

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

Erickson For Congress

ADDRESS (number and street)

175 South West Temple, Suite 650

Check if different than previously reported. (ACC)

Salt Lake City

UT

84101

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00422097

3. IS THIS REPORT

X

NEW (N)

OR

AMENDED (A)

STATE DISTRICT

OR

05

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

X

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

01

01

2008

through

03

31

2008

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

Craig S. McQuarrie

Signature of Treasurer

Electronically Filed by Craig S. McQuarrie

Date

04

14

2008

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Erickson For Congress

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	118156.88	291696.08
(b) Total Contribution Refunds (from Line 20(d)).....	300.00	300.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	117856.88	291396.08
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	256044.08	320039.81
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	1972.71
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	256044.08	318067.10
8. Cash on Hand at Close of Reporting Period (from Line 27).....	332711.23	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	1908720.40	

For further information contact:

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name
Erickson For Congress

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	110143.88	265107.88
(ii) Unitemized.....	6013.00	24521.00
(iii) TOTAL of contributions from individuals..... ▶	116156.88	289628.88
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACS).....	2000.00	2067.20
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	118156.88	291696.08
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	340000.00	341420.40
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	340000.00	341420.40
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	0.00	1972.71
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	458156.88	635089.19

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	256044.08	320039.81
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.....	300.00	300.00
(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)).....	300.00	300.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	256344.08	320339.81

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	130898.43
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	458156.88
25. SUBTOTAL (add Line 23 and Line 24).....	589055.31
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	256344.08
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	332711.23

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 102
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 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)
Erickson For Congress

A. Full Name (Last, First, Middle Initial)
Barclay Armitage

Mailing Address 6903 SE Riverside Dr. #16

City State Zip Code
Vancouver WA 98664

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

Name of Employer N/A Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

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

Transaction ID: 80326.C962

Amount of Each Receipt this Period
4600.00

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

B. Full Name (Last, First, Middle Initial)
Barclay Armitage

Mailing Address 6903 SE Riverside Dr. #16

City State Zip Code
Vancouver WA 98664

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

Name of Employer N/A Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

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

Transaction ID: 80326.C963

Amount of Each Receipt this Period
-2300.00

Redesignation FROM Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
 Redesignated to General
 2008

C. Full Name (Last, First, Middle Initial)
Barclay Armitage

Mailing Address 6903 SE Riverside Dr. #16

City State Zip Code
Vancouver WA 98664

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

Name of Employer N/A Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

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

Transaction ID: 80326.C964

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **4600.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 102
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Erickson For Congress

A. Full Name (Last, First, Middle Initial)
Frederick G. Armstrong

Mailing Address 14895 SW Carlsbad

City State Zip Code
Beaverton OR 97007

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 28 / 2008

Transaction ID: 80407.C1123

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Wendy J. Baker

Mailing Address P.O. Box 228

City State Zip Code
Lake Oswego OR 97034

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2008

Transaction ID: 80408.C1175

Amount of Each Receipt this Period
2600.00

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

C. Full Name (Last, First, Middle Initial)
Wendy J. Baker

Mailing Address P.O. Box 228

City State Zip Code
Lake Oswego OR 97034

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2008

Transaction ID: 80407.C1162

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional) ► **4850.00**

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 / 102
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Erickson For Congress

A. Full Name (Last, First, Middle Initial)
Wendy J. Baker
Mailing Address P.O. Box 228
City State Zip Code
Lake Oswego OR 97034
FEC ID number of contributing federal political committee. **C**
Name of Employer N/A Occupation Homemaker
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4600.00
Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2008
Transaction ID: 80408.C1176
Amount of Each Receipt this Period
-2300.00
Redesignation FROM Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Wendy J. Baker
Mailing Address P.O. Box 228
City State Zip Code
Lake Oswego OR 97034
FEC ID number of contributing federal political committee. **C**
Name of Employer N/A Occupation Homemaker
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4600.00
Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2008
Transaction ID: 80408.C1177
Amount of Each Receipt this Period
2300.00
Redesignation TO Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Mary Bishop
Mailing Address PO Box 3030
City State Zip Code
Portland OR 97208-3030
FEC ID number of contributing federal political committee. **C**
Name of Employer N/A Occupation Retired
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2600.00
Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2008
Transaction ID: 80407.C1146
Amount of Each Receipt this Period
2600.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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 8 / 102
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Erickson For Congress

A. Full Name (Last, First, Middle Initial)
Mary Bishop
Mailing Address PO Box 3030
City Portland State OR Zip Code 97208-3030
FEC ID number of contributing federal political committee. **C**
Name of Employer N/A Occupation Retired
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2600.00
Date of Receipt 03 / 31 / 2008
Transaction ID: 80407.C1148
Amount of Each Receipt this Period -300.00
Redesignation FROM Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Mary Bishop
Mailing Address PO Box 3030
City Portland State OR Zip Code 97208-3030
FEC ID number of contributing federal political committee. **C**
Name of Employer N/A Occupation Retired
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2600.00
Date of Receipt 03 / 31 / 2008
Transaction ID: 80407.C1147
Amount of Each Receipt this Period 300.00
Redesignation TO Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Brian Bittk
Mailing Address 1330 10th Street
City West Linn State OR Zip Code 97068
FEC ID number of contributing federal political committee. **C**
Name of Employer Promo Solutions LLC Occupation Sales
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 250.00
Date of Receipt 03 / 28 / 2008
Transaction ID: 80407.C1133
Amount of Each Receipt this Period 250.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 250.00
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 9 / 102
(check only one)

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

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NAME OF COMMITTEE (In Full)
Erickson For Congress

A. Full Name (Last, First, Middle Initial)
Beau Blixseth

Mailing Address 3534 SW Gale Ave

City State Zip Code
Portland OR 97239

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

Name of Employer Blixseth Group Occupation Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4650.00

Date of Receipt
MM / DD / YYYY
03 / 07 / 2008

Transaction ID: 80326.C1016

Amount of Each Receipt this Period
4600.00

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

B. Full Name (Last, First, Middle Initial)
Beau Blixseth

Mailing Address 3534 SW Gale Ave

City State Zip Code
Portland OR 97239

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

Name of Employer Blixseth Group Occupation Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4650.00

Date of Receipt
MM / DD / YYYY
03 / 07 / 2008

Transaction ID: 80326.C1018

Amount of Each Receipt this Period
50.00

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

C. Full Name (Last, First, Middle Initial)
Beau Blixseth

Mailing Address 3534 SW Gale Ave

City State Zip Code
Portland OR 97239

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

Name of Employer Blixseth Group Occupation Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4650.00

Date of Receipt
MM / DD / YYYY
03 / 07 / 2008

Transaction ID: 80326.C1017

Amount of Each Receipt this Period
-50.00

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

SUBTOTAL of Receipts This Page (optional) ► 4600.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 102
(check only one)

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

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NAME OF COMMITTEE (In Full)
Erickson For Congress

A.

Full Name (Last, First, Middle Initial)
Beau Blixseth

Mailing Address 3534 SW Gale Ave

City State Zip Code
Portland OR 97239

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

Name of Employer Occupation
Blixseth Group Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2350.00

Date of Receipt
MM / DD / YYYY
03 / 07 / 2008

Transaction ID: 80326.C1020

Amount of Each Receipt this Period
-2300.00

Reattribution Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
NOTE: REATTRIBUTION TO SPOUSE

B.

Full Name (Last, First, Middle Initial)
Tracy Blixseth

Mailing Address 3534 SW Gale Ave

City State Zip Code
Portland OR 97239

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

Name of Employer Occupation
N/A Homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt
MM / DD / YYYY
03 / 07 / 2008

Transaction ID: 80326.C1019

Amount of Each Receipt this Period
2300.00

Reattribution Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
NOTE: REATTRIBUTION FROM SPOUSE

C.

Full Name (Last, First, Middle Initial)
Elizabeth J. Bowen

Mailing Address 1120 NW Couch St, Ste 730

City State Zip Code
Portland OR 97209

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt
MM / DD / YYYY
03 / 28 / 2008

Transaction ID: 80407.C1115

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **2300.00**

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: (check only one)	PAGE 11 / 102
	<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)
Erickson For Congress

A. Full Name (Last, First, Middle Initial) Jonathan L. Bowen Mailing Address 1120 NW Couch St, Ste 730 City State Zip Code Portland OR 97209 FEC ID number of contributing federal political committee. C		Date of Receipt <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>3</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Transaction ID: 80407.C1116 Amount of Each Receipt this Period <table border="1"> <tr> <td>2300.00</td> </tr> </table> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	8		2	0	0	8	2300.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	8		2	0	0	8														
2300.00																							
Name of Employer Information Requested Occupation Information Requested Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <table border="1"> <tr> <td>2300.00</td> </tr> </table>		2300.00																					
2300.00																							

B. Full Name (Last, First, Middle Initial) Walter C. Bowen Mailing Address 1120 NW Couch St., #730 City State Zip Code Portland OR 97209 FEC ID number of contributing federal political committee. C		Date of Receipt <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>3</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Transaction ID: 80407.C1117 Amount of Each Receipt this Period <table border="1"> <tr> <td>2500.00</td> </tr> </table> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	8		2	0	0	8	2500.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	8		2	0	0	8														
2500.00																							
Name of Employer BPM Senior Living Company Occupation CEO Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <table border="1"> <tr> <td>4800.00</td> </tr> </table>		4800.00	NOTE: Refund on 03/31/2008																				
4800.00																							

C. Full Name (Last, First, Middle Initial) Walter C. Bowen Mailing Address 1120 NW Couch St., #730 City State Zip Code Portland OR 97209 FEC ID number of contributing federal political committee. C		Date of Receipt <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>3</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Transaction ID: 80407.C1130 Amount of Each Receipt this Period <table border="1"> <tr> <td>-2300.00</td> </tr> </table> Redesignation FROM Memo <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM]	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	8		2	0	0	8	-2300.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	8		2	0	0	8														
-2300.00																							
Name of Employer BPM Senior Living Company Occupation CEO Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <table border="1"> <tr> <td>4800.00</td> </tr> </table>		4800.00																					
4800.00																							

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: PAGE 12 / 102
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Erickson For Congress

A. Full Name (Last, First, Middle Initial)
Walter C. Bowen

Mailing Address 1120 NW Couch St., #730

City State Zip Code
Portland OR 97209

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

Name of Employer Occupation
BPM Senior Living Company CEO

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
03 / 28 / 2008

Transaction ID: 80407.C1131

Amount of Each Receipt this Period
2300.00

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

4800.00

B. Full Name (Last, First, Middle Initial)
Daniel A. Breene

Mailing Address 18140 Westminster Dr

City State Zip Code
Lake Oswego OR 97034-8504

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

Name of Employer Occupation
Bernstein Global Wealth Mmgt Vice President

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
03 / 28 / 2008

Transaction ID: 80407.C1119

Amount of Each Receipt this Period
500.00

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

500.00

C. Full Name (Last, First, Middle Initial)
Dennis Brenner

Mailing Address 850 Prospect PI S

City State Zip Code
Salem OR 97302-5845

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

Name of Employer Occupation
N/A Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
02 / 28 / 2008

Transaction ID: 80326.C984

Amount of Each Receipt this Period
300.00

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

500.00

SUBTOTAL of Receipts This Page (optional) ► **800.00**

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 13 / 102

(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

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)
Erickson For Congress

A.

Full Name (Last, First, Middle Initial)
Dennis Brenner

Mailing Address 850 Prospect Pl S

City Salem State OR Zip Code 97302-5845

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 700.00

Date of Receipt 03 / 17 / 2008

Transaction ID: 80326.C994

Amount of Each Receipt this Period 200.00

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

B.

Full Name (Last, First, Middle Initial)
John Bryan

Mailing Address P.O. Box 1929

City Lake Oswego State OR Zip Code 97035

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3300.00

Date of Receipt 03 / 19 / 2008

Transaction ID: 80326.C1004

Amount of Each Receipt this Period 2300.00

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

C.

Full Name (Last, First, Middle Initial)
John Bryan

Mailing Address P.O. Box 1929

City Lake Oswego State OR Zip Code 97035

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt 03 / 19 / 2008

Transaction ID: 80326.C1005

Amount of Each Receipt this Period -1000.00

Reattribution Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
 Reattributed to Spouse

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 14 / 102

(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)
Erickson For Congress

A.

