

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)

SCOTT FERNANDEZ

Address, Street/Route

1821 N.E. 65th

City

PORTLAND OR

State

Zip Code

97213

Work Phone Number

503-282-1894

Name of Person Responsible for filing PC 10

SCOTT FERNANDEZ

Address, Street/Route

City

State

Zip Code

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	5-2-13	ALPHA BROADCASTING INFORMATION KINK	26-151		\$ 3000.00	0
2	5-2-13	WILLAMETTE WEEK	INFORMATION 26-151		\$ 1915.00	0
3	5-4-13	NORTHWEST EXAMINER	INFORMATION 26-151		\$ 1150.00	0
4	5-4-13	SOUTH EAST EXAMINER	INFORMATION 26-151		\$ 650.00	0
5				0	\$	0
6				0	\$	0
7				0	\$	0
8				0	\$	0
9				0	\$	0
10				0	\$	0

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2013 MAY 10 AM 11 48

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.

Scott Fernandez

Signature of person responsible for filing PC 10

5-10-13

Date Signed

for office use only