboro State OR Zip Code 97128

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

Name of Employer SELF Occupation ATTORNEY

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 6300.00

Date of Receipt 06 / 22 / 2010
Transaction ID: SA11AI.7337
 Amount of Each Receipt this Period 4800.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
RICHARD A VIAL

Mailing Address 12840 SW RIVER ROAD

City Hillsboro State OR Zip Code 97128

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

Name of Employer SELF Occupation ATTORNEY

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3900.00

Date of Receipt 06 / 29 / 2010
Transaction ID: SA11AI.7391
 Amount of Each Receipt this Period -2400.00
 Reattribute: CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JOHN E VON SCHLEGELL

Mailing Address INFORMATION REQUESTED

City Portland State OR Zip Code 97221

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

Name of Employer ENDEAVOR CAPITAL Occupation VENTURE CAPITAL

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 05 / 11 / 2010
Transaction ID: SA11AI.7216
 Amount of Each Receipt this Period 1000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 3400.00

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

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

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

FOR LINE NUMBER: PAGE 64 / 107

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
BROOKE WEBSTER

Mailing Address 3965 NW TEAKWOOD PL

City State Zip Code
PORTLAND OR 97229

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

Name of Employer Occupation
SELF INVESTOR

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.7178

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
LANE S WEBSTER

Mailing Address 3965 NW TEAKWOOD PL

City State Zip Code
PORTLAND OR 97229

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

Name of Employer Occupation
SELF INVESTOR

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1900.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.7272

Amount of Each Receipt this Period

1900.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
BENJAMIN R WHITELEY

Mailing Address 2020 SW MARKET STREET DR
401

City State Zip Code
PORTLAND OR 97201

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

Name of Employer Occupation
N/A RETIRED

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.7148

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2650.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 65 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
PAUL K WILDE

Mailing Address 4025 SW TRAIL RD

City TUALATIN State OR Zip Code 97062

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

Name of Employer WEBTREDS INC Occupation CEO

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt 06 / 04 / 2010
Transaction ID: SA11AI.7227
 Amount of Each Receipt this Period 1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JAYNELEN R ZENGER

Mailing Address 14655 SW 84TH CT

City TIGARD State OR Zip Code 97224

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

Name of Employer BANK OF AMERICA Occupation SALES AND SERVICES REP

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

Date of Receipt 06 / 24 / 2010
Transaction ID: SA11AI.7129
 Amount of Each Receipt this Period 200.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 1200.00

TOTAL This Period (last page this line number only) ► 172954.10

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

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

FOR LINE NUMBER: PAGE 66 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
21 CENTURY PAC
Mailing Address 2052 LAKE AUDUBON CT
City RESTON State VA Zip Code 20191
FEC ID number of contributing federal political committee. **C** C00315747
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt 05 / 28 / 2010
Transaction ID: SA11C.7219
Amount of Each Receipt this Period 1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ASSOCIATED BUILDERS & CONTRACTORS PAC
Mailing Address 4250 NORTH FAIRFAX DR
9TH FLOOR
City ARLINGTON State VA Zip Code 22203
FEC ID number of contributing federal political committee. **C** C70003355
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt 06 / 28 / 2010
Transaction ID: SA11C.7238
Amount of Each Receipt this Period 1000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DOING GOOD FOR SHERWOOD, PAC
Mailing Address 22300 SW SCHMELTZER RD
City SHERWOOD State OR Zip Code 97140
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 500.00
Date of Receipt 05 / 14 / 2010
Transaction ID: SA11C.7175
Amount of Each Receipt this Period 500.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 2500.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 67 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
FREEDOM PROJECT; THE

Mailing Address 631-B PENNSYLVANIA AVE SE
BASEMENT UNIT

City WASHINGTON State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00305805

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: SA11C.7344
 Amount of Each Receipt this Period: 5000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
PACIFICORP/MIDAMERICAN POLITICAL ACTION COMMITTEE

Mailing Address 825 N E MULTNOMAH, STE 2000 LCT

City PORTLAND State OR Zip Code 97232

FEC ID number of contributing federal political committee. **C** C00082800

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt: 06 / 04 / 2010
Transaction ID: SA11C.7332
 Amount of Each Receipt this Period: 3000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
PACIFIC SEAFOOD GROUP EMPLOYEE PAC

Mailing Address 920 SW 6TH AVE
STE 1250

City PORTLAND State OR Zip Code 97204

FEC ID number of contributing federal political committee. **C** C00475350

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt: 06 / 24 / 2010
Transaction ID: SA11C.7288
 Amount of Each Receipt this Period: 2400.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 10400.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 68 / 107
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
REGENCE GROUP BLUEPAC, THE

Mailing Address 330 9TH ST SE
STE 300E

City State Zip Code
WASHINGTON DC 20003

FEC ID number of contributing federal political committee. **C** C00252684

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2010

Transaction ID: SA11C.7342

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)	▶	5000.00
TOTAL This Period (last page this line number only)	▶	17900.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 69 / 107	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
OREGON RIGHT TO LIFE CANDIDATE PAC
Mailing Address 4335 RIVER RD N