Full Name (Last, First, Middle Initial)

Martha J. Bryan

Mailing Address P.O. Box 1929

City State Zip Code
Lake Oswego OR 97035

FEC ID number of contributing federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 19 / 2008

Transaction ID: 80326.C1006

Amount of Each Receipt this Period

1000.00

Reattribution Memo

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

B.

Full Name (Last, First, Middle Initial)

Angela Cantonwine

Mailing Address 477 Washington St. S

City State Zip Code
Salem OR 97302

FEC ID number of contributing federal political committee.

C

Name of Employer
N/A

Occupation
Homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 12 / 2008

Transaction ID: 80326.C1034

Amount of Each Receipt this Period

500.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)

Leroy A. Cheney

Mailing Address 1915 Westlake Loop

City State Zip Code
Newberg OR 97132-1500

FEC ID number of contributing federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 19 / 2008

Transaction ID: 80326.C1002

Amount of Each Receipt this Period

250.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

750.00

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 / 102
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Erickson For Congress

A. Full Name (Last, First, Middle Initial)
Jason Clark

Mailing Address 29030 Town Center Loop Rd

City State Zip Code
Wilsonville OR 97070

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

Name of Employer Self Occupation Land Investments

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	8	/	2	0	0	8

Transaction ID: 80326.C987

Amount of Each Receipt this Period
300.00

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

B. Full Name (Last, First, Middle Initial)
Jack Crocker

Mailing Address 17480 Holy Names Dr # 304B

City State Zip Code
Lake Oswego OR 97034-5149

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

Name of Employer N/A Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	4	/	2	0	0	8

Transaction ID: 80326.C1063

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Cornelius Duffie

Mailing Address 1635 SW Elm St.

City State Zip Code
Portland OR 97201

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

Name of Employer N/A Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	9	/	2	0	0	8

Transaction ID: 80326.C1008

Amount of Each Receipt this Period
1500.00

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

SUBTOTAL of Receipts This Page (optional) ► **2300.00**

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 16 / 102
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Erickson For Congress

<p>A. Full Name (Last, First, Middle Initial) John Gerald Duyn</p> <p>Mailing Address 7274 SW Ascot Ct</p> <p>City State Zip Code Portland OR 97225-6039</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Carlton Farms President</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 500.00</p>	<p>Date of Receipt 03 / 11 / 2008</p> <p>Transaction ID: 80326.C1031</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
--	---

<p>B. Full Name (Last, First, Middle Initial) Michael Duyn</p> <p>Mailing Address 290 SW Santana Pl</p> <p>City State Zip Code Portland OR 97225-6157</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Macadam Forbes Commercial Real Estate</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1500.00</p>	<p>Date of Receipt 03 / 28 / 2008</p> <p>Transaction ID: 80407.C1109</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
--	---

<p>C. Full Name (Last, First, Middle Initial) Deanna Dyksterhuis</p> <p>Mailing Address 2729 N.W. Pacific Pl</p> <p>City State Zip Code Newport OR 97365</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Information Requested Information Requested</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 250.00</p>	<p>Date of Receipt 03 / 21 / 2008</p> <p>Transaction ID: 80326.C1060</p> <p>Amount of Each Receipt this Period 250.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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SUBTOTAL of Receipts This Page (optional)	1250.00
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 17 / 102
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Erickson For Congress

A. Full Name (Last, First, Middle Initial)
William S. Elliott

Mailing Address 1017 Molalla Ave, Ste 1

City Oregon City State OR Zip Code 97045-3772

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

Name of Employer Self Occupation Dentist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 800.00

Date of Receipt 03 / 28 / 2008
Transaction ID: 80407.C1096
 Amount of Each Receipt this Period 250.00

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

B. Full Name (Last, First, Middle Initial)
Robert Endres

Mailing Address 16775 Graef Cir

City Lake Oswego State OR Zip Code 97035-5503

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

Name of Employer Endres Northwest, Inc. Occupation Contractor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 03 / 07 / 2008
Transaction ID: 80326.C1014
 Amount of Each Receipt this Period 500.00

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

C. Full Name (Last, First, Middle Initial)
Dana Erickson

Mailing Address 1503 7th St

City Kirkland State WA Zip Code 98033-5184

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

Name of Employer MCM Occupation Insurance

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 9200.00

Date of Receipt 03 / 31 / 2008
Transaction ID: 80408.C1174
 Amount of Each Receipt this Period 4600.00

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

SUBTOTAL of Receipts This Page (optional) ► **5350.00**

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 18 / 102
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Erickson For Congress

A. Full Name (Last, First, Middle Initial)
Dana Erickson
Mailing Address 1503 7th St
City Kirkland State WA Zip Code 98033-5184
FEC ID number of contributing federal political committee. **C**
Name of Employer MCM Occupation Insurance
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General 4600.00
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2008
Transaction ID: 80408.C1173
Amount of Each Receipt this Period
-4600.00
Reattribution Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
REATTRIBUTION TO SPOUSE

B. Full Name (Last, First, Middle Initial)
Ronald Erickson
Mailing Address 3390 Lakeview Blvd
City Lake Oswego State OR Zip Code 97035
FEC ID number of contributing federal political committee. **C**
Name of Employer Coldwell Banker Occupation Broker
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General 250.00
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
03 / 28 / 2008
Transaction ID: 80407.C1072
Amount of Each Receipt this Period
250.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Stephen Erickson
Mailing Address 1503 7th St
City Kirkland State WA Zip Code 98033
FEC ID number of contributing federal political committee. **C**
Name of Employer First Western Properties Occupation Broker
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General 0.00
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2008
Transaction ID: 80408.C1172
Amount of Each Receipt this Period
-2300.00
Redesignation FROM Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) ▶ **250.00**
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 19 / 102
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Erickson For Congress

A. Full Name (Last, First, Middle Initial)
Stephen Erickson
Mailing Address 1503 7th St
City Kirkland State WA Zip Code 98033
FEC ID number of contributing federal political committee. **C**
Name of Employer First Western Properties Occupation Broker
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 0.00
Date of Receipt 03 / 31 / 2008
Transaction ID: 80408.C1171
Amount of Each Receipt this Period 2300.00
Redesignation TO Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Stephen Erickson
Mailing Address 1503 7th St
City Kirkland State WA Zip Code 98033
FEC ID number of contributing federal political committee. **C**
Name of Employer First Western Properties Occupation Broker
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4600.00
Date of Receipt 03 / 31 / 2008
Transaction ID: 80408.C1180
Amount of Each Receipt this Period 4600.00
Reattribution Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
REATTRIBUTION FROM SPOUSE

C. Full Name (Last, First, Middle Initial)
Diana Evans
Mailing Address 1910 Madrona Ave S
City Salem State OR Zip Code 97302
FEC ID number of contributing federal political committee. **C**
Name of Employer N/A Occupation Retired
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 750.00
Date of Receipt 03 / 21 / 2008
Transaction ID: 80326.C1044
Amount of Each Receipt this Period 250.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 250.00
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 20 / 102
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Erickson For Congress

A. Full Name (Last, First, Middle Initial)
Douglas Fieldhouse

Mailing Address 21000 SW Wyndham Hill Ct

City State Zip Code
Tualatin OR 97062

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

Name of Employer Occupation
Vesta Corporation Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Transaction ID: 80326.C952

Amount of Each Receipt this Period
2100.00

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

B. Full Name (Last, First, Middle Initial)
Janice Fortier

Mailing Address 668 McVay Ave, Ste 54

City State Zip Code
Lake Oswego OR 97034

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

Name of Employer Occupation
OHSU Nurse

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	8	/	2	0	0	8

Transaction ID: 80407.C1086

Amount of Each Receipt this Period
200.00

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

C. Full Name (Last, First, Middle Initial)
Nancy Frisch

Mailing Address 12208 SW Breymann Ave

City State Zip Code
Portland OR 97219-8418

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

Name of Employer Occupation
Self Counselor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	8	/	2	0	0	8

Transaction ID: 80407.C1114

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **2550.00**

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 21 / 102
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Erickson For Congress

A. Full Name (Last, First, Middle Initial)
David Gallagher
 Mailing Address P. O. Box 343
 City State Zip Code
 Portland OR 97207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Open Arms International Founder
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼
 Amount of Each Receipt this Period: 500.00
 Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Bill Gander
 Mailing Address 5240 SE 82nd Ave
 City State Zip Code
 Happy Valley OR 97266-4804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Standard TV & Appliance Owner
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼
 Amount of Each Receipt this Period: 3050.00
 Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Bill Gander
 Mailing Address 5240 SE 82nd Ave
 City State Zip Code
 Happy Valley OR 97266-4804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Standard TV & Appliance Owner
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼
 Amount of Each Receipt this Period: -750.00
 Redesignation FROM Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
 Redesignated to General
 2008

SUBTOTAL of Receipts This Page (optional) ► **3500.00**
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 22 / 102
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Erickson For Congress

<p>A. Full Name (Last, First, Middle Initial) Bill Gander</p> <p>Mailing Address 5240 SE 82nd Ave</p> <p>City State Zip Code Happy Valley OR 97266-4804</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Standard TV & Appliance Occupation Owner</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 3050.00</p>	<p>Date of Receipt MM / DD / YYYY 02 / 28 / 2008</p> <p>Transaction ID: 80326.C983</p> <p>Amount of Each Receipt this Period 750.00</p> <p>Redesignation TO Memo <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM]</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) Lorenzo Ghiglieri</p> <p>Mailing Address PO Box 656</p> <p>City State Zip Code Wilsonville OR 97070-0656</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self Occupation Artist</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00</p>	<p>Date of Receipt MM / DD / YYYY 03 / 28 / 2008</p> <p>Transaction ID: 80407.C1079</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
--	--

<p>C. Full Name (Last, First, Middle Initial) Steven L. Gish</p> <p>Mailing Address 12707 SW 59th Cir</p> <p>City State Zip Code Portland OR 97219</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer BPM Senior Living Co. Occupation Chief Financial Officer</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00</p>	<p>Date of Receipt MM / DD / YYYY 03 / 28 / 2008</p> <p>Transaction ID: 80407.C1111</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
--	--

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>1000.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 102

(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)
Erickson For Congress

A.

Full Name (Last, First, Middle Initial)

Leo Graham

Mailing Address P.O. Box 2170

City Hillsboro State OR Zip Code 97123

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

Name of Employer
Gramark Company

Occupation
INVESTOR

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

MM / DD / YYYY
02 / 08 / 2008

Transaction ID: 80326.C957

Amount of Each Receipt this Period

1000.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)

Michael Grant

Mailing Address 8415 SW Seneca St, Ste 110

City Tualatin State OR Zip Code 97062

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

Name of Employer
Grant Companies

Occupation
Real Estate

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

MM / DD / YYYY
03 / 28 / 2008

Transaction ID: 80407.C1083

Amount of Each Receipt this Period

500.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)

Richard Guffey

Mailing Address 228 E Bain Dr

City Tidewater State OR Zip Code 97390-9708

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

Name of Employer
N/A

Occupation
Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

MM / DD / YYYY
02 / 15 / 2008

Transaction ID: 80326.C961

Amount of Each Receipt this Period

250.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

1750.00

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 24 / 102
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 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)
Erickson For Congress

A. Full Name (Last, First, Middle Initial)
Scott W. Hamersly
Mailing Address 2695 Surrey Ln
City West Linn State OR Zip Code 97068-2269
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Stock Broker
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼
Amount of Each Receipt this Period 250.00
Transaction ID: 80407.C1126
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Gail Hayes-Davis
Mailing Address 660 N. Sweetzer St, Ste 201
City Los Angeles State CA Zip Code 90048
FEC ID number of contributing federal political committee. **C**
Name of Employer Young Audiences of Oregon Occupation Executive Director
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼
Amount of Each Receipt this Period 250.00
Transaction ID: 80407.C1127
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Cheri Cooley Hick
Mailing Address 25659 SW Cheryl Dr
City West Linn State OR Zip Code 97068
FEC ID number of contributing federal political committee. **C**
Name of Employer N/A Occupation Homemaker
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼
Amount of Each Receipt this Period 500.00
Transaction ID: 80407.C1137
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **1000.00**
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: (check only one)	PAGE 25 / 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Erickson For Congress

