

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Right to Life/Oregon PAC

ADDRESS (number and street) ▼

4335 River Road N

☐ Check if different than previously reported. (ACC)

Salem

OR

97303

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00141572

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☒ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
04 01 2012

through

M M M / D D D / Y Y Y Y Y Y
06 30 2012

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 Mrs. Gayle Atteberry

Signature of Treasurer

Mrs. Gayle Atteberry

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
07 10 2012

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 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Right to Life/Oregon PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
04 01 2012 To: M M / D D / Y Y Y Y Y Y
06 30 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2012		282879.64
(b) Cash on Hand at Beginning of Reporting Period.....	222682.15	
(c) Total Receipts (from Line 19)	0.00	2095.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	222682.15	284974.64
7. Total Disbursements (from Line 31)	33944.02	96236.51
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	188738.13	188738.13
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)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Right to Life/Oregon PAC

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y Y
04 / 01 / 2012

To:

M M / D D / Y Y Y Y Y Y
06 / 30 / 2012
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

0.00

200.00

(ii) Unitemized

0.00

1895.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

0.00

2095.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

0.00

2095.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

0.00

2095.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

0.00

2095.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	33235.17	85226.32
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	33235.17	85226.32
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	708.85	11010.19
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(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 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	33944.02	96236.51
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	33944.02	96236.51

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	2095.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	2095.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	33235.17	85226.32
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	33235.17	85226.32

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Right to Life/Oregon PAC

A. Ms Lois Anderson

Mailing Address 1220 Jays Dr N

City	State	Zip Code
Keizer	OR	97303

Purpose of Disbursement	telephone

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) ▼		

Date of Disbursement

Transaction ID : SB21B.9189

Amount of Each Disbursement this Period

Age Group	Percentage
18-24	75.00
25-34	10.00
35-44	10.00
45-54	10.00
55-64	10.00
65-74	10.00
75-84	10.00
85+	10.00

Full Name (Last, First, Middle Initial)

B. Bank of America

Mailing Address PO Box 15026

City	State	Zip Code
Wilmington	DE	19850-5026

Purpose of Disbursement	conference hotel for speakers
-------------------------	-------------------------------

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.9175

Amount of Each Disbursement this Period

936.30

Full Name (Last, First, Middle Initial)

C. Bank of America

Mailing Address PO Box 15026

City	State	Zip Code
Wilmington	DE	19850-5026

Purpose of Disbursement	internet
1. To purchase goods and services	
2. To pay for services	
3. To pay for salaries and wages	
4. To pay for interest on loans	
5. To pay for taxes	
6. To pay for other expenses	
7. To pay for capital expenditures	
8. To pay for other purposes	

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) ▼		

Date of Disbursement

Transaction ID : SB21B.9183

Amount of Each Disbursement this Period

19.98

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

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

1031.28

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SB21B

Transaction ID : SB21B.9189

reimburse lois anderson for use of cell phone/monthly steipend

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 21

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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)

Right to Life/Oregon PAC

Full Name (Last, First, Middle Initial)

A. Shawn Carney

Mailing Address 8 Rodeo Court

City Fredericksburg State VA Zip Code 22407

Purpose of Disbursement
conference speaker fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 21 2012
Transaction ID : SB21B.9167

Amount of Each Disbursement this Period

2400.00

Full Name (Last, First, Middle Initial)

B. Comcast

Mailing Address 9605 SW Nimbus Ave

City Beaverton State OR Zip Code 97008-7198

Purpose of Disbursement
telephone

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 21 2012
Transaction ID : SB21B.9177

Amount of Each Disbursement this Period

87.07

Full Name (Last, First, Middle Initial)

C. Common Ground

Mailing Address PO Box 8170

City Salem State OR Zip Code 97303

Purpose of Disbursement
newsletter

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 14 2012
Transaction ID : SB21B.9176

Amount of Each Disbursement this Period

345.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2832.07

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

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

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 21

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Right to Life/Oregon PAC

Full Name (Last, First, Middle Initial)

A. Gateway Communications, Inc

Mailing Address 16805 NE Mason Court

City Portland State OR Zip Code 97230

Purpose of Disbursement
printing

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
 State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