City State Zip Code
SALEM OR 97303

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

Name of Employer Occupation

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ **345.45**

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 3 0 / 2 0 1 0

Transaction ID: SA15.7396

Amount of Each Receipt this Period
345.45

In-kind - LIST RENTAL

SUBTOTAL of Receipts This Page (optional)	345.45
TOTAL This Period (last page this line number only)	345.45

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) ADAPDID DIGITAL CONCEPTS INC.</p> <p>Mailing Address 6306 INDIAN RUN PARKWAY</p> <p>City ALEXANDRIA State VA Zip Code 22312</p> <p>Purpose of Disbursement WEB SERVICE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.6763</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="300.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) ADAPDID DIGITAL CONCEPTS INC.</p> <p>Mailing Address 6306 INDIAN RUN PARKWAY</p> <p>City ALEXANDRIA State VA Zip Code 22312</p> <p>Purpose of Disbursement WEB SERVICE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.6764</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2000.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) ADP INC</p> <p>Mailing Address 1 ADP BLVD</p> <p>City ROSELAND State NJ Zip Code 07068</p> <p>Purpose of Disbursement PAYROLL SVC</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.6765</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="44.80"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) ADP INC Mailing Address 1 ADP BLVD City ROSELAND State NJ Zip Code 07068 Purpose of Disbursement PAYROLL SVC Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6766 Date of Disbursement 05 / 21 / 2010	Amount of Each Disbursement this Period 44.80
B.	Full Name (Last, First, Middle Initial) ADP INC Mailing Address 1 ADP BLVD City ROSELAND State NJ Zip Code 07068 Purpose of Disbursement PAYROLL SVC Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6767 Date of Disbursement 06 / 04 / 2010	Amount of Each Disbursement this Period 44.80
C.	Full Name (Last, First, Middle Initial) ADP INC Mailing Address 1 ADP BLVD City ROSELAND State NJ Zip Code 07068 Purpose of Disbursement PAYROLL SVC Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6768 Date of Disbursement 06 / 25 / 2010	Amount of Each Disbursement this Period 48.00

SUBTOTAL of Disbursements This Page (optional) ▶

137.60

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
AMERICAN EXPRESS

Mailing Address PO BOX 650448

City DALLAS State TX Zip Code 75265

Purpose of Disbursement
CREDIT CARD PAYMENT

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.6656
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	0

Amount of Each Disbursement this Period

220.37

B.

Full Name (Last, First, Middle Initial)
COSTCO

Mailing Address 999 LAKE DR

City ISSAQUAH State WA Zip Code 98027

Purpose of Disbursement
OFFICE SUPPLIES/FOOD/BEVERAGE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.6656.0
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	0

Amount of Each Disbursement this Period

220.37

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
LOGAN ASHBAUGH

Mailing Address 1115 ESTHER ST STE B

City VANCOUVER State WA Zip Code 98660

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.6680
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	1	0

Amount of Each Disbursement this Period

950.33

SUBTOTAL of Disbursements This Page (optional) ▶

1170.70

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

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
LOGAN ASHBAUGH

Transaction ID: SB17.6681
Date of Disbursement

Mailing Address 1115 ESTHER ST STE B

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	0

City State Zip Code
VANCOUVER WA 98660

Amount of Each Disbursement this Period

950.34

Purpose of Disbursement
PAYROLL

Category/ Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
BANK OF AMERICA

Transaction ID: SB17.6657
Date of Disbursement

Mailing Address 100 NORTH TRYON STREET

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	0

City State Zip Code
CHARLOTTE NC 28255

Amount of Each Disbursement this Period

368.90

Purpose of Disbursement
CREDIT CARD PAYMENT

Category/ Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
THE HOME DEPOT

Transaction ID: SB17.6657.0
Date of Disbursement

Mailing Address 2455 PACES FERRY RD NW

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	0

City State Zip Code
ATLANTA GA 30339

Amount of Each Disbursement this Period

250.04

Purpose of Disbursement
EVENT SUPPLIES

Category/ Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

1319.24

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

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
OFFICE DEPOT

Mailing Address 6600 N MILITARY TRAIL

City BOCA RATON State FL Zip Code 33496

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.6657.1
Date of Disbursement

06 / 29 / 2010

Amount of Each Disbursement this Period

11.26

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
ROUND TABLE PIZZA

Mailing Address 1320 WILLOW PASS RD
STE 600

City CONCORD State CA Zip Code 94520

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.6657.2
Date of Disbursement

06 / 29 / 2010

Amount of Each Disbursement this Period

19.99

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
CHEVRON

Mailing Address 6001 BOLLINGER CANYON RD

City SAN RAMON State CA Zip Code 94583

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.6657.3
Date of Disbursement