A.	Full Name (Last, First, Middle Initial) Kenneth Hick		Date of Receipt MM / DD / YYYY 03 / 28 / 2008
	Mailing Address 25659 SW Cheryl Drive		Transaction ID: 80407.C1076
	City West Linn	State OR	Zip Code 97068
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
	Name of Employer Resources Northwest, Inc.	Occupation President/CEO	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4500.00
---	-------------------------------------

B.	Full Name (Last, First, Middle Initial) Kenneth Hick		Date of Receipt MM / DD / YYYY 03 / 28 / 2008
	Mailing Address 25659 SW Cheryl Drive		Transaction ID: 80407.C1077
	City West Linn	State OR	Zip Code 97068
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period -750.00
	Name of Employer Resources Northwest, Inc.	Occupation President/CEO	Redesignation FROM Memo <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM]

Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4500.00
---	-------------------------------------

C.	Full Name (Last, First, Middle Initial) Kenneth Hick		Date of Receipt MM / DD / YYYY 03 / 28 / 2008
	Mailing Address 25659 SW Cheryl Drive		Transaction ID: 80407.C1078
	City West Linn	State OR	Zip Code 97068
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
	Name of Employer Resources Northwest, Inc.	Occupation President/CEO	Redesignation TO Memo <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM]

Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4500.00
---	-------------------------------------

SUBTOTAL of Receipts This Page (optional)	750.00
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 / 102
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Erickson For Congress

A. Full Name (Last, First, Middle Initial)
Andre Iseli

Mailing Address 14917 SE 142nd Ave

City Clackamas State OR Zip Code 97015

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

Name of Employer N/A Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt: 03 / 19 / 2008
Transaction ID: 80326.C1000
 Amount of Each Receipt this Period: 250.00

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

B. Full Name (Last, First, Middle Initial)
Jeff Jetton

Mailing Address 16697 Maple Cir

City Lake Oswego State OR Zip Code 97034

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

Name of Employer Roses Restaurants Occupation President/CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt: 03 / 28 / 2008
Transaction ID: 80407.C1087
 Amount of Each Receipt this Period: 500.00

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

C. Full Name (Last, First, Middle Initial)
Jim Justice

Mailing Address 2227 SE 7th Avenue

City Portland State OR Zip Code 97214

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

Name of Employer JM Auto Import Rebuilding, Inc Occupation Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 03 / 28 / 2008
Transaction ID: 80407.C1134
 Amount of Each Receipt this Period: 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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 27 / 102
(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)
Erickson For Congress

A. Full Name (Last, First, Middle Initial)
Evan L. Kalik

Mailing Address 25404 Sw Mc Connell Rd

City State Zip Code
Sherwood OR 97140-7203

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

Name of Employer Information Requested Occupation
Occupation Founder

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
MM / DD / YYYY
03 / 28 / 2008

Transaction ID: 80407.C1120

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Ronald Keil

Mailing Address PO Box 1737

City State Zip Code
Vancouver OR 98668

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

Name of Employer Information Requested Occupation
Rok Props, Inc. Owner

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1500.00

Date of Receipt
MM / DD / YYYY
02 / 08 / 2008

Transaction ID: 80326.C958

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Ronald Keil

Mailing Address PO Box 1737

City State Zip Code
Vancouver OR 98668

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

Name of Employer Information Requested Occupation
Rok Props, Inc. Owner

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

2000.00

Date of Receipt
MM / DD / YYYY
03 / 28 / 2008

Transaction ID: 80407.C1080

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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: (check only one)	PAGE 28 / 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Erickson For Congress

A.	Full Name (Last, First, Middle Initial) Joan M. Kingsley	Date of Receipt MM / DD / YYYY 02 / 20 / 2008
	Mailing Address P .O. Box 384	Transaction ID: 80326.C974
	City State Zip Code Neskowin OR 97149-0384	Amount of Each Receipt this Period 4600.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer N/A	Occupation Homemaker	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4600.00	

B.	Full Name (Last, First, Middle Initial) Joan M. Kingsley	Date of Receipt MM / DD / YYYY 02 / 20 / 2008
	Mailing Address P .O. Box 384	Transaction ID: 80326.C975
	City State Zip Code Neskowin OR 97149-0384	Amount of Each Receipt this Period -2300.00
	FEC ID number of contributing federal political committee. C	Redesignation FROM Memo <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM] Redesignated to General 2008
Name of Employer N/A	Occupation Homemaker	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4600.00	

C.	Full Name (Last, First, Middle Initial) Joan M. Kingsley	Date of Receipt MM / DD / YYYY 02 / 20 / 2008
	Mailing Address P .O. Box 384	Transaction ID: 80326.C976
	City State Zip Code Neskowin OR 97149-0384	Amount of Each Receipt this Period 2300.00
	FEC ID number of contributing federal political committee. C	Redesignation TO Memo <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM]
Name of Employer N/A	Occupation Homemaker	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4600.00	

SUBTOTAL of Receipts This Page (optional)	▶	4600.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 102
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 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)
Erickson For Congress

A. Full Name (Last, First, Middle Initial)
Wayne Kingsley

Mailing Address P.O. Box 384

City State Zip Code
Neskowin OR 97149-0384

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

Name of Employer American Waterways, Inc. Occupation Manager

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

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

Transaction ID: 80326.C971

Amount of Each Receipt this Period
4600.00

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

B. Full Name (Last, First, Middle Initial)
Wayne Kingsley

Mailing Address P.O. Box 384

City State Zip Code
Neskowin OR 97149-0384

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

Name of Employer American Waterways, Inc. Occupation Manager

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

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

Transaction ID: 80326.C972

Amount of Each Receipt this Period
-2300.00

Redesignation FROM Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
 Redesignated to General
 2008

C. Full Name (Last, First, Middle Initial)
Wayne Kingsley

Mailing Address P.O. Box 384

City State Zip Code
Neskowin OR 97149-0384

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

Name of Employer American Waterways, Inc. Occupation Manager

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

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

Transaction ID: 80326.C973

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional) ► 4600.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 102

(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)
Erickson For Congress

A.

Full Name (Last, First, Middle Initial)
Rupert Koblegarde

Mailing Address 1151 SW King Ave

City State Zip Code
Portland OR 97205

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
03 / 28 / 2008

Transaction ID: 80407.C1081

Amount of Each Receipt this Period 250.00

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

B.

Full Name (Last, First, Middle Initial)
John Kosydar

Mailing Address 1020 SW Tangent St

City State Zip Code
Portland OR 97201

FEC ID number of contributing federal political committee. C

Name of Employer East Bank Communications Occupation Artist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
02 / 15 / 2008

Transaction ID: 80326.C969

Amount of Each Receipt this Period 250.00

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

C.

Full Name (Last, First, Middle Initial)
M. J. Lampros

Mailing Address 5540 SW Hewett Blvd

City State Zip Code
Portland OR 97221-2239

FEC ID number of contributing federal political committee. C

Name of Employer Lampros Steel Occupation Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY
03 / 24 / 2008

Transaction ID: 80326.C1055

Amount of Each Receipt this Period 500.00

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

SUBTOTAL of Receipts This Page (optional) 1000.00

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 / 102
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 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)
Erickson For Congress

A. Full Name (Last, First, Middle Initial)
Steve Larson

Mailing Address 40 N State Street

City State Zip Code
Lake Oswego OR 97034

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	6	/	2	0	0	8

Transaction ID: 80409.C1194

Amount of Each Receipt this Period
700.00

In-Kind
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
 Food for campaign event

B. Full Name (Last, First, Middle Initial)
George F. Latus

Mailing Address 870 E. Berkeley St

City State Zip Code
Gladstone OR 97027-2551

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

Name of Employer Information Requested Occupation Information Requested
Latus Motors Harley Davidson Owner

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	4	/	2	0	0	8

Transaction ID: 80326.C1065

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
Neil V. Lomax

Mailing Address 13090 SW Knaus Rd

City State Zip Code
Lake Oswego OR 97034

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

Name of Employer Information Requested Occupation Information Requested
Self Consultant

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	0	8

Transaction ID: 80407.C1154

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **3700.00**

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 32 / 102
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Erickson For Congress

A. Full Name (Last, First, Middle Initial)
Mark A. Long

Mailing Address 3733 NW Gordon St

City State Zip Code
Portland OR 97210

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

Name of Employer Occupation
Schwab, Williamson & Wyatt Lawyer

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
03 / 28 / 2008

Transaction ID: 80407.C1112

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Gary Maffei

Mailing Address 2554 NW Marshall, Ste A

City State Zip Code
Portland OR 97210

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

Name of Employer Occupation
Merlo Corporation Vice President

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
03 / 31 / 2008

Transaction ID: 80407.C1151

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Bruce McEver

Mailing Address 198 Weatogue Rd

City State Zip Code
Salisbury CT 06068

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

Name of Employer Occupation
Berkshire Capital Investment Banking

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
01 / 28 / 2008

Transaction ID: 80326.C951

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional) ► **3050.00**

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 33 / 102
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Erickson For Congress

A. Full Name (Last, First, Middle Initial)
James F. Merrill

Mailing Address P. O. Box 908

City Easton State PA Zip Code 18044

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

Name of Employer AFMS, LLC Occupation Managing Director

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 220.00

Date of Receipt 03 / 07 / 2008
Transaction ID: 80326.C1023
 Amount of Each Receipt this Period 220.00

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

B. Full Name (Last, First, Middle Initial)
Lee Morgan

Mailing Address 11510 SW Summerville Ave

City Portland State OR Zip Code 97219

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

Name of Employer Self Occupation Therapist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt 03 / 28 / 2008
Transaction ID: 80407.C1110
 Amount of Each Receipt this Period 2300.00

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

C. Full Name (Last, First, Middle Initial)
Donald Morissette

Mailing Address 4230 Galewood St, Ste 100

City Lake Oswego State OR Zip Code 97035

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

Name of Employer Don Morissette Homes Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 01 / 17 / 2008
Transaction ID: 80326.C1037
 Amount of Each Receipt this Period 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **3520.00**

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 / 102
(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)
Erickson For Congress

A.

Full Name (Last, First, Middle Initial)
James Morse

Mailing Address 12550 SW Edeeclyff Rd

City Portland State OR Zip Code 97219

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

Name of Employer Pacific Lumber Occupation Lumber Yard Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 03 / 31 / 2008
Transaction ID: 80407.C1149

Amount of Each Receipt this Period 1000.00

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

B.

Full Name (Last, First, Middle Initial)
Maynard Nelson

Mailing Address 402 Hearthwood Blvd.

City Vancouver State WA Zip Code 98684

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

Name of Employer Self Occupation Apartment Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 700.00

Date of Receipt 03 / 28 / 2008
Transaction ID: 80407.C1108

Amount of Each Receipt this Period 200.00

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

C.

Full Name (Last, First, Middle Initial)
Frank O'Neil

Mailing Address 9658 N. Willamette Blvd

City Portland State OR Zip Code 97203

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

Name of Employer Vancouver Warehouse & Dist Co. Occupation Truck Driver

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 03 / 24 / 2008
Transaction ID: 80326.C1068

Amount of Each Receipt this Period 250.00

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

SUBTOTAL of Receipts This Page (optional) ► 1450.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 102
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Erickson For Congress

A. Full Name (Last, First, Middle Initial)
Dennis Parfait

Mailing Address 812 Alicia Ct

City State Zip Code
West Linn OR 97068-4041

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

Name of Employer Occupation
BPM Senior Living Co. Chief Operating Officer

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
03 / 28 / 2008

Transaction ID: 80407.C1129

Amount of Each Receipt this Period
275.00

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

B. Full Name (Last, First, Middle Initial)
John Patchett

Mailing Address 21949 SW Sherwood Blvd

City State Zip Code
Sherwood OR 97140

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

Name of Employer Occupation
Resources Northwest, Inc. Field Surveyor

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
03 / 28 / 2008

Transaction ID: 80407.C1088

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Peter Potwin

Mailing Address 13268 Deerfield Ct.