001

Category/
Type

Date of Disbursement

MM / DD / YYYY
 06 / 11 / 2012

Transaction ID : SB21B.9186

Amount of Each Disbursement this Period

239.00

Full Name (Last, First, Middle Initial)

B. Oregon Right to Life

Mailing Address 4335 River Road N

City Salem State OR Zip Code 97303

Purpose of Disbursement
supplies

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
 State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

001

Category/
Type

Date of Disbursement

MM / DD / YYYY
 04 / 02 / 2012

Transaction ID : SB21B.9164

Amount of Each Disbursement this Period

166.66

Full Name (Last, First, Middle Initial)

C. Oregon Right to Life

Mailing Address 4335 River Road N

City Salem State OR Zip Code 97303

Purpose of Disbursement
salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
 State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

001

Category/
Type

Date of Disbursement

MM / DD / YYYY
 04 / 30 / 2012

Transaction ID : SB21B.9171

Amount of Each Disbursement this Period

12114.00

SUBTOTAL of Disbursements This Page (optional)..... ►

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

12519.66

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 21

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Right to Life/Oregon PAC

Full Name (Last, First, Middle Initial)

A. Oregon Right to Life

Mailing Address 4335 River Road N

City Salem State OR Zip Code 97303

Purpose of Disbursement
supplies

001

Candidate Name

Category/
Type
Office Sought: ☐ House
 ☐ Senate
 ☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 04 2012

Transaction ID : SB21B.9181

Amount of Each Disbursement this Period

166.66

Full Name (Last, First, Middle Initial)

B. Oregon Right to Life

Mailing Address 4335 River Road N

City Salem State OR Zip Code 97303

Purpose of Disbursement
salary

001

Candidate Name

Category/
Type
Office Sought: ☐ House
 ☐ Senate
 ☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 30 2012

Transaction ID : SB21B.9188

Amount of Each Disbursement this Period

12898.37

Full Name (Last, First, Middle Initial)

C. Oregon Right to Life Ed. Foundation

Mailing Address 4335 River Road N

City Salem State OR Zip Code 97303

Purpose of Disbursement
rent

001

Candidate Name

Category/
Type
Office Sought: ☐ House
 ☐ Senate
 ☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 02 2012

Transaction ID : SB21B.9163

Amount of Each Disbursement this Period

366.67

SUBTOTAL of Disbursements This Page (optional)..... ►

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

13431.70

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Right to Life/Oregon PAC

A. Oregon Right to Life Ed. Foundation

Mailing Address 4335 River Road N

City	State	Zip Code
Salem	OR	97303

Purpose of Disbursement	rent
-------------------------	------

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) ▼		

Date of Disbursement

Transaction ID : SB21B.9182

Amount of Each Disbursement this Period

366.67

Full Name (Last, First, Middle Initial)

B. Regence Bluecross Blueshield of Oregon

Mailing Address PO Box 91128

City	State	Zip Code
Seattle	WA	98111

Purpose of Disbursement

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) ▼		

Date of Disbursement

04 / 23 / 2012

Transaction ID : SB21B.9170

Amount of Each Disbursement this Period

882.80

Full Name (Last, First, Middle Initial)

C. Regence Bluecross Blueshield of Oregon

Mailing Address PO Box 91128

City	State	Zip Code
Seattle	WA	98111

Purpose of Disbursement	medical benefits
1. Medical services	1. Medical services
2. Medical supplies	2. Medical supplies
3. Medical equipment	3. Medical equipment
4. Medical transportation	4. Medical transportation
5. Medical research	5. Medical research
6. Medical education	6. Medical education
7. Medical training	7. Medical training
8. Medical consultation	8. Medical consultation
9. Medical testing	9. Medical testing
10. Medical monitoring	10. Medical monitoring
11. Medical evaluation	11. Medical evaluation
12. Medical diagnosis	12. Medical diagnosis
13. Medical treatment	13. Medical treatment
14. Medical management	14. Medical management
15. Medical care	15. Medical care
16. Medical services	16. Medical services
17. Medical supplies	17. Medical supplies
18. Medical equipment	18. Medical equipment
19. Medical transportation	19. Medical transportation
20. Medical research	20. Medical research
21. Medical education	21. Medical education
22. Medical training	22. Medical training
23. Medical consultation	23. Medical consultation
24. Medical testing	24. Medical testing
25. Medical monitoring	25. Medical monitoring
26. Medical evaluation	26. Medical evaluation
27. Medical diagnosis	27. Medical diagnosis
28. Medical treatment	28. Medical treatment
29. Medical management	29. Medical management
30. Medical care	30. Medical care