06 / 29 / 2010

Amount of Each Disbursement this Period

58.99

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) MCDONALDS <hr/> Mailing Address 1 MCDONALDS PLAZA <hr/> City OAK BROOK State IL Zip Code 60523 <hr/> Purpose of Disbursement FOOD/BEVERAGE Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.6657.4 Date of Disbursement 06 / 29 / 2010 <hr/> Amount of Each Disbursement this Period 10.77 <hr/> [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) QUIZNOS SUBS <hr/> Mailing Address 1001 17TH ST STE 200 <hr/> City DENVER State CO Zip Code 80202 <hr/> Purpose of Disbursement FOOD/BEVERAGE Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.6657.5 Date of Disbursement 06 / 29 / 2010 <hr/> Amount of Each Disbursement this Period 17.85 <hr/> [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) ELAVON <hr/> Mailing Address ONE CONCOURSE PARKWAY, SUITE 300 <hr/> City ATLANTA State GA Zip Code 30328 <hr/> Purpose of Disbursement CREDIT CARD MERCHANT FEE Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.6689 Date of Disbursement 05 / 03 / 2010 <hr/> Amount of Each Disbursement this Period 28.70

SUBTOTAL of Disbursements This Page (optional) ▶

28.70

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
ELAVON

Transaction ID: SB17.6690
Date of Disbursement

Mailing Address ONE CONCOURSE PARKWAY, SUITE 300

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	1	0

City ATLANTA State GA Zip Code 30328

Amount of Each Disbursement this Period

229.48

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
GATEWAY COMMUNICATIONS

Transaction ID: SB17.6746
Date of Disbursement

Mailing Address 16805 NE MASON COURT

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	5		2	0	1	0

City PORTLAND State OR Zip Code 97230

Amount of Each Disbursement this Period

5918.64

Purpose of Disbursement
PRINTING/POSTAGE

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
GATEWAY COMMUNICATIONS

Transaction ID: SB17.6747
Date of Disbursement

Mailing Address 16805 NE MASON COURT

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	0

City PORTLAND State OR Zip Code 97230

Amount of Each Disbursement this Period

3108.68

Purpose of Disbursement
PRINTING/POSTAGE

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

9256.80

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) GOOGLE, INC	Transaction ID: SB17.6712
	Mailing Address 1600 AMPHITHEATRE PARKWAY	Date of Disbursement 06 / 28 / 2010
	City MOUNTAIN VIEW State CA Zip Code 94043	Amount of Each Disbursement this Period 127.61
	Purpose of Disbursement CREDIT CARD MERCHANT FEE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) GOOGLE, INC	Transaction ID: SB17.6713
	Mailing Address 1600 AMPHITHEATRE PARKWAY	Date of Disbursement 06 / 28 / 2010
	City MOUNTAIN VIEW State CA Zip Code 94043	Amount of Each Disbursement this Period 3.20
	Purpose of Disbursement CREDIT CARD MERCHANT FEE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) GOOGLE, INC	Transaction ID: SB17.6714
	Mailing Address 1600 AMPHITHEATRE PARKWAY	Date of Disbursement 06 / 29 / 2010
	City MOUNTAIN VIEW State CA Zip Code 94043	Amount of Each Disbursement this Period 71.44
	Purpose of Disbursement CREDIT CARD MERCHANT FEE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	▶	202.25
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) GOOGLE, INC Mailing Address 1600 AMPHITHEATRE PARKWAY City MOUNTAIN VIEW State CA Zip Code 94043 Purpose of Disbursement CREDIT CARD MERCHANT FEE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6715 Date of Disbursement 06 / 30 / 2010 Amount of Each Disbursement this Period 29.30
B.	Full Name (Last, First, Middle Initial) INTEL 360 Mailing Address 201 N. UNION STREET, STE. 550 City ALEXANDRIA State VA Zip Code 22314 Purpose of Disbursement DATA SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6717 Date of Disbursement 05 / 03 / 2010 Amount of Each Disbursement this Period 250.00
C.	Full Name (Last, First, Middle Initial) INTEL 360 Mailing Address 201 N. UNION STREET, STE. 550 City ALEXANDRIA State VA Zip Code 22314 Purpose of Disbursement DATA SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6718 Date of Disbursement 05 / 28 / 2010 Amount of Each Disbursement this Period 500.00

SUBTOTAL of Disbursements This Page (optional) ▶

779.30

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) INTEL 360 <hr/> Mailing Address 201 N. UNION STREET, STE. 550 <hr/> City ALEXANDRIA State VA Zip Code 22314 <hr/> Purpose of Disbursement DATA SERVICES Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.6719 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 500.00
B.	Full Name (Last, First, Middle Initial) INTERNAL REVENUE SERVICE <hr/> Mailing Address PO BOX 409101 <hr/> City OGDEN State UT Zip Code 84409 <hr/> Purpose of Disbursement PAYROLL TAXES Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.6733 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 1148.30
C.	Full Name (Last, First, Middle Initial) INTERNAL REVENUE SERVICE <hr/> Mailing Address PO BOX 409101 <hr/> City OGDEN State UT Zip Code 84409 <hr/> Purpose of Disbursement PAYROLL TAXES Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.6734 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 1046.98