City State Zip Code
Lake Oswego OR 97035

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

Name of Employer Occupation
Benson Industries Businessman

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2008

Transaction ID: 80407.C1158

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **1525.00**

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: (check only one)	PAGE 36 / 102
	<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)
Erickson For Congress

A.	Full Name (Last, First, Middle Initial) Craig Prunty		Date of Receipt MM / DD / YYYY 01 / 22 / 2008
	Mailing Address 8575 SW Sorrento		Transaction ID: 80326.C950
	City	State	Zip Code
	Beaverton	OR	97007
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer All Oregon		Occupation Contractor	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 350.00	

B.	Full Name (Last, First, Middle Initial) Root Holdings LLC		Date of Receipt MM / DD / YYYY 02 / 28 / 2008
	Mailing Address 1400 SW Schaeffer Rd. Attn: Mr. Gordon Root		Transaction ID: 80326.C988
	City	State	Zip Code
	West Linn	OR	97068
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer		Occupation	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2500.00	

C.	Full Name (Last, First, Middle Initial) Jack Root		Date of Receipt MM / DD / YYYY 02 / 28 / 2008
	Mailing Address 1400 Schaeffer Road		Transaction ID: 80408.C1189
	City	State	Zip Code
	West Linn	OR	97068
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Root Holdings, LLC		Occupation Partner	Memo <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM] Partnership->Root Holdings LLC
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	750.00
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 / 102
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Erickson For Congress

A. Full Name (Last, First, Middle Initial)
Ben Rosenthal

Mailing Address 1023 SW Yamhill, Ste 200

City Portland State OR Zip Code 97205

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

Name of Employer Self Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

Date of Receipt 03 / 28 / 2008
Transaction ID: 80407.C1092
 Amount of Each Receipt this Period 600.00

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

B. Full Name (Last, First, Middle Initial)
Andrew Sadowski

Mailing Address PO Box 2898

City Salem State OR Zip Code 97308

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

Name of Employer AG Sadowski Company Occupation Insurance

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1448.88

Date of Receipt 03 / 12 / 2008
Transaction ID: 80409.C1193
 Amount of Each Receipt this Period 448.88

In-Kind
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
 Food for campaign event

C. Full Name (Last, First, Middle Initial)
Heidi Schmidt

Mailing Address 6675 Failing St

City West Linn State OR Zip Code 97068

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

Name of Employer Premier Mortgage Resources Occupation Mortgage Consultant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1550.00

Date of Receipt 02 / 08 / 2008
Transaction ID: 80326.C956
 Amount of Each Receipt this Period 500.00

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

SUBTOTAL of Receipts This Page (optional) ► 1548.88

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 38 / 102
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Erickson For Congress

A. Full Name (Last, First, Middle Initial)
Edgar C. Shanks

Mailing Address 1000 NW Meissner Ct

City State Zip Code
Bend OR 97701

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

Name of Employer Occupation
Les Schwab Accountant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 250.00

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

B. Full Name (Last, First, Middle Initial)
Olga Smirnova

Mailing Address 77 Old Course Drive

City State Zip Code
Newport Beach CA 92660

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

Name of Employer Occupation
GLS Translator

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 400.00

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

C. Full Name (Last, First, Middle Initial)
Bob Smith

Mailing Address 280 Liberty St, SE, Ste 300

City State Zip Code
Salem OR 97301

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

Name of Employer Occupation
VIP Industries President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 500.00

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

SUBTOTAL of Receipts This Page (optional) ► **1150.00**

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 39 / 102
(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)
Erickson For Congress

A.

Full Name (Last, First, Middle Initial)
Edward Solari

Mailing Address 40968 Ward Rd

City State Zip Code
Monmouth OR 97361

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

Name of Employer N/A Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 24 / 2008

Transaction ID: 80326.C1045

Amount of Each Receipt this Period
500.00

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

B.

Full Name (Last, First, Middle Initial)
Ernie Spada

Mailing Address 8448 NE 33rd Dr

City State Zip Code
Portland OR 97211

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

Name of Employer United Salad Company Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 01 / 2008

Transaction ID: 80128.C945

Amount of Each Receipt this Period
500.00

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

C.

Full Name (Last, First, Middle Initial)
B. Bond Starker

Mailing Address PO Box 809

City State Zip Code
Corvallis OR 97339

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

Name of Employer Starker Forests Occupation Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 24 / 2008

Transaction ID: 80326.C1040

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional) ► **3300.00**

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: (check only one)	PAGE 40 / 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Erickson For Congress

A.	Full Name (Last, First, Middle Initial) Barte Starker		Date of Receipt
	Mailing Address PO Box 809		<input type="text" value="02"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Corvallis	OR	97339
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Starker Forests		Occupation Forester	Transaction ID: 80326.C1042
Receipt For: 2008		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General		<input type="text" value="2300.00"/>
<input type="checkbox"/> Other (specify) ▼		<input type="text" value="2300.00"/>	Receipt
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.	Full Name (Last, First, Middle Initial) Charles H. Thorsell		Date of Receipt
	Mailing Address 21545 St. James Pl		<input type="text" value="03"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	West Linn	OR	97068
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer N/A		Occupation Retired	Transaction ID: 80326.C1069
Receipt For: 2008		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General		<input type="text" value="500.00"/>
<input type="checkbox"/> Other (specify) ▼		<input type="text" value="500.00"/>	Receipt
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.	Full Name (Last, First, Middle Initial) Mary Tooze		Date of Receipt
	Mailing Address 5500 SW Hewett Blvd		<input type="text" value="03"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Portland	OR	97221
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer N/A		Occupation Retired	Transaction ID: 80326.C1070
Receipt For: 2008		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General		<input type="text" value="250.00"/>
<input type="checkbox"/> Other (specify) ▼		<input type="text" value="250.00"/>	Receipt
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="3050.00"/>
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 41 / 102
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Erickson For Congress

A. Full Name (Last, First, Middle Initial)
Elizabeth Vanstaaveren

Mailing Address 1008 Cascade Wy

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: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

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

Transaction ID: 80326.C986

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
John Ward

Mailing Address 2098 Crest Dr.

City State Zip Code
Lake Oswego OR 97034

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

Name of Employer Wachovia Occupation Investments

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 0 8

Transaction ID: 80408.C1168

Amount of Each Receipt this Period
3700.00

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

C. Full Name (Last, First, Middle Initial)
John Ward

Mailing Address 2098 Crest Dr.

City State Zip Code
Lake Oswego OR 97034

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

Name of Employer Wachovia Occupation Investments

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 0 8

Transaction ID: 80407.C1152

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **4450.00**

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: (check only one)	PAGE 42 / 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Erickson For Congress

A.	Full Name (Last, First, Middle Initial) John Ward		Date of Receipt MM / DD / YYYY 03 / 31 / 2008
	Mailing Address 2098 Crest Dr.		Transaction ID: 80408.C1169
	City Lake Oswego	State OR	Zip Code 97034
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period -2150.00
Name of Employer Wachovia		Occupation Investments	Redesignation FROM Memo <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM]
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4450.00		

B.	Full Name (Last, First, Middle Initial) John Ward		Date of Receipt MM / DD / YYYY 03 / 31 / 2008
	Mailing Address 2098 Crest Dr.		Transaction ID: 80408.C1170
	City Lake Oswego	State OR	Zip Code 97034
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2150.00
Name of Employer Wachovia		Occupation Investments	Redesignation TO Memo <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM]
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4450.00		

C.	Full Name (Last, First, Middle Initial) R.J. Warner		Date of Receipt MM / DD / YYYY 03 / 31 / 2008
	Mailing Address 19 Becket St		Transaction ID: 80407.C1159
	City Lake Oswego	State OR	Zip Code 97035
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 4000.00
Name of Employer Classic Building Company		Occupation Builder	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00		

SUBTOTAL of Receipts This Page (optional)	▶	4000.00
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 43 / 102
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Erickson For Congress

A. Full Name (Last, First, Middle Initial)
R.J. Warner

Mailing Address 19 Becket St

City State Zip Code
Lake Oswego OR 97035

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

Name of Employer Occupation
Classic Building Company Builder

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2008

Transaction ID: 80408.C1178

Amount of Each Receipt this Period
600.00

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

B. Full Name (Last, First, Middle Initial)
R.J. Warner

Mailing Address 19 Becket St

City State Zip Code
Lake Oswego OR 97035

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

Name of Employer Occupation
Classic Building Company Builder

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2008

Transaction ID: 80407.C1160

Amount of Each Receipt this Period
-1700.00

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

C. Full Name (Last, First, Middle Initial)
R.J. Warner

Mailing Address 19 Becket St

City State Zip Code
Lake Oswego OR 97035

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

Name of Employer Occupation
Classic Building Company Builder

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2008

Transaction ID: 80411.C1203

Amount of Each Receipt this Period
-600.00

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

SUBTOTAL of Receipts This Page (optional) ► **600.00**

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: (check only one)	PAGE 44 / 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Erickson For Congress

A.	Full Name (Last, First, Middle Initial) R.J. Warner		Date of Receipt MM / DD / YYYY 03 / 31 / 2008
	Mailing Address 19 Becket St		Transaction ID: 80411.C1204
	City Lake Oswego	State OR	Zip Code 97035
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
	Name of Employer Classic Building Company	Occupation Builder	Redesignation TO Memo <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM] Refund on 03/31/08
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4600.00		

B.	Full Name (Last, First, Middle Initial) R.J. Warner		Date of Receipt MM / DD / YYYY 03 / 31 / 2008
	Mailing Address 19 Becket St		Transaction ID: 80407.C1161
	City Lake Oswego	State OR	Zip Code 97035
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1700.00
	Name of Employer Classic Building Company	Occupation Builder	Redesignation TO Memo <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM]
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4600.00		

C.	Full Name (Last, First, Middle Initial) Kevin West		Date of Receipt MM / DD / YYYY 02 / 28 / 2008
	Mailing Address 1620 E 4th Street		Transaction ID: 80326.C992
	City Vancouver	State WA	Zip Code 98661
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Kwest Design	Occupation Owner	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <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)	▶	500.00
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: (check only one)	PAGE 45 / 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Erickson For Congress

A.	Full Name (Last, First, Middle Initial) Kevin West		Date of Receipt MM / DD / YYYY 03 / 28 / 2008
	Mailing Address 1620 E 4th Street		Transaction ID: 80407.C1121
	City Vancouver	State WA	Zip Code 98661
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
	Name of Employer Kwest Design	Occupation Owner	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 800.00
---	------------------------------------

B.	Full Name (Last, First, Middle Initial) Pamela N. Widman		Date of Receipt MM / DD / YYYY 03 / 28 / 2008
	Mailing Address 2436 SE Stephenson		Transaction ID: 80407.C1122
	City Portland	State OR	Zip Code 97219
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Carefree Property Management	Occupation Real Estate	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00
---	------------------------------------

C.	Full Name (Last, First, Middle Initial) James Williams		Date of Receipt MM / DD / YYYY 03 / 28 / 2008
	Mailing Address 6213 SE Main St		Transaction ID: 80407.C1090
	City Portland	State OR	Zip Code 97215-2816
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer N/A	Occupation Retired	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00
---	------------------------------------

SUBTOTAL of Receipts This Page (optional)	800.00
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 46 / 102
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Erickson For Congress

A. Full Name (Last, First, Middle Initial)
William D. Witt
Mailing Address 25815 NE 39th Wy
City Redmond State WA Zip Code 98053
FEC ID number of contributing federal political committee. **C**
Name of Employer Witt Company Occupation President
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2650.00
Date of Receipt 02 / 15 / 2008
Transaction ID: 80326.C966
Amount of Each Receipt this Period 1500.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
William D. Witt
Mailing Address 25815 NE 39th Wy
City Redmond State WA Zip Code 98053
FEC ID number of contributing federal political committee. **C**
Name of Employer Witt Company Occupation President
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2650.00
Date of Receipt 02 / 15 / 2008
Transaction ID: 80326.C966
Amount of Each Receipt this Period -350.00
Redesignation FROM Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Redesignated to General 2008

C. Full Name (Last, First, Middle Initial)
William D. Witt
Mailing Address 25815 NE 39th Wy
City Redmond State WA Zip Code 98053
FEC ID number of contributing federal political committee. **C**
Name of Employer Witt Company Occupation President
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2650.00
Date of Receipt 02 / 15 / 2008
Transaction ID: 80326.C967
Amount of Each Receipt this Period 350.00
Redesignation TO Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) ► 1500.00
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 47 / 102
(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)
Erickson For Congress

A.