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.9187

Amount of Each Disbursement this Period

455.40

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

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

1704.87

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Right to Life/Oregon PAC

A. Us Airways Card Services

Date of Disbursement

Transaction ID : SB21B.9184

002

Amount of Each Disbursement this Period

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Verizon Wireless

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.9179

001

Amount of Each Disbursement this Period

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Full Name (Last, First, Middle Initial)

C. WISCONSIN RIGHT TO LIFE POLITICAL ACTION COMMITTEE

Date of Disbursement

Mailing Address 10625 W NORTH AVE

Transaction ID : SB21B.9180

012

Amount of Each Disbursement this Period

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

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

1715.59

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

33235.17

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SB21B

Transaction ID : SB21B.9184

this was a reimbursement to credit card for gayle attteberry

Form/Schedule:

Transaction ID:

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 14 OF 21
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life/Oregon PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00141572 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY	

Full Name (Last, First, Middle Initial) of Payee Eagle Web Press			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY </div>	
Mailing Address PO Box 12009			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 5.32 </div>	
City Salem	State OR	Zip Code 97309	Transaction ID : SE.9202	
Purpose of Expenditure printing of voters guide	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: OR District:	
Name of Federal Candidate Supported or Opposed by Expenditure: NEWT GINGRICH			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">692.89</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee Eagle Web Press			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY </div>	
Mailing Address PO Box 12009			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 5.32 </div>	
City Salem	State OR	Zip Code 97309	Transaction ID : SE.9203	
Purpose of Expenditure printing of voters guide	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: OR District:	
Name of Federal Candidate Supported or Opposed by Expenditure: RON PAUL			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">698.21</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">10.64</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mrs. Gayle Atteberry

[Electronically Filed]

Date

MM / DD / YYYY

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 15 OF 21
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life/Oregon PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00141572 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY	

Full Name (Last, First, Middle Initial) of Payee Eagle Web Press			Date <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY </div>	
Mailing Address PO Box 12009			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">5.32</div>	
City Salem	State OR	Zip Code 97309	Transaction ID : SE.9204	
Purpose of Expenditure printing of voters guide		Category/ Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure: MITT ROMNEY			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 5.32			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Eagle Web Press			Date <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY </div>	
Mailing Address PO Box 12009			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">5.32</div>	
City Salem	State OR	Zip Code 97309	Transaction ID : SE.9205	
Purpose of Expenditure printing of voters guide		Category/ Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: OR District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD J. SANTORUM			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 703.53			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;">10.64</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mrs. Gayle Atteberry

[Electronically Filed]

Date

MM / DD / YYYY

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 16 OF 21
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life/Oregon PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00141572 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY	

Full Name (Last, First, Middle Initial) of Payee Gateway Communications			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY </div>	
Mailing Address 14107 NE Airport Way			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 05 / 04 / 2012 </div>	
City Portland	State OR	Zip Code 97230	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 153.10 </div>	
Purpose of Expenditure printing and postage of voter guide		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: OR District:	
Name of Federal Candidate Supported or Opposed by Expenditure: NEWT GINGRICH			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">228.30</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)	

Transaction ID : SE.9195

Full Name (Last, First, Middle Initial) of Payee Gateway Communications, Inc			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY </div>	
Mailing Address 16805 NE Mason Court			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 05 / 04 / 2012 </div>	
City Portland	State OR	Zip Code 97230	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 153.09 </div>	
Purpose of Expenditure printing and postage for voters guide		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: OR District:	
Name of Federal Candidate Supported or Opposed by Expenditure: RON PAUL			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">381.39</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)	

Transaction ID : SE.9196

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">306.19</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mrs. Gayle Atteberry

[Electronically Filed]

Date

Signature

MM / DD / YYYY

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 17 OF 21
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life/Oregon PAC		FEC IDENTIFICATION NUMBER ▼ C C00141572
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee Gateway Communications, Inc		Date MM / DD / YYYY 05 / 04 / 2012
Mailing Address 16805 NE Mason Court		Amount 153.09
City Portland	State OR	Zip Code 97230
Purpose of Expenditure printing and postage for voters guide	Category/ Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: MITT ROMNEY		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought		534.48