SUBTOTAL of Disbursements This Page (optional) ▶

2695.28

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) INTERNAL REVENUE SERVICE Mailing Address PO BOX 409101 City OGDEN State UT Zip Code 84409 Purpose of Disbursement PAYROLL TAXES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6735 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 8 / 2 0 1 0 Amount of Each Disbursement this Period 1046.98
B.	Full Name (Last, First, Middle Initial) INTERNAL REVENUE SERVICE Mailing Address PO BOX 409101 City OGDEN State UT Zip Code 84409 Purpose of Disbursement PAYROLL TAXES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6736 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 1 0 Amount of Each Disbursement this Period 1366.00
C.	Full Name (Last, First, Middle Initial) INTERNAL REVENUE SERVICE Mailing Address PO BOX 409101 City OGDEN State UT Zip Code 84409 Purpose of Disbursement PAYROLL TAXES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6737 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 1 0 Amount of Each Disbursement this Period 1552.82

SUBTOTAL of Disbursements This Page (optional) ▶	3965.80
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) KPAM 860 <hr/> Mailing Address 6605 SE LAKE ROAD <hr/> City PORTLAND State OR Zip Code 97222 <hr/> Purpose of Disbursement MEDIA Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6723 Date of Disbursement 05 / 07 / 2010 <hr/> Amount of Each Disbursement this Period 1190.00
B.	Full Name (Last, First, Middle Initial) KPAM 860 <hr/> Mailing Address 6605 SE LAKE ROAD <hr/> City PORTLAND State OR Zip Code 97222 <hr/> Purpose of Disbursement MEDIA Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6724 Date of Disbursement 05 / 12 / 2010 <hr/> Amount of Each Disbursement this Period 714.00
C.	Full Name (Last, First, Middle Initial) KUIK RADIO <hr/> Mailing Address PO BOX 566 <hr/> City HILLSBORO State OR Zip Code 97123 <hr/> Purpose of Disbursement MEDIA Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6726 Date of Disbursement 05 / 05 / 2010 <hr/> Amount of Each Disbursement this Period 1200.00

SUBTOTAL of Disbursements This Page (optional) ▶

3104.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) KUIK RADIO	Transaction ID: SB17.6727 Date of Disbursement 05 / 12 / 2010
	Mailing Address PO BOX 566	Amount of Each Disbursement this Period 960.00
	City HILLSBORO State OR Zip Code 97123	
	Purpose of Disbursement MEDIA	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BROCK LOWRENCE	Transaction ID: SB17.6672 Date of Disbursement 04 / 30 / 2010
	Mailing Address 2109 NW IRVING #414	Amount of Each Disbursement this Period 1842.59
	City PORTLAND State OR Zip Code 97210	
	Purpose of Disbursement PAYROLL	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) BROCK LOWRENCE	Transaction ID: SB17.6673 Date of Disbursement 05 / 14 / 2010
	Mailing Address 2109 NW IRVING #414	Amount of Each Disbursement this Period 1842.59
	City PORTLAND State OR Zip Code 97210	
	Purpose of Disbursement PAYROLL	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

4645.18

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
MOORE INFORMATION, INC.

Transaction ID: SB17.6753
Date of Disbursement

Mailing Address 2130 SW JEFFERSON ST., STE. 200

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	5		2	0	1	0

City PORTLAND State OR Zip Code 97201

Amount of Each Disbursement this Period

9725.00

Purpose of Disbursement
SURVEY RESEARCH

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
MOORE INFORMATION, INC.

Transaction ID: SB17.6754
Date of Disbursement

Mailing Address 2130 SW JEFFERSON ST., STE. 200

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	1	0

City PORTLAND State OR Zip Code 97201

Amount of Each Disbursement this Period

9725.00

Purpose of Disbursement
SURVEY RESEARCH

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
NEWS RADIO 750 KXL

Transaction ID: SB17.6729
Date of Disbursement

Mailing Address 0234 SW BANCROFT STREET

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	5		2	0	1	0

City PORTLAND State OR Zip Code 97239

Amount of Each Disbursement this Period

3300.00

Purpose of Disbursement
MEDIA

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

22750.00

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
NEWS RADIO 750 KXL

Transaction ID: SB17.6730
Date of Disbursement

Mailing Address 0234 SW BANCROFT STREET

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	2		2	0	1	0

City PORTLAND State OR Zip Code 97239

Amount of Each Disbursement this Period

Purpose of Disbursement
MEDIA

--

2640.00

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
NNB RADIO

Transaction ID: SB17.6732
Date of Disbursement

Mailing Address 285 SW MAIN COURT

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	2		2	0	1	0

City WARRENTON State OR Zip Code 97146

Amount of Each Disbursement this Period

Purpose of Disbursement
MEDIA

--

480.00

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
ALEX OPSAHL

Transaction ID: SB17.6683
Date of Disbursement

Mailing Address 7196 SW ASCOT COURT

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	0

City PORTLAND State OR Zip Code 97213

Amount of Each Disbursement this Period

Purpose of Disbursement
TRAVEL

--

660.00

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

3780.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) ALEXANDER OPSAHL Mailing Address 1115 ESTHER ST STE B City VANCOUVER State WA Zip Code 98660 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6667 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 1 0 Amount of Each Disbursement this Period 1322.97
B.	Full Name (Last, First, Middle Initial) ALEXANDER OPSAHL Mailing Address 1115 ESTHER ST STE B City VANCOUVER State WA Zip Code 98660 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6668 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 1 0 Amount of Each Disbursement this Period 853.16
C.	Full Name (Last, First, Middle Initial) ALEXANDER OPSAHL Mailing Address 1115 ESTHER ST STE B City VANCOUVER State WA Zip Code 98660 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6669 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 8 / 2 0 1 0 Amount of Each Disbursement this Period 853.16