Full Name (Last, First, Middle Initial)
Carlton Woodard

Mailing Address 405 6th St

City State Zip Code
Cottage Grove OR 97424

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

Name of Employer N/A Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2008

Transaction ID: 80407.C1139

Amount of Each Receipt this Period
500.00

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

B.

Full Name (Last, First, Middle Initial)
Douglas Woodcock

Mailing Address 16700 SW Greenbrier Rd.

City State Zip Code
Lake Oswego OR 97034

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

Name of Employer D.A. Davidson & Company Occupation Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 19 / 2008

Transaction ID: 80326.C999

Amount of Each Receipt this Period
1000.00

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

C.

Full Name (Last, First, Middle Initial)
Donna P. Woolley

Mailing Address PO Box 43

City State Zip Code
Drain OR 97435-0043

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

Name of Employer Eagles View Management Company Occupation Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 800.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 28 / 2008

Transaction ID: 80407.C1097

Amount of Each Receipt this Period
500.00

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

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

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

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

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

FOR LINE NUMBER: PAGE 48 / 102
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Erickson For Congress

A. Full Name (Last, First, Middle Initial)
Julie Yang
Mailing Address 113 West 7th St, Ste 200
City Vancouver State WA Zip Code 98660
FEC ID number of contributing federal political committee. **C**
Name of Employer Yang & Company PC Occupation CPA
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt 03 / 28 / 2008
Transaction ID: 80407.C1073
Amount of Each Receipt this Period 250.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Kent H. Ziegler
Mailing Address 17650 S Hidden Lake Dr
City Oregon City State OR Zip Code 97045-8021
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation INVESTOR
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt 03 / 28 / 2008
Transaction ID: 80407.C1099
Amount of Each Receipt this Period 3600.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Kent H. Ziegler
Mailing Address 17650 S Hidden Lake Dr
City Oregon City State OR Zip Code 97045-8021
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation INVESTOR
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt 03 / 28 / 2008
Transaction ID: 80407.C1100
Amount of Each Receipt this Period -2300.00
Redesignation FROM Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) ► 3850.00
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 49 / 102
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Erickson For Congress

A. Full Name (Last, First, Middle Initial)
Kent H. Ziegler
 Mailing Address 17650 S Hidden Lake Dr
 City Oregon City State OR Zip Code 97045-8021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation INVESTOR
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4600.00
 Date of Receipt 03 / 28 / 2008
Transaction ID: 80407.C1101
 Amount of Each Receipt this Period 2300.00
 Redesignation TO Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Ron H. Ziegler
 Mailing Address 2190 Crestview Dr
 City West Linn State OR Zip Code 97068-8299
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Ziegler Company Occupation Investments
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4600.00
 Date of Receipt 03 / 28 / 2008
Transaction ID: 80407.C1105
 Amount of Each Receipt this Period 3600.00
 Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Ron H. Ziegler
 Mailing Address 2190 Crestview Dr
 City West Linn State OR Zip Code 97068-8299
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Ziegler Company Occupation Investments
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4600.00
 Date of Receipt 03 / 28 / 2008
Transaction ID: 80407.C1106
 Amount of Each Receipt this Period -2300.00
 Redesignation FROM Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 102
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Erickson For Congress

A. Full Name (Last, First, Middle Initial)
Ron H. Ziegler
 Mailing Address 2190 Crestview Dr
 City State Zip Code
 West Linn OR 97068-8299
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 The Ziegler Company Investments
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4600.00
 Date of Receipt
 M M / D D / Y Y Y Y
 03 / 28 / 2008
Transaction ID: 80407.C1107
 Amount of Each Receipt this Period
 2300.00
 Redesignation TO Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Susan L. Colt Ziegler
 Mailing Address 25020 SW Valley View Rd
 City State Zip Code
 West Linn OR 97068-9664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 N/A Homemaker
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4600.00
 Date of Receipt
 M M / D D / Y Y Y Y
 03 / 28 / 2008
Transaction ID: 80407.C1104
 Amount of Each Receipt this Period
 4600.00
 Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Susan L. Colt Ziegler
 Mailing Address 25020 SW Valley View Rd
 City State Zip Code
 West Linn OR 97068-9664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 N/A Homemaker
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4600.00
 Date of Receipt
 M M / D D / Y Y Y Y
 03 / 28 / 2008
Transaction ID: 80407.C1103
 Amount of Each Receipt this Period
 -2300.00
 Redesignation FROM Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) ► 4600.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 51 / 102	
	(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)
Erickson For Congress

A.

Full Name (Last, First, Middle Initial)
Susan L. Colt Ziegler

Mailing Address 25020 SW Valley View Rd

City State Zip Code
West Linn OR 97068-9664

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

Name of Employer Occupation
N/A Homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	8	/	2	0	0	8

Transaction ID: 80407.C1102

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional)	▶	0.00
TOTAL This Period (last page this line number only)	▶	110143.88

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 102
(check only one)

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

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NAME OF COMMITTEE (In Full)
Erickson For Congress

A.

Full Name (Last, First, Middle Initial)
Majority Committee PAC

Mailing Address P.O. Box 10134

City State Zip Code
Bakersfield CA 93389-0134

FEC ID number of contributing federal political committee. **C** C00428052

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

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

Transaction ID: 80326.C970

Amount of Each Receipt this Period
2000.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 102	
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 13a	<input type="checkbox"/> 13b
		<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Erickson For Congress

A.	Full Name (Last, First, Middle Initial) Mike Erickson		Date of Receipt
	Mailing Address 13800 SW Stampher Rd		<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Lake Oswego	OR	97034-
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer AFMS, LLC		Occupation President/CEO
Receipt For: 2008		Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text" value="341420.40"/>	
<input type="checkbox"/> Other (specify) ▼			
			Transaction ID: 80326.C953
			Amount of Each Receipt this Period
			<input type="text" value="340000.00"/>
			Loans Made/Guaranteed by Cand.
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
			NOTE:PERSONAL FUNDS

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="340000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="340000.00"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Erickson For Congress

A.	Full Name (Last, First, Middle Initial) ADP EasyPay Portland	Transaction ID: 80326.E424 Date of Disbursement 01 / 25 / 2008
	Mailing Address 4099 S.E. International Highway	Amount of Each Disbursement this Period 50.00
	City Milwaukie State OR Zip Code 97222-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Payroll services	PAYROLL SERVICES
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ADP EasyPay Portland	Transaction ID: 80326.E425 Date of Disbursement 01 / 25 / 2008
	Mailing Address 4099 S.E. International Highway	Amount of Each Disbursement this Period 251.58
	City Milwaukie State OR Zip Code 97222-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Payroll taxes	PAYROLL TAXES
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ADP EasyPay Portland	Transaction ID: 80326.E427 Date of Disbursement 01 / 31 / 2008
	Mailing Address 4099 S.E. International Highway	Amount of Each Disbursement this Period 50.00
	City Milwaukie State OR Zip Code 97222-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Payroll services	PAYROLL SERVICES
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	351.58
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)
Erickson For Congress

A.	Full Name (Last, First, Middle Initial) ADP EasyPay Portland	Transaction ID: 80326.E426 Date of Disbursement 01 / 31 / 2008
	Mailing Address 4099 S.E. International Highway	Amount of Each Disbursement this Period 436.35
	City Milwaukie State OR Zip Code 97222-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Payroll taxes	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL TAXES

B.	Full Name (Last, First, Middle Initial) ADP EasyPay Portland	Transaction ID: 80326.E428 Date of Disbursement 02 / 06 / 2008
	Mailing Address 4099 S.E. International Highway	Amount of Each Disbursement this Period 100.00
	City Milwaukie State OR Zip Code 97222-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Payroll services	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL SERVICES

C.	Full Name (Last, First, Middle Initial) ADP EasyPay Portland	Transaction ID: 80326.E430 Date of Disbursement 02 / 15 / 2008
	Mailing Address 4099 S.E. International Highway	Amount of Each Disbursement this Period 436.50
	City Milwaukie State OR Zip Code 97222-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Payroll taxes	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL TAXES

SUBTOTAL of Disbursements This Page (optional)	▶	972.85
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)
Erickson For Congress

A. Full Name (Last, First, Middle Initial) ADP EasyPay Portland Mailing Address 4099 S.E. International Highway City Milwaukie State OR Zip Code 97222- Purpose of Disbursement Payroll services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80326.E429 Date of Disbursement 02 / 15 / 2008
	Amount of Each Disbursement this Period 50.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL SERVICES

B. Full Name (Last, First, Middle Initial) ADP EasyPay Portland Mailing Address 4099 S.E. International Highway City Milwaukie State OR Zip Code 97222- Purpose of Disbursement Payroll services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80326.E432 Date of Disbursement 02 / 28 / 2008
	Amount of Each Disbursement this Period 50.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL SERVICES

C. Full Name (Last, First, Middle Initial) ADP EasyPay Portland Mailing Address 4099 S.E. International Highway City Milwaukie State OR Zip Code 97222- 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80326.E431 Date of Disbursement 02 / 28 / 2008
	Amount of Each Disbursement this Period 436.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL TAXES

SUBTOTAL of Disbursements This Page (optional) ▶	536.50
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Erickson For Congress

A.	Full Name (Last, First, Middle Initial) ADP EasyPay Portland	Transaction ID: 80326.E434 Date of Disbursement 03 / 14 / 2008
	Mailing Address 4099 S.E. International Highway	Amount of Each Disbursement this Period 50.00
	City Milwaukie State OR Zip Code 97222-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Payroll services Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type PAYROLL SERVICES
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) ADP EasyPay Portland	Transaction ID: 80326.E433 Date of Disbursement 03 / 14 / 2008
	Mailing Address 4099 S.E. International Highway	Amount of Each Disbursement this Period 1434.86
	City Milwaukie State OR Zip Code 97222-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Payroll taxes Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type PAYROLL TAXES
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) ADP EasyPay Portland	Transaction ID: 80331.E492 Date of Disbursement 03 / 31 / 2008
	Mailing Address 4099 S.E. International Highway	Amount of Each Disbursement this Period 2043.88
	City Milwaukie State OR Zip Code 97222-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Payroll taxes Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type PAYROLL TAXES
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	▶	3528.74
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)
Erickson For Congress

A. Full Name (Last, First, Middle Initial) ADP EasyPay Portland Mailing Address 4099 S.E. International Highway City Milwaukie State OR Zip Code 97222- Purpose of Disbursement Payroll service fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80331.E493 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 8
	Amount of Each Disbursement this Period 50.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL SERVICE FEE

B. Full Name (Last, First, Middle Initial) AFMS Mailing Address 10260 SW Greenburg Rd., Ste. 1020 City Tigard State OR Zip Code 97223- Purpose of Disbursement Office rent and phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80326.E435 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 8
	Amount of Each Disbursement this Period 800.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 OFFICE RENT AND PHONE

C. Full Name (Last, First, Middle Initial) AFMS Mailing Address 10260 SW Greenburg Rd., Ste. 1020 City Tigard State OR Zip Code 97223- Purpose of Disbursement Office rent and phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80407.E506 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 8
	Amount of Each Disbursement this Period 400.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 OFFICE RENT AND PHONE

SUBTOTAL of Disbursements This Page (optional) ▶	1250.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Erickson For Congress

A.	Full Name (Last, First, Middle Initial) Auctionpay Inc.	Transaction ID: 80326.E440 Date of Disbursement 01 / 08 / 2008
	Mailing Address 13221 SW 68th, Suite 460	Amount of Each Disbursement this Period 273.95
	City Portland State OR Zip Code 97223-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Merchant fees Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		MERCHANT FEES

B.	Full Name (Last, First, Middle Initial) Auctionpay Inc.	Transaction ID: 80326.E441 Date of Disbursement 01 / 22 / 2008
	Mailing Address 13221 SW 68th, Suite 460	Amount of Each Disbursement this Period 16.85
	City Portland State OR Zip Code 97223-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Merchant fees Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		MERCHANT FEES

C.	Full Name (Last, First, Middle Initial) Auctionpay Inc.	Transaction ID: 80326.E442 Date of Disbursement 02 / 07 / 2008
	Mailing Address 13221 SW 68th, Suite 460	Amount of Each Disbursement this Period 43.45
	City Portland State OR Zip Code 97223-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Merchant fees Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		MERCHANT FEES

SUBTOTAL of Disbursements This Page (optional) ► 334.25

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)
Erickson For Congress

A.