Transaction ID : SE.9198

Full Name (Last, First, Middle Initial) of Payee Gateway Communications, Inc		Date MM / DD / YYYY 05 / 04 / 2012
Mailing Address 16805 NE Mason Court		Amount 153.09
City Portland	State OR	Zip Code 97230
Purpose of Expenditure printing and postage for voters guide	Category/ Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD J. SANTORUM		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought		687.57

Transaction ID : SE.9200

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	306.18
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mrs. Gayle Atteberry

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Date

MM / DD / YYYY
07 / 10 / 2012

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 18 OF 21
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life/Oregon PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00141572 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY	

Full Name (Last, First, Middle Initial) of Payee New Media NW			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>	
Mailing Address PO Box 17727			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">10.00</div>	
City Salem	State OR	Zip Code 97305	Transaction ID : SE.9206	
Purpose of Expenditure design of voters guide	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Office Sought: <input type="checkbox"/> House State: OR <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President		
Name of Federal Candidate Supported or Opposed by Expenditure: NEWT GINGRICH			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">55.20</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name (Last, First, Middle Initial) of Payee New Media NW			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>	
Mailing Address PO Box 17727			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">10.00</div>	
City Salem	State OR	Zip Code 97305	Transaction ID : SE.9207	
Purpose of Expenditure design of voters guide	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Office Sought: <input type="checkbox"/> House State: OR <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President		
Name of Federal Candidate Supported or Opposed by Expenditure: RON PAUL			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">55.20</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">20.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mrs. Gayle Atteberry

[Electronically Filed]

Date

MM / DD / YYYY

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 19 OF 21
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life/Oregon PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00141572 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee New Media NW		Date M M / D D / Y Y Y Y Y Y 04 / 19 / 2012
Mailing Address PO Box 17727		Amount 10.00
City Salem	State OR	
Purpose of Expenditure design of voters guide		Category/ Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: MITT ROMNEY		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: OR District: _____ Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 65.20		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Transaction ID : SE.9208

Full Name (Last, First, Middle Initial) of Payee New Media NW		Date M M / D D / Y Y Y Y Y Y 04 / 19 / 2012
Mailing Address PO Box 17727		Amount 10.00
City Salem	State OR	
Purpose of Expenditure design of voters guide		Category/ Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD J. SANTORUM		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: OR District: _____ Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 75.20		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Transaction ID : SE.9209

(a) SUBTOTAL of Itemized Independent Expenditures.....	20.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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Mrs. Gayle Atteberry

Signature

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 07 / 10 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 20 OF 21
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life/Oregon PAC		FEC IDENTIFICATION NUMBER ▼ C C00141572	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Postmaster		Date MM / DD / YYYY 04 / 17 / 2012	
Mailing Address 1050 Sunnyview Rd		Amount 8.80	
City salem	State OR	Zip Code 97301	Transaction ID : SE.9210
Purpose of Expenditure postage for voters guide		Category/ Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: OR District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: NEWT GINGRICH		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8.80		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Postmaster		Date MM / DD / YYYY 04 / 17 / 2012	
Mailing Address 1050 Sunnyview Rd		Amount 8.80	
City salem	State OR	Zip Code 97301	Transaction ID : SE.9211
Purpose of Expenditure postage for voters guide		Category/ Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: OR District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: RON PAUL		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 17.60		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	17.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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Mrs. Gayle Atteberry

[Electronically Filed]

Date

MM / DD / YYYY
07 / 10 / 2012

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 21 OF 21
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life/Oregon PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00141572 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Postmaster		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>
Mailing Address 1050 Sunnyview Rd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 8.80 </div>
City salem	State OR	
Purpose of Expenditure postage for voters guide	Category/ Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: <u>OR</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: MITT ROMNEY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5 5 26.40 		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Postmaster		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>
Mailing Address 1050 Sunnyview Rd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 8.80 </div>
City salem	State OR	
Purpose of Expenditure postage for voters guide	Category/ Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: <u>OR</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD J. SANTORUM		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5 5 35.20 		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 17.60 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 708.85 </div>

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Mrs. Gayle Atteberry

[Electronically Filed]

Date

Signature

M M / D D / Y Y Y Y Y Y