SUBTOTAL of Disbursements This Page (optional) ▶

3029.29

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
ALEXANDER OPSAHL

Transaction ID: SB17.6670
Date of Disbursement

Mailing Address 1115 ESTHER ST STE B

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	1	0

City VANCOUVER State WA Zip Code 98660

Amount of Each Disbursement this Period

853.16

Purpose of Disbursement
PAYROLL

Category/ Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
ALEXANDER OPSAHL

Transaction ID: SB17.6671
Date of Disbursement

Mailing Address 1115 ESTHER ST STE B

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	0

City VANCOUVER State WA Zip Code 98660

Amount of Each Disbursement this Period

853.16

Purpose of Disbursement
PAYROLL

Category/ Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
OREGON DEPARTMENT OF REVENUE

Transaction ID: SB17.6738
Date of Disbursement

Mailing Address 955 CENTER ST NE

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	1	0

City SALEM State OR Zip Code 97301

Amount of Each Disbursement this Period

376.47

Purpose of Disbursement
PAYROLL TAXES

Category/ Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

2082.79

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) OREGON DEPARTMENT OF REVENUE</p> <p>Mailing Address 955 CENTER ST NE</p> <p>City SALEM State OR Zip Code 97301</p> <p>Purpose of Disbursement PAYROLL TAXES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.6739</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="337.92"/></p>
<p>B. Full Name (Last, First, Middle Initial) OREGON DEPARTMENT OF REVENUE</p> <p>Mailing Address 955 CENTER ST NE</p> <p>City SALEM State OR Zip Code 97301</p> <p>Purpose of Disbursement PAYROLL TAXES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.6740</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="337.92"/></p>
<p>C. Full Name (Last, First, Middle Initial) OREGON DEPARTMENT OF REVENUE</p> <p>Mailing Address 955 CENTER ST NE</p> <p>City SALEM State OR Zip Code 97301</p> <p>Purpose of Disbursement PAYROLL TAXES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.6741</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="454.20"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="1130.04"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) OREGON DEPARTMENT OF REVENUE <hr/> Mailing Address 955 CENTER ST NE <hr/> City SALEM State OR Zip Code 97301 <hr/> Purpose of Disbursement PAYROLL TAXES Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.6742 Date of Disbursement 06 / 30 / 2010 <hr/> Amount of Each Disbursement this Period 527.76
B.	Full Name (Last, First, Middle Initial) OREGON RIGHT TO LIFE CANDIDATE PAC <hr/> Mailing Address 4335 RIVER RD N <hr/> City SALEM State OR Zip Code 97303 <hr/> Purpose of Disbursement In-kind - LIST RENTAL Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.7397 Date of Disbursement 04 / 30 / 2010 <hr/> Amount of Each Disbursement this Period 345.45
C.	Full Name (Last, First, Middle Initial) PACIFIC CAPITAL PARTNERS <hr/> Mailing Address 7327 NW BARNES ROAD, PMB 120 <hr/> City PORTLAND State OR Zip Code 97225 <hr/> Purpose of Disbursement RENT Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.6751 Date of Disbursement 05 / 28 / 2010 <hr/> Amount of Each Disbursement this Period 2583.00

SUBTOTAL of Disbursements This Page (optional) ▶

3456.21

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
DANIEL PECK

Transaction ID: SB17.6678
Date of Disbursement

Mailing Address 1115 ESTHER ST STE B

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	0

City State Zip Code
VANCOUVER WA 98660

Amount of Each Disbursement this Period

654.12

Purpose of Disbursement
PAYROLL

--

Candidate Name

Category/ Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
REAL GOOD TECHNOLOGIES

Transaction ID: SB17.6756
Date of Disbursement

Mailing Address 535 16TH STREET, SUITE 320

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	3		2	0	1	0

City State Zip Code
DENVER CO 80202

Amount of Each Disbursement this Period

415.60

Purpose of Disbursement
WEB SERVICE

--

Candidate Name

Category/ Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
REAL GOOD TECHNOLOGIES