Full Name (Last, First, Middle Initial)
Auctionpay Inc.

Transaction ID: 80326.E443

Date of Disbursement

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

Mailing Address 13221 SW 68th, Suite 460

Amount of Each Disbursement this Period

72.54

City State Zip Code
Portland OR 97223-

Purpose of Disbursement

Merchant fees

Category/
Type

Candidate Name

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

MERCHANT FEES

State: District:

B.

Full Name (Last, First, Middle Initial)
Auctionpay Inc.

Transaction ID: 80326.E444

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	7		2	0	0	8

Mailing Address 13221 SW 68th, Suite 460

Amount of Each Disbursement this Period

2.00

City State Zip Code
Portland OR 97223-

Purpose of Disbursement

Merchant fees

Category/
Type

Candidate Name

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

MERCHANT FEES

State: District:

C.

Full Name (Last, First, Middle Initial)
Auctionpay Inc.

Transaction ID: 80326.E445

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	0	8

Mailing Address 13221 SW 68th, Suite 460

Amount of Each Disbursement this Period

183.15

City State Zip Code
Portland OR 97223-

Purpose of Disbursement

Merchant fees

Category/
Type

Candidate Name

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

MERCHANT FEES

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

257.69

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)
Erickson For Congress

A.	Full Name (Last, First, Middle Initial) Auctionpay Inc.	Transaction ID: 80407.E505
	Mailing Address 13221 SW 68th, Suite 460	Date of Disbursement 03 / 26 / 2008
	City Portland State OR Zip Code 97223-	Amount of Each Disbursement this Period 150.00
	Purpose of Disbursement Merchant fees	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	MERCHANT FEES

B.	Full Name (Last, First, Middle Initial) Bruce Boram	Transaction ID: 80326.E446
	Mailing Address 444 NE Ravenna Blvd.,	Date of Disbursement 02 / 07 / 2008
	City Seattle State WA Zip Code 98115-	Amount of Each Disbursement this Period 889.74
	Purpose of Disbursement Reimbursement see below	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	REIMBURSEMENT SEE BELOW

C.	Full Name (Last, First, Middle Initial) Phoenix Inn	Transaction ID: 80331.E496
	Mailing Address 9575 SW Locust	Date of Disbursement 02 / 02 / 2008
	City Tigard State OR Zip Code 97223-	Amount of Each Disbursement this Period 320.10
	Purpose of Disbursement Hotel/Lodging	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	[MEMO ITEM] MEMO: HOTEL/LODGING

SUBTOTAL of Disbursements This Page (optional)	▶	1039.74
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)
Erickson For Congress

A.	Full Name (Last, First, Middle Initial) Bruce Boram Mailing Address 444 NE Ravenna Blvd., City Seattle State WA Zip Code 98115- Purpose of Disbursement Reimb. for camp. supplies & mileage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80326.E447 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 0 8 Amount of Each Disbursement this Period 1180.73 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 REIMB. FOR CAMP. SUPPLIES & MILEAGE
B.	Full Name (Last, First, Middle Initial) Catalyst Consulting Mailing Address 401 NE Ravenna Blvd City Seattle State WA Zip Code 98115- Purpose of Disbursement Campaign consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80326.E448 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 8 Amount of Each Disbursement this Period 5000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CAMPAIGN CONSULTING
C.	Full Name (Last, First, Middle Initial) CBIZ ATA of Utah, LLC Mailing Address 175 South West Temple, Ste. 650 City Salt Lake City State UT Zip Code 84101- Purpose of Disbursement Accounting fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80326.E450 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 8 Amount of Each Disbursement this Period 591.28 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 ACCOUNTING FEES

SUBTOTAL of Disbursements This Page (optional) ▶	6772.01
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)
Erickson For Congress

A.

Full Name (Last, First, Middle Initial)
CBIZ ATA of Utah, LLC

Mailing Address 175 South West Temple, Ste. 650

City State Zip Code
Salt Lake City UT 84101-

Purpose of Disbursement
Accounting fees
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 80326.E451
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	0		2	0	0	8

Amount of Each Disbursement this Period

1170.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

ACCOUNTING FEES

B.

Full Name (Last, First, Middle Initial)
Comcast

Mailing Address 2000 SW 1st Avenue

City State Zip Code
Portland OR 97201-

Purpose of Disbursement
Campaign utilities
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 80326.E452
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	0	8

Amount of Each Disbursement this Period

207.68

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CAMPAIGN UTILITIES

C.

Full Name (Last, First, Middle Initial)
Design Point, Inc.

Mailing Address 1900 Hines Street SE, Suite 110

City State Zip Code
Salem OR 97302-

Purpose of Disbursement
Campaign advertising
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 80326.E455
Date of Disbursement

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

Amount of Each Disbursement this Period

890.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CAMPAIGN ADVERTISING

SUBTOTAL of Disbursements This Page (optional)

2267.68

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)
Erickson For Congress

A.	Full Name (Last, First, Middle Initial) Mike Erickson	Transaction ID: 80409.E507 Date of Disbursement 03 / 31 / 2008
	Mailing Address 13800 SW Stampher Rd	Amount of Each Disbursement this Period 2372.98
	City Lake Oswego State OR Zip Code 97034-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Reimbursement see below	REIMBURSEMENT SEE BELOW
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Shilo Inn	Transaction ID: 80409.E508 Date of Disbursement 03 / 31 / 2008
	Mailing Address 9900 SW Canyon Road	Amount of Each Disbursement this Period 1150.74
	City Seaside State OR Zip Code 97138-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Hotel rooms for campaign event	[MEMO ITEM] MEMO: HOTEL ROOMS FOR CAMPAIGN EVENT
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Shilo Inn	Transaction ID: 80409.E509 Date of Disbursement 03 / 31 / 2008
	Mailing Address 9900 SW Canyon Road	Amount of Each Disbursement this Period 1144.85
	City Seaside State OR Zip Code 97138-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Catering for campaign event	[MEMO ITEM] MEMO: CATERING FOR CAMPAIGN EVENT
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	▶	2372.98
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)
Erickson For Congress

A.	Full Name (Last, First, Middle Initial) Fedex	Transaction ID: 80326.E456 Date of Disbursement 03 / 21 / 2008
	Mailing Address PO Box 7221	Amount of Each Disbursement this Period 2979.18
	City Pasadena State CA Zip Code 91109-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Campaign shipping/freight/delivery	CAMPAIGN SHIPPING/FREIGHT- /DELIVERY
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Jeff Harvey	Transaction ID: 80326.E458 Date of Disbursement 03 / 14 / 2008
	Mailing Address 12312 45th Ave SE	Amount of Each Disbursement this Period 426.83
	City Everett State WA Zip Code 98208-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Reimb. for mileage & supplies	REIMB. FOR MILEAGE & SUPP- LIES
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Jeff Harvey	Transaction ID: 80326.E457 Date of Disbursement 03 / 14 / 2008
	Mailing Address 12312 45th Ave SE	Amount of Each Disbursement this Period 942.25
	City Everett State WA Zip Code 98208-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Payroll	PAYROLL
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	▶	4348.26
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)
Erickson For Congress

A.	Full Name (Last, First, Middle Initial) Jeff Harvey	Transaction ID: 80331.E498 Date of Disbursement 03 / 30 / 2008
	Mailing Address 12312 45th Ave SE	Amount of Each Disbursement this Period 500.17
	City Everett State WA Zip Code 98208-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Reimb. for mileage & supplies	REIMB. FOR MILEAGE & SUPPLIES
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Jeff Harvey	Transaction ID: 80331.E499 Date of Disbursement 03 / 31 / 2008
	Mailing Address 12312 45th Ave SE	Amount of Each Disbursement this Period 1711.14
	City Everett State WA Zip Code 98208-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Payroll	PAYROLL
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Alicia Kephart	Transaction ID: 80326.E437 Date of Disbursement 03 / 14 / 2008
	Mailing Address PO Box 754	Amount of Each Disbursement this Period 167.15
	City Springfield State OR Zip Code 97477-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Reimb. for campaign travel/mileage	REIMB. FOR CAMPAIGN TRAVEL/MILEAGE
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2378.46
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)
Erickson For Congress

A.	Full Name (Last, First, Middle Initial) Alicia Kephart	Transaction ID: 80326.E436 Date of Disbursement 03 / 14 / 2008
	Mailing Address PO Box 754	Amount of Each Disbursement this Period 1115.90
	City Springfield State OR Zip Code 97477-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL

B.	Full Name (Last, First, Middle Initial) Alicia Kephart	Transaction ID: 80331.E494 Date of Disbursement 03 / 31 / 2008
	Mailing Address PO Box 754	Amount of Each Disbursement this Period 1115.90
	City Springfield State OR Zip Code 97477-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL

C.	Full Name (Last, First, Middle Initial) Steve Larson	Transaction ID: 80409.C1194IK Date of Disbursement 03 / 26 / 2008
	Mailing Address 40 N State Street	Amount of Each Disbursement this Period 700.00
	City Lake Oswego State OR Zip Code 97034-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Food for campaign event Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		IN KIND: FOOD FOR CAMPAIGN EVENT

SUBTOTAL of Disbursements This Page (optional)	▶	2931.80
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)
Erickson For Congress

A.	Full Name (Last, First, Middle Initial) Laurus Associates LLC	Transaction ID: 80326.E466 Date of Disbursement 02 / 06 / 2008
	Mailing Address 444 NE Ravenna Blvd.	Amount of Each Disbursement this Period 2000.00
	City Seattle State WA Zip Code 98115-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Campaign consulting Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		CAMPAIGN CONSULTING

B.	Full Name (Last, First, Middle Initial) Laurus Associates LLC	Transaction ID: 80326.E467 Date of Disbursement 02 / 13 / 2008
	Mailing Address 444 NE Ravenna Blvd.	Amount of Each Disbursement this Period 728.94
	City Seattle State WA Zip Code 98115-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Postage for campaign mailer Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		POSTAGE FOR CAMPAIGN MAILER

C.	Full Name (Last, First, Middle Initial) Laurus Associates LLC	Transaction ID: 80326.E468 Date of Disbursement 02 / 21 / 2008
	Mailing Address 444 NE Ravenna Blvd.	Amount of Each Disbursement this Period 3279.73
	City Seattle State WA Zip Code 98115-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Campaign printing Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		CAMPAIGN PRINTING

SUBTOTAL of Disbursements This Page (optional)	6008.67
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)
Erickson For Congress

A.

Full Name (Last, First, Middle Initial)
Laurus Associates LLC

Transaction ID: 80326.E470
Date of Disbursement

Mailing Address 444 NE Ravenna Blvd.

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	0	8

City State Zip Code
Seattle WA 98115-

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Campaign consulting
Candidate Name

Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

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

CAMPAIGN CONSULTING

B.

Full Name (Last, First, Middle Initial)
Laurus Associates LLC

Transaction ID: 80326.E469
Date of Disbursement

Mailing Address 444 NE Ravenna Blvd.

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	0	8

City State Zip Code
Seattle WA 98115-

Amount of Each Disbursement this Period

9382.02

Purpose of Disbursement
Campaign printing
Candidate Name

Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

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

CAMPAIGN PRINTING

C.

