PC 10 Statement of Independent Expenditures

rev 1/12

→ ***Please type or print legibly in black or blue ink; list only one entry per line***

Name of Individual or Organization making the Independent Expenditure (use full name)
Stephen Farish

Address, Street/Route	City	State	Zip Code
PO Box 2374	Waldport	OR	97394

Work Phone Number 541 563 6210

Name of Person Responsible for filing PC 10
Stephen Farish

Address, Street/Route	City	State	Zip Code
Same			

	Date	Name and Address of Payee* *address includes city, or county if no city, and state	Purpose & Support/Oppose Information	A/P	Amount of Expenditure	Paid to A/P
1	9/10/12	Lincoln County Clerk	Support 21-146 VP Argument	○	$ 400.00	○
2				○	$	○
3				○	$	○
4				○	$	○
5				○	$	○
6				○	$	○
7				○	$	○
8				○	$	○
9				○	$	○
10				○	$	○

RECEIVED
2012 SEP 11 PM 1 37
KATE BROWN
SECRETARY OF THE STATE

I hereby certify the above listed expenditures were made for the candidates or measures specified. By signing this document I acknowledge that I am personally liable for any penalties imposed under ORS Chapter 260 and attest that the information on the form is true and correct.

Stephen Farish — 9/10/12

Signature of person responsible for filing PC 10 — **Date Signed**

for office use only