Transaction ID: SB17.6757
Date of Disbursement

Mailing Address 535 16TH STREET, SUITE 320

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	1	0

City State Zip Code
DENVER CO 80202

Amount of Each Disbursement this Period

415.24

Purpose of Disbursement
WEB SERVICE

--

Candidate Name

Category/ Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

1484.96

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

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) STAFFORD STUDIOS</p> <p>Mailing Address 6270 SE 29TH WAY</p> <p>City GRESHAM State OR Zip Code 97080</p> <p>Purpose of Disbursement WEB SERVICE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.6758</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="400.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) STAFFORD STUDIOS</p> <p>Mailing Address 6270 SE 29TH WAY</p> <p>City GRESHAM State OR Zip Code 97080</p> <p>Purpose of Disbursement WEB SERVICE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.6759</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="320.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) TIFFANY STARK</p> <p>Mailing Address PO BOX 13470</p> <p>City PORTLAND State OR Zip Code 97232</p> <p>Purpose of Disbursement FINANCE CONSULTING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.6664</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="5000.00"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5720.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
TIFFANY STARK

Transaction ID: SB17.6665
Date of Disbursement

Mailing Address PO BOX 13470

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	0

City PORTLAND State OR Zip Code 97232

Amount of Each Disbursement this Period

Purpose of Disbursement
FINANCE CONSULTING

Category/
Type

5000.00

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
US BANK

Transaction ID: SB17.6658
Date of Disbursement

Mailing Address PO BOX 790408

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	3		2	0	1	0

City ST LOUIS State MO Zip Code 63179

Amount of Each Disbursement this Period

Purpose of Disbursement
CREDIT CARD PAYMENT

Category/
Type

3657.46

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
SECRETARY OF STATE OREGON

Transaction ID: SB17.6658.0
Date of Disbursement

Mailing Address 136 STATE CAPITOL

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	3		2	0	1	0

City SALEM State OR Zip Code 97301

Amount of Each Disbursement this Period

Purpose of Disbursement
REGISTRATION FEE

Category/
Type

2500.00

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

8657.46

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) USPS Mailing Address 19190 SW 90TH City TUALATIN State OR Zip Code 97062 Purpose of Disbursement POSTAGE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6658.1 Date of Disbursement 05 / 03 / 2010 Amount of Each Disbursement this Period 9.14 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) HOLIDAY INNS Mailing Address FIVE POINTS City ATLANTA State GA Zip Code 30303 Purpose of Disbursement TRAVEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6658.2 Date of Disbursement 05 / 03 / 2010 Amount of Each Disbursement this Period 343.25 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) CITY OF PORTLAND Mailing Address 1120 SW 5TH STE 800 City PORTLAND State OR Zip Code 97204 Purpose of Disbursement PARKING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6658.3 Date of Disbursement 05 / 03 / 2010 Amount of Each Disbursement this Period 1.60 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
OREGON CONVENTION CENTER

Mailing Address 777 NE MLK JR BLVD

City PORTLAND State OR Zip Code 97232

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.6658.4
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	3		2	0	1	0

Amount of Each Disbursement this Period

6.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
ASHFORTH PACIFIC PACWES

Mailing Address 1211 SW 5TH AVE

City PORTLAND State OR Zip Code 97219

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.6658.5
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	3		2	0	1	0

Amount of Each Disbursement this Period

15.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
MARRIOTT HOTELS

Mailing Address 10400 FERNWOOD RD

City BETHESDA State MD Zip Code 20817

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.6658.6
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	3		2	0	1	0

Amount of Each Disbursement this Period

469.38

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
CONSTANT CONTACT

Mailing Address 1601 TRAPELO RD

City WALTHAM State MA Zip Code 02451

Purpose of Disbursement

WEB SERVICE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.6658.7

Date of Disbursement

05 / 03 / 2010

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
THE HOME DEPOT

Mailing Address 2455 PACES FERRY RD NW

City ATLANTA State GA Zip Code 30339

Purpose of Disbursement

EVENT SUPPLIES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.6658.8

Date of Disbursement

05 / 03 / 2010

Amount of Each Disbursement this Period

27.65

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
PORTLAND INTERNATIONAL AIRPORT

Mailing Address 7000 NE AIRPORT WAY

City PORTLAND State OR Zip Code 97218

Purpose of Disbursement

PARKING

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.6658.9

Date of Disbursement

05 / 03 / 2010

Amount of Each Disbursement this Period

40.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
VONAGE

Mailing Address 23 MAIN STREET

City HOLMDEL State NJ Zip Code 07733

Purpose of Disbursement
TELEPHONE SERVICE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.6658.10
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	3		2	0	1	0

Amount of Each Disbursement this Period

31.38

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
STAPLES

Mailing Address 500 STAPLES DR

City FRAMINGHAM State MA Zip Code 01702

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.6658.11
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	3		2	0	1	0

Amount of Each Disbursement this Period

9.28

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
WENDY'S

Mailing Address 1 DAVE THOMAS BLVD

City DUBLIN State OH Zip Code 43017

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.6658.12
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	3		2	0	1	0

Amount of Each Disbursement this Period

10.56

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
UNION 76

Mailing Address 2141 ROSECRANS AVE STE 4000

City State Zip Code
EL SEGUNDO CA 90245

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.6658.13
Date of Disbursement

05 / 03 / 2010

Amount of Each Disbursement this Period

60.01

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
THE OLIVE GARDEN

Mailing Address 5900 LEAKE ELLENOR DR

City State Zip Code
ORLANDO FL 32809

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.6658.14
Date of Disbursement