Full Name (Last, First, Middle Initial)
David Martel

Transaction ID: 80326.E453
Date of Disbursement

Mailing Address 5609 Highland Dr

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	3		2	0	0	8

City State Zip Code
Vancouver WA 98661-

Amount of Each Disbursement this Period

350.00

Purpose of Disbursement
Campaign telephone services
Candidate Name

Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

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

CAMPAIGN TELEPHONE SERVICES

SUBTOTAL of Disbursements This Page (optional)

10732.02

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)
Erickson For Congress

A.	Full Name (Last, First, Middle Initial) David Martel	Transaction ID: 80326.E454 Date of Disbursement 03 / 14 / 2008
	Mailing Address 5609 Highland Dr	Amount of Each Disbursement this Period 350.00
	City Vancouver State WA Zip Code 98661-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Campaign telephone services Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		CAMPAIGN TELEPHONE SERVICES

B.	Full Name (Last, First, Middle Initial) MB Public Affairs Inc.	Transaction ID: 80326.E471 Date of Disbursement 03 / 17 / 2008
	Mailing Address 1215 K Street, Suite 2150	Amount of Each Disbursement this Period 6250.00
	City Sacramento State CA Zip Code 95814-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Campaign research Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		CAMPAIGN RESEARCH

C.	Full Name (Last, First, Middle Initial) Moore Information, Inc.	Transaction ID: 80326.E473 Date of Disbursement 03 / 10 / 2008
	Mailing Address 178 SW Harrison	Amount of Each Disbursement this Period 7200.00
	City Portland State OR Zip Code 97201-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Campaign research Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		CAMPAIGN RESEARCH

SUBTOTAL of Disbursements This Page (optional)	▶	13800.00
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)
Erickson For Congress

<p>A. Full Name (Last, First, Middle Initial) Roger Pollock</p> <p>Mailing Address 16099 Boones Ferry Road</p> <p>City Lake Oswego State OR Zip Code 97035-</p> <p>Purpose of Disbursement Event fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80326.E476 Date of Disbursement 02 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 2200.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>EVENT FEES</p>
<p>B. Full Name (Last, First, Middle Initial) Katherine Rhoades</p> <p>Mailing Address 3505 SW Barbur Blvd, #17</p> <p>City Portland State OR Zip Code 97239-</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80326.E459 Date of Disbursement 01 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 809.62</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>PAYROLL</p>
<p>C. Full Name (Last, First, Middle Initial) Katherine Rhoades</p> <p>Mailing Address 3505 SW Barbur Blvd, #17</p> <p>City Portland State OR Zip Code 97239-</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80326.E460 Date of Disbursement 01 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 1230.47</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>PAYROLL</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4240.09

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)
Erickson For Congress

A.	Full Name (Last, First, Middle Initial) Katherine Rhoades	Transaction ID: 80326.E461 Date of Disbursement 02 / 15 / 2008
	Mailing Address 3505 SW Barbur Blvd, #17	Amount of Each Disbursement this Period 1230.47
	City Portland State OR Zip Code 97239-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL

B.	Full Name (Last, First, Middle Initial) Katherine Rhoades	Transaction ID: 80326.E462 Date of Disbursement 02 / 28 / 2008
	Mailing Address 3505 SW Barbur Blvd, #17	Amount of Each Disbursement this Period 1230.47
	City Portland State OR Zip Code 97239-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL

C.	Full Name (Last, First, Middle Initial) Katherine Rhoades	Transaction ID: 80326.E463 Date of Disbursement 03 / 04 / 2008
	Mailing Address 3505 SW Barbur Blvd, #17	Amount of Each Disbursement this Period 137.53
	City Portland State OR Zip Code 97239-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Reimb. for campaign travel Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		REIMB. FOR CAMPAIGN TRAVEL

SUBTOTAL of Disbursements This Page (optional)	▶	2598.47
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)
Erickson For Congress

A.	Full Name (Last, First, Middle Initial) Katherine Rhoades	Transaction ID: 80326.E464 Date of Disbursement 03 / 14 / 2008
	Mailing Address 3505 SW Barbur Blvd, #17	Amount of Each Disbursement this Period 1230.47
	City Portland State OR Zip Code 97239-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL

B.	Full Name (Last, First, Middle Initial) Katherine Rhoades	Transaction ID: 80326.E465 Date of Disbursement 03 / 18 / 2008
	Mailing Address 3505 SW Barbur Blvd, #17	Amount of Each Disbursement this Period 437.99
	City Portland State OR Zip Code 97239-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Reimbursement see below Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		REIMBURSEMENT SEE BELOW

C.	Full Name (Last, First, Middle Initial) U. S. Postmaster	Transaction ID: 80331.E501 Date of Disbursement 03 / 18 / 2008
	Mailing Address 7410 SW Oleson Rd	Amount of Each Disbursement this Period 41.00
	City Tigard State OR Zip Code 97223-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Postage Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] MEMO: POSTAGE

SUBTOTAL of Disbursements This Page (optional)	▶	1668.46
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)
Erickson For Congress

A.	Full Name (Last, First, Middle Initial) Katherine Rhoades	Transaction ID: 80331.E500 Date of Disbursement 03 / 31 / 2008
	Mailing Address 3505 SW Barbur Blvd, #17	Amount of Each Disbursement this Period 1230.47
	City Portland State OR Zip Code 97239-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL

B.	Full Name (Last, First, Middle Initial) Andrew Sadowski	Transaction ID: 80409.C1193IK Date of Disbursement 03 / 12 / 2008
	Mailing Address PO Box 2898	Amount of Each Disbursement this Period 448.88
	City Salem State OR Zip Code 97308-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Food for campaign event Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		IN KIND: FOOD FOR CAMPAIGN EVENT

C.	Full Name (Last, First, Middle Initial) State of Oregon	Transaction ID: 80326.E477 Date of Disbursement 03 / 11 / 2008
	Mailing Address Elections Division Rm. 141 State Capitol Building	Amount of Each Disbursement this Period 100.00
	City Salem State OR Zip Code 97310-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Candidate registration fee Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		CANDIDATE REGISTRATION FEE

SUBTOTAL of Disbursements This Page (optional)	▶	1779.35
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)
Erickson For Congress

A.

Full Name (Last, First, Middle Initial)
State of Oregon

Transaction ID: 80326.E478
Date of Disbursement

Mailing Address Elections Division Rm. 141
State Capitol Building

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	3		2	0	0	8

City Salem State OR Zip Code 97310-

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement Advertising in voter pamphlet
Candidate Name

Category/
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

ADVERTISING IN VOTER PAMP-
HLET

B.

Full Name (Last, First, Middle Initial)
Strategic Media Services, Inc.

Transaction ID: 80326.E479
Date of Disbursement

Mailing Address 3299 K Street, NW, Ste. 200

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	0	8

City Washington State DC Zip Code 20007-

Amount of Each Disbursement this Period

66822.20

Purpose of Disbursement Media buy
Candidate Name

Category/
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

MEDIA BUY

C.

Full Name (Last, First, Middle Initial)
Strategic Media Services, Inc.

Transaction ID: 80331.E502
Date of Disbursement

Mailing Address 3299 K Street, NW, Ste. 200

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	0		2	0	0	8

City Washington State DC Zip Code 20007-

Amount of Each Disbursement this Period

37053.65

Purpose of Disbursement Media buy
Candidate Name

Category/
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

MEDIA BUY

SUBTOTAL of Disbursements This Page (optional)

104875.85

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)
Erickson For Congress

A.	Full Name (Last, First, Middle Initial) U. S. Postmaster	Transaction ID: 80326.E481 Date of Disbursement 03 / 13 / 2008
	Mailing Address 7410 SW Oleson Rd	Amount of Each Disbursement this Period 123.00
	City Tigard State OR Zip Code 97223-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Campaign postage Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		CAMPAIGN POSTAGE

B.	Full Name (Last, First, Middle Initial) U. S. Postmaster	Transaction ID: 80326.E482 Date of Disbursement 03 / 17 / 2008
	Mailing Address 7410 SW Oleson Rd	Amount of Each Disbursement this Period 164.00
	City Tigard State OR Zip Code 97223-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Campaign postage Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		CAMPAIGN POSTAGE

C.	Full Name (Last, First, Middle Initial) Up Grade Films	Transaction ID: 80326.E480 Date of Disbursement 03 / 24 / 2008
	Mailing Address 3299 K St., NW, Ste. 200	Amount of Each Disbursement this Period 8500.00
	City Washington State DC Zip Code 20007-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Media production Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		MEDIA PRODUCTION

SUBTOTAL of Disbursements This Page (optional)	▶	8787.00
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)
Erickson For Congress

A. Full Name (Last, First, Middle Initial) West Meridian LLC Mailing Address 914 SE 164th St, #343 City Bothell State WA Zip Code 98012- Purpose of Disbursement Consulting meeting campaign trave Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80326.E486 Date of Disbursement 02 / 15 / 2008
	Amount of Each Disbursement this Period 15805.17 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CONSULTING MEETING CAMPAIGN TRAVE

B. Full Name (Last, First, Middle Initial) West Meridian LLC Mailing Address 914 SE 164th St, #343 City Bothell State WA Zip Code 98012- Purpose of Disbursement Campaign printing & postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80326.E487 Date of Disbursement 02 / 25 / 2008
	Amount of Each Disbursement this Period 2376.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CAMPAIGN PRINTING & POSTAGE

C. Full Name (Last, First, Middle Initial) West Meridian LLC Mailing Address 914 SE 164th St, #343 City Bothell State WA Zip Code 98012- Purpose of Disbursement Campaign printing & postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80326.E488 Date of Disbursement 03 / 04 / 2008
	Amount of Each Disbursement this Period 42997.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CAMPAIGN PRINTING & POSTAGE

SUBTOTAL of Disbursements This Page (optional) ▶	61178.67
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Erickson For Congress

A.

Full Name (Last, First, Middle Initial)
West Meridian LLC

Mailing Address 914 SE 164th St, #343

City Bothell State WA Zip Code 98012-

Purpose of Disbursement
Automated voter calls

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 80326.E489
Date of Disbursement

03 / 10 / 2008

Amount of Each Disbursement this Period

2315.95

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

AUTOMATED VOTER CALLS

B.

Full Name (Last, First, Middle Initial)
West Meridian LLC

Mailing Address 914 SE 164th St, #343

City Bothell State WA Zip Code 98012-

Purpose of Disbursement
Campaign consulting

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 80326.E490
Date of Disbursement

03 / 10 / 2008

Amount of Each Disbursement this Period

5000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CAMPAIGN CONSULTING

C.

Full Name (Last, First, Middle Initial)
West Meridian LLC

Mailing Address 914 SE 164th St, #343

City Bothell State WA Zip Code 98012-

Purpose of Disbursement
Campaign printing & postage

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 80326.E491
Date of Disbursement

03 / 21 / 2008

Amount of Each Disbursement this Period

3250.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CAMPAIGN PRINTING & POSTAGE

SUBTOTAL of Disbursements This Page (optional)

10565.95

TOTAL This Period (last page this line number only)

255577.07

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 79 / 102
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Erickson For Congress

Transaction ID: LS60425.C1

LOAN SOURCE Full Name (Last, First, Middle Initial) Mike Erickson	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary
Mailing Address 13800 SW Stampher Rd	
City Lake Oswego State OR ZIP Code 97034-	

Original Amount of Loan 90000.00	Cumulative Payment To Date 13700.00	Balance Outstanding at Close of This Period 76300.00
-------------------------------------	--	---

TERMS

Date Incurred M M 04 D D 20 Y Y Y Y 2006	Date Due ONDEMAND	Interest Rate .0000 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	----------------------	--------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	76300.00
TOTALS This Period (last page in this line only) .....	.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 80 / 102
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Erickson For Congress

Transaction ID: LS60503.C12

LOAN SOURCE Full Name (Last, First, Middle Initial) Mike Erickson	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary
Mailing Address 13800 SW Stampher Rd	
City Lake Oswego State OR ZIP Code 97034-	

Original Amount of Loan 75000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 75000.00
-------------------------------------	------------------------------------	---

TERMS

Date Incurred MM DD YY 05 02 2006	Date Due ONDEMAND	Interest Rate .0000 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	----------------------	--------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	75000.00
TOTALS This Period (last page in this line only) .....	.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 81 / 102
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Erickson For Congress

Transaction ID: LS60626.C108

LOAN SOURCE Full Name (Last, First, Middle Initial) Mike Erickson	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ General
Mailing Address 13800 SW Stampher Rd	
City Lake Oswego State OR ZIP Code 97034-	

Original Amount of Loan 90000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 90000.00
-------------------------------------	------------------------------------	---

TERMS

Date Incurred MM DD YY 06 05 2006	Date Due ONDEMAND	Interest Rate .0000 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	----------------------	--------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	90000.00
TOTALS This Period (last page in this line only) .....	.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 82 / 102
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Erickson For Congress

Transaction ID: LS60823.C145

LOAN SOURCE Full Name (Last, First, Middle Initial) Mike Erickson	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ General
Mailing Address 13800 SW Stampher Rd	
City Lake Oswego State OR ZIP Code 97034-	

Original Amount of Loan 50000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 50000.00
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TERMS

Date Incurred M M 07 D D 14 Y Y Y Y 2006	Date Due ONDEMAND	Interest Rate .0000 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	50000.00
TOTALS This Period (last page in this line only) .....	.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 83 / 102
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Erickson For Congress

Transaction ID: LS60823.C146

LOAN SOURCE Full Name (Last, First, Middle Initial) Mike Erickson	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ General
Mailing Address 13800 SW Stampher Rd	
City Lake Oswego State OR ZIP Code 97034-	

Original Amount of Loan 180000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 180000.00
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TERMS

Date Incurred MM DD YY 08 07 2006	Date Due ONDEMAND	Interest Rate .0000 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	180000.00
TOTALS This Period (last page in this line only) .....	.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 84 / 102
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Erickson For Congress

Transaction ID: LS60823.C173

LOAN SOURCE Full Name (Last, First, Middle Initial) Mike Erickson	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ General
Mailing Address 13800 SW Stampher Rd	
City Lake Oswego State OR ZIP Code 97034-	

Original Amount of Loan 29000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 29000.00
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TERMS

Date Incurred MM DD YY 08 15 2006	Date Due ONDEMAND	Interest Rate .0000 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	29000.00
TOTALS This Period (last page in this line only) .....	.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 85 / 102
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Erickson For Congress

Transaction ID: LS60823.C186

LOAN SOURCE Full Name (Last, First, Middle Initial) Mike Erickson	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ General
Mailing Address 13800 SW Stampher Rd	
City Lake Oswego State OR ZIP Code 97034-	

Original Amount of Loan 130000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 130000.00
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TERMS

Date Incurred MM DD YY 08 23 2006	Date Due ONDEMAND	Interest Rate .0000 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	130000.00
TOTALS This Period (last page in this line only) .....	.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 86 / 102
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Erickson For Congress

Transaction ID: LS61006.C219

LOAN SOURCE Full Name (Last, First, Middle Initial) Mike Erickson	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ General
Mailing Address 13800 SW Stampher Rd	
City Lake Oswego State OR ZIP Code 97034-	

Original Amount of Loan 170000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 170000.00
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TERMS

Date Incurred MM DD YYYY 08 29 2006	Date Due ONDEMAND	Interest Rate .0000 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	170000.00
TOTALS This Period (last page in this line only) .....	.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 87 / 102
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Erickson For Congress

Transaction ID: LS61006.C217

LOAN SOURCE Full Name (Last, First, Middle Initial) Mike Erickson	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ General
Mailing Address 13800 SW Stampfer Rd	
City Lake Oswego State OR ZIP Code 97034-	

Original Amount of Loan 130000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 130000.00
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TERMS

Date Incurred MM DD YY 09 11 2006	Date Due ONDEMAND	Interest Rate .0000 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	130000.00
TOTALS This Period (last page in this line only) .....	.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 88 / 102
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Erickson For Congress

Transaction ID: LS61006.C303

LOAN SOURCE Full Name (Last, First, Middle Initial) Mike Erickson	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ General
Mailing Address 13800 SW Stampher Rd	
City Lake Oswego State OR ZIP Code 97034-	

Original Amount of Loan 45000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 45000.00
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TERMS

Date Incurred MM DD YY 09 19 2006	Date Due ONDEMAND	Interest Rate .0000 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	45000.00
TOTALS This Period (last page in this line only) .....	.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 89 / 102
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Erickson For Congress

Transaction ID: LS61006.C302

LOAN SOURCE Full Name (Last, First, Middle Initial) Mike Erickson	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ General
Mailing Address 13800 SW Stampher Rd	
City Lake Oswego State OR ZIP Code 97034-	

Original Amount of Loan 75000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 75000.00
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TERMS

Date Incurred MM DD YY 09 25 2006	Date Due ONDEMAND	Interest Rate .0000 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	75000.00
TOTALS This Period (last page in this line only) .....	.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 90 / 102
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Erickson For Congress

Transaction ID: LS61006.C328

LOAN SOURCE Full Name (Last, First, Middle Initial) Mike Erickson	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ General
Mailing Address 13800 SW Stampfer Rd	
City Lake Oswego State OR ZIP Code 97034-	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	0.00	50000.00

TERMS

Date Incurred M M 09 D D 27 Y Y Y Y 2006	Date Due ONDEMAND	Interest Rate .0000 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	50000.00
TOTALS This Period (last page in this line only) .....	.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)

LOANS

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

FOR LINE NUMBER: (check only one) 13a 13b

NAME OF COMMITTEE (In Full)
Erickson For Congress

Transaction ID: LS61018.C395

LOAN SOURCE Full Name (Last, First, Middle Initial) Mike Erickson	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ General
Mailing Address 13800 SW Stampher Rd	
City Lake Oswego State OR ZIP Code 97034-	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
77000.00	0.00	77000.00

TERMS

Date Incurred M M 10 D D 02 Y Y Y Y 2006	Date Due ONDEMAND	Interest Rate .0000 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	77000.00
TOTALS This Period (last page in this line only) .....	.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 92 / 102
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Erickson For Congress

Transaction ID: LS61018.C396

LOAN SOURCE Full Name (Last, First, Middle Initial) Mike Erickson	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ General
Mailing Address 13800 SW Stampher Rd	
City Lake Oswego State OR ZIP Code 97034-	

Original Amount of Loan 40000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 40000.00
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TERMS

Date Incurred M M 10 D D 06 Y Y Y Y 2006	Date Due ONDEMAND	Interest Rate .0000 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	40000.00
TOTALS This Period (last page in this line only) .....	.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 93 / 102
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Erickson For Congress

Transaction ID: LS61018.C397

LOAN SOURCE Full Name (Last, First, Middle Initial) Mike Erickson	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ General
Mailing Address 13800 SW Stampher Rd	
City Lake Oswego State OR ZIP Code 97034-	

Original Amount of Loan 50000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 50000.00
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TERMS

Date Incurred M M 10 D D 12 Y Y Y Y 2006	Date Due ONDEMAND	Interest Rate .0000 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	50000.00
TOTALS This Period (last page in this line only) .....	.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 94 / 102
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Erickson For Congress

Transaction ID: LS61018.C398

LOAN SOURCE Full Name (Last, First, Middle Initial) Mike Erickson	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ General
Mailing Address 13800 SW Stampher Rd	
City Lake Oswego State OR ZIP Code 97034-	

Original Amount of Loan 100000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 100000.00
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TERMS

Date Incurred M M 10 D D 17 Y Y Y Y 2006	Date Due ONDEMAND	Interest Rate .0000 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	100000.00
TOTALS This Period (last page in this line only) .....	.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 95 / 102
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Erickson For Congress

Transaction ID: LS61025.C450

LOAN SOURCE Full Name (Last, First, Middle Initial) Mike Erickson	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ General
Mailing Address 13800 SW Stampher Rd	
City Lake Oswego State OR ZIP Code 97034-	

Original Amount of Loan 135000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 135000.00
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TERMS

Date Incurred M M 10 D D 24 Y Y Y Y 2006	Date Due ONDEMAND	Interest Rate .0000 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	135000.00
TOTALS This Period (last page in this line only) .....	.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 96 / 102
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Erickson For Congress

Transaction ID: LS61027.C454

LOAN SOURCE Full Name (Last, First, Middle Initial) Mike Erickson	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ General
Mailing Address 13800 SW Stampher Rd	
City Lake Oswego State OR ZIP Code 97034-	

Original Amount of Loan 65000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 65000.00
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TERMS

Date Incurred M M 10 D D 28 Y Y Y Y 2006	Date Due ONDEMAND	Interest Rate .0000 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	65000.00
TOTALS This Period (last page in this line only) .....	.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 97 / 102
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Erickson For Congress

Transaction ID: LS70319.C513

LOAN SOURCE Full Name (Last, First, Middle Initial) Mike Erickson	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ General debt retirem
Mailing Address 13800 SW Stampher Rd	
City Lake Oswego State OR ZIP Code 97034-	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
200.00	0.00	200.00

TERMS

Date Incurred M M 01 D D 31 Y Y Y Y 2007	Date Due ONDEMAND	Interest Rate .0000 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	200.00
TOTALS This Period (last page in this line only) .....	.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 98 / 102
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Erickson For Congress

Transaction ID: LS70319.C514

LOAN SOURCE Full Name (Last, First, Middle Initial) Mike Erickson	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ General debt retirem
Mailing Address 13800 SW Stampher Rd	
City Lake Oswego State OR ZIP Code 97034-	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
920.40	0.00	920.40

TERMS

Date Incurred M M 02 D D 28 Y Y Y Y 2007	Date Due ONDEMAND	Interest Rate .0000 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	920.40
TOTALS This Period (last page in this line only) .....	.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 99 / 102
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Erickson For Congress

Transaction ID: LS70619.C515

LOAN SOURCE Full Name (Last, First, Middle Initial) Mike Erickson	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ General debt retirem
Mailing Address 13800 SW Stampher Rd	
City Lake Oswego State OR ZIP Code 97034-	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
300.00	0.00	300.00

TERMS

Date Incurred M M 05 D D 29 Y Y Y Y 2007	Date Due ONDEMAND	Interest Rate .0000 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	300.00
TOTALS This Period (last page in this line only) .....	.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 100 / 102
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Erickson For Congress

Transaction ID: LS80326.C953

LOAN SOURCE Full Name (Last, First, Middle Initial) Mike Erickson	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 13800 SW Stampher Rd	
City Lake Oswego State OR ZIP Code 97034-	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
340000.00	0.00	340000.00

TERMS

Date Incurred MM DD YYYY 01 31 2008	Date Due ONDEMAND	Interest Rate .0000 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	340000.00
TOTALS This Period (last page in this line only)	1908720.40

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Erickson For Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Roger Pollock	Nature of Debt (Purpose): Event fees
Mailing Address 16099 Boones Ferry Road	
City State ZIP Code Lake Oswego OR 97035-	

Outstanding Balance Beginning This Period 1200.00	Transaction ID: LS80326.E475	
Amount Incurred This Period 1000.00	Payment This Period 2200.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor CBIZ ATA of Utah, LLC	Nature of Debt (Purpose): Accounting fees
Mailing Address 175 South West Temple, Ste. 650	
City State ZIP Code Salt Lake City UT 84101-	

Outstanding Balance Beginning This Period 591.28	Transaction ID: LS80326.E450	
Amount Incurred This Period 1170.00	Payment This Period 1761.28	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor West Meridian LLC	Nature of Debt (Purpose): Consulting and meeting fees
Mailing Address 914 SE 164th St, #343	
City State ZIP Code Bothell WA 98012-	

Outstanding Balance Beginning This Period 5264.73	Transaction ID: LS80326.E485	
Amount Incurred This Period 10540.44	Payment This Period 15805.17	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional).....	0.00
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Erickson For Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor AT&T			Nature of Debt (Purpose): Campaign phone
Mailing Address P.O. Box 30459			
City Los Angeles	State CA	ZIP Code 90030-	

Outstanding Balance Beginning This Period <input type="text" value="43.37"/>		Transaction ID: LS80326.E438	
Amount Incurred This Period <input type="text" value="87.44"/>	Payment This Period <input type="text" value="130.81"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Minuteman Press			Nature of Debt (Purpose): Campaign printing
Mailing Address 16066 SW Boones Ferry Road			
City Lake Oswego	State OR	ZIP Code 97035-	

Outstanding Balance Beginning This Period <input type="text" value="176.20"/>		Transaction ID: LS80326.E472	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="176.20"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="0.00"/>
2) TOTALS This Period (last page this line number only).....	<input type="text" value="0.00"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="1908720.40"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text" value="1908720.40"/>