05 / 03 / 2010

Amount of Each Disbursement this Period

10.95

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
SAFEWAY

Mailing Address 5918 STONERIDGE MALL RD

City State Zip Code
PLEASCONT CA 94588

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.6658.15
Date of Disbursement

05 / 03 / 2010

Amount of Each Disbursement this Period

73.26

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
US BANK

Transaction ID: SB17.6659
Date of Disbursement

Mailing Address PO BOX 790408

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	1	0

City ST LOUIS State MO Zip Code 63179

Amount of Each Disbursement this Period

1758.29

Purpose of Disbursement
CREDIT CARD PAYMENT

--

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
TARGET

Transaction ID: SB17.6659.0
Date of Disbursement

Mailing Address 1000 NICOLLET MALL

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	1	0

City MINNEAPOLIS State MN Zip Code 55403

Amount of Each Disbursement this Period

38.95

Purpose of Disbursement
OFFICE SUPPLIES

--

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
BEST WESTERN

Transaction ID: SB17.6659.1
Date of Disbursement

Mailing Address 6201 N 24TH PKWY

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	1	0

City PHOENIX State AZ Zip Code 85338

Amount of Each Disbursement this Period

272.55

Purpose of Disbursement
FACILITY RENTAL

--

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

1758.29

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

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) FTIN SOLUTIONS</p> <p>Mailing Address 325 JIMMIE LEEDS RD STE 117</p> <p>City GALLOWAY State NJ Zip Code 08205</p> <p>Purpose of Disbursement DATABASE MANAGEMENT SERVICE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.6659.2</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: right;">392.90</td> </tr> </table> <p>[MEMO ITEM]</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	3		2	0	1	0	392.90
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		0	3		2	0	1	0													
392.90																						
<p>B. Full Name (Last, First, Middle Initial) CONSTANT CONTACT</p> <p>Mailing Address 1601 TRAPELO RD</p> <p>City WALTHAM State MA Zip Code 02451</p> <p>Purpose of Disbursement WEB SERVICE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.6659.3</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: right;">50.00</td> </tr> </table> <p>[MEMO ITEM]</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	3		2	0	1	0	50.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		0	3		2	0	1	0													
50.00																						
<p>C. Full Name (Last, First, Middle Initial) FEDEX KINKOS</p> <p>Mailing Address 8707 SW TUALATIN-SHERWOOD RD</p> <p>City TUALATIN State OR Zip Code 97062</p> <p>Purpose of Disbursement DELIVERY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.6659.4</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: right;">17.23</td> </tr> </table> <p>[MEMO ITEM]</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	3		2	0	1	0	17.23
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		0	3		2	0	1	0													
17.23																						

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
VONAGE

Mailing Address 23 MAIN STREET

City HOLMDEL State NJ Zip Code 07733

Purpose of Disbursement
TELEPHONE SERVICE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.6659.5
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	1	0

Amount of Each Disbursement this Period

32.76

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
STAPLES

Mailing Address 500 STAPLES DR

City FRAMINGHAM State MA Zip Code 01702

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.6659.6
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	1	0

Amount of Each Disbursement this Period

94.67

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
WESTSIDE ECONOMIC ALLIANCE

Mailing Address 10220 SW NIMBUS AVE
STE K012

City PORTLAND State OR Zip Code 97223

Purpose of Disbursement
REGISTRATION FEE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.6659.7
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	1	0

Amount of Each Disbursement this Period

80.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
ENTERPRISE

Transaction ID: SB17.6659.8
Date of Disbursement

Mailing Address 600 CORPORATE PARK DRIVE

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	1	0

City ST LOUIS State MO Zip Code 63105

Amount of Each Disbursement this Period

162.84

Purpose of Disbursement
TRAVEL

--

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

[MEMO ITEM]

State: District:

B.

Full Name (Last, First, Middle Initial)
CLARK LUMBER

Transaction ID: SB17.6659.9
Date of Disbursement

Mailing Address 8460 SW NYBERG RD

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	1	0

City TUALATIN State OR Zip Code 97062

Amount of Each Disbursement this Period

11.99

Purpose of Disbursement
EVENT SUPPLIES

--

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

[MEMO ITEM]

State: District:

C.

Full Name (Last, First, Middle Initial)
CITY OF PORTLAND

Transaction ID: SB17.6659.10
Date of Disbursement

Mailing Address 1120 SW 5TH
STE 800

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	1	0

City PORTLAND State OR Zip Code 97204

Amount of Each Disbursement this Period

4.40

Purpose of Disbursement
PARKING

--

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

[MEMO ITEM]

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
SUBWAY

Mailing Address 325 BIC DR

City MILFORD State CT Zip Code 06460

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.6659.11
Date of Disbursement

06 / 03 / 2010

Amount of Each Disbursement this Period

26.15

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
FRED MEYER

Mailing Address 3800 SE 22ND AVE

City PORTLAND State OR Zip Code 97202

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.6659.12
Date of Disbursement

06 / 03 / 2010

Amount of Each Disbursement this Period

2.98

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
THE HOME DEPOT

Mailing Address 2455 PACES FERRY RD NW

City ATLANTA State GA Zip Code 30339

Purpose of Disbursement
EVENT SUPPLIES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.6659.13
Date of Disbursement

06 / 03 / 2010

Amount of Each Disbursement this Period

167.96

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
CHEVRON

Mailing Address 6001 BOLLINGER CANYON RD

City State Zip Code
SAN RAMON CA 94583

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.6659.14
Date of Disbursement

06 / 03 / 2010

Amount of Each Disbursement this Period

84.56

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
MCDONALDS

Mailing Address 1 MCDONALDS PLAZA

City State Zip Code
OAK BROOK IL 60523

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.6659.15
Date of Disbursement

06 / 03 / 2010

Amount of Each Disbursement this Period

10.58

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
THE HOME DEPOT

Mailing Address 2455 PACES FERRY RD NW

City State Zip Code
ATLANTA GA 30339

Purpose of Disbursement
EVENT SUPPLIES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.6659.16
Date of Disbursement

06 / 03 / 2010

Amount of Each Disbursement this Period

10.97

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) US BANK <hr/> Mailing Address PO BOX 790408 <hr/> City ST LOUIS State MO Zip Code 63179 <hr/> Purpose of Disbursement BANK FEE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6659.17 Date of Disbursement 06 / 03 / 2010 <hr/> Amount of Each Disbursement this Period 49.00 <hr/> [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) CONGRESSIONAL QUARTERLY <hr/> Mailing Address 1255 22ND ST NW <hr/> City WASHINGTON State DC Zip Code 20037 <hr/> Purpose of Disbursement SUBSCRIPTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6659.18 Date of Disbursement 06 / 03 / 2010 <hr/> Amount of Each Disbursement this Period 243.17 <hr/> [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) BI-MART <hr/> Mailing Address 220 SENECA RD <hr/> City EUGENE State OR Zip Code 97402 <hr/> Purpose of Disbursement EVENT SUPPLIES Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6659.19 Date of Disbursement 06 / 03 / 2010 <hr/> Amount of Each Disbursement this Period 4.63 <hr/> [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) USPS <hr/> Mailing Address 19190 SW 90TH <hr/> City TUALATIN State OR Zip Code 97062 <hr/> Purpose of Disbursement POSTAGE Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.6744 Date of Disbursement 06 / 29 / 2010 <hr/> Amount of Each Disbursement this Period 20.00
B.	Full Name (Last, First, Middle Initial) KAY WATSON <hr/> Mailing Address 2900 NW 11TH COURT <hr/> City PORTLAND State OR Zip Code 97229 <hr/> Purpose of Disbursement CATERING Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.6663 Date of Disbursement 05 / 17 / 2010 <hr/> Amount of Each Disbursement this Period 240.00
C.	Full Name (Last, First, Middle Initial) WEST MERIDIAN LLC <hr/> Mailing Address 914 164TH STREET SE STE 343 <hr/> City MILL CREEK State WA Zip Code 98012 <hr/> Purpose of Disbursement PRINTING/POSTAGE Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.6748 Date of Disbursement 05 / 03 / 2010 <hr/> Amount of Each Disbursement this Period 8258.75

SUBTOTAL of Disbursements This Page (optional) ►

8518.75

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

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

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FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) WEST MERIDIAN LLC Mailing Address 914 164TH STREET SE STE 343 City MILL CREEK State WA Zip Code 98012 Purpose of Disbursement WEB SERVICE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6760 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">29982.52</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	7		2	0	1	0	29982.52
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		0	7		2	0	1	0														
29982.52																							
B.	Full Name (Last, First, Middle Initial) WEST MERIDIAN LLC Mailing Address 914 164TH STREET SE STE 343 City MILL CREEK State WA Zip Code 98012 Purpose of Disbursement WEB SERVICE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6761 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">3800.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	2		2	0	1	0	3800.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		1	2		2	0	1	0														
3800.00																							
C.	Full Name (Last, First, Middle Initial) WEST MERIDIAN LLC Mailing Address 914 164TH STREET SE STE 343 City MILL CREEK State WA Zip Code 98012 Purpose of Disbursement POLITICAL STRATEGY CONSULTING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6743 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">6073.41</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	1		2	0	1	0	6073.41
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		2	1		2	0	1	0														
6073.41																							

SUBTOTAL of Disbursements This Page (optional) ▶	<table border="1"> <tr> <td style="font-weight: bold;">39855.93</td> </tr> </table>	39855.93
39855.93		
TOTAL This Period (last page this line number only) ▶	<table border="1"> <tr> <td style="height: 20px;"></td> </tr> </table>	

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

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CORNILLES FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
WEST MERIDIAN LLC

Transaction ID: SB17.6755

Date of Disbursement

Mailing Address 914 164TH STREET SE
STE 343

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	0

City State Zip Code
MILL CREEK WA 98012

Amount of Each Disbursement this Period

7557.12

Purpose of Disbursement
TRAVEL/PRINTING/POSTAGE

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

7557.12

TOTAL This Period (last page this line number only)

144958.26
