

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than 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 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 C00141572 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 07 01 2006 through 09 30 2006

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 Electronically Filed by Mrs. Gayle Atteberry Date 01 29 2007

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Right to Life/Oregon PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		146938.24
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	156409.36									
(c) Total Receipts (from Line 19)	410.00	43605.85								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	156819.36	190544.09								
7. Total Disbursements (from Line 31)	106958.41	140683.14								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	49860.95	49860.95								
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)	207.11									

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**

Write or Type Committee Name
Right to Life/Oregon PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	0.00	0.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	410.00	43605.85
(iii) TOTAL (add Lines 11(a)(i) and (ii) ▶	410.00	43605.85
(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) ▶	410.00	43605.85
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 Transfer (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))	410.00	43605.85
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	410.00	43605.85

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	41940.45	41940.45
(ii) Non-Federal Share.....	41940.47	41940.47
(b) Other Federal Operating Expenditures.....	23077.49	56685.53
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	106958.41	140566.45
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 Expenditure (use Schedule E)	0.00	116.69
25. Coordinated Expenditures Made by Party Committees (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) Shared 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))..	106958.41	140683.14
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	65017.94	98742.67

DETAILED SUMMARY PAGE
of Disbursements

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)	410.00	43605.85
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	410.00	43605.85
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	65017.94	98625.98
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	65017.94	98625.98

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)

<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

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

A. Full Name (Last, First, Middle Initial) Ms Lois Anderson		Transaction ID: SB21B.6997 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 6
Mailing Address 1220 Jays Dr N		Amount of Each Disbursement this Period 53.60
City Keizer State OR Zip Code 97303	Purpose of Disbursement Telephone Candidate Name Category/Type 001	
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) Ms Lois Anderson		Transaction ID: SB21B.7005 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 6
Mailing Address 1220 Jays Dr N		Amount of Each Disbursement this Period 1950.00
City Keizer State OR Zip Code 97303	Purpose of Disbursement Wages Candidate Name Category/Type 001	
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]

C. Full Name (Last, First, Middle Initial) Ms Lois Anderson		Transaction ID: SB21B.7032 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 1220 Jays Dr N		Amount of Each Disbursement this Period 1950.00
City Keizer State OR Zip Code 97303	Purpose of Disbursement Wages Candidate Name Category/Type 001	
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]

SUBTOTAL of Disbursements This Page (optional) ▶	53.60
TOTAL This Period (last page this line number only) ▶	[]

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)

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<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

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NAME OF COMMITTEE (In Full)
Right to Life/Oregon PAC

A. Mrs. Gayle Atteberry Full Name (Last, First, Middle Initial) Mailing Address 87366 Dukhobar Rd City Eugene State OR Zip Code 97402 Purpose of Disbursement Wages 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: SB21B.7007 Date of Disbursement 07 / 31 / 2006 Amount of Each Disbursement this Period 837.50 [MEMO ITEM]
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B. Mrs. Gayle Atteberry Full Name (Last, First, Middle Initial) Mailing Address 87366 Dukhobar Rd City Eugene State OR Zip Code 97402 Purpose of Disbursement Wages 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: SB21B.7034 Date of Disbursement 08 / 31 / 2006 Amount of Each Disbursement this Period 837.50 [MEMO ITEM]
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C. Comcast Full Name (Last, First, Middle Initial) Mailing Address 9605 SW Nimbus Ave City Beaverton State OR Zip Code 97008-7198 Purpose of Disbursement Internet 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: SB21B.7056 Date of Disbursement 09 / 25 / 2006 Amount of Each Disbursement this Period 95.00
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SUBTOTAL of Disbursements This Page (optional) ▶	95.00
TOTAL This Period (last page this line number only) ▶	[]

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)

<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

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NAME OF COMMITTEE (In Full)
Right to Life/Oregon PAC

Full Name (Last, First, Middle Initial) A. Gateway Communications		Transaction ID: SB21B.7043 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 6
Mailing Address 14107 NE Airport Way		Amount of Each Disbursement this Period 1100.00
City Portland State OR Zip Code 97230	Purpose of Disbursement Budgetary & financial 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) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) B. Ms Jane Groff		Transaction ID: SB21B.6998 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 1 / 2 0 0 6
Mailing Address 4576 Janice Ave NE		Amount of Each Disbursement this Period 551.18
City Salem State OR Zip Code 97305	Purpose of Disbursement E-mail address corrections 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) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) C. Ms Jane Groff		Transaction ID: SB21B.7009 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 6
Mailing Address 4576 Janice Ave NE		Amount of Each Disbursement this Period 1126.25
City Salem State OR Zip Code 97305	Purpose of Disbursement Wages 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) ▼	Category/Type 001

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	1651.18
TOTAL This Period (last page this line number only) ▶	[]

**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)

<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

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NAME OF COMMITTEE (In Full)
Right to Life/Oregon PAC

<p>A. Ms Jane Groff</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 4576 Janice Ave NE</p> <p>City Salem State OR Zip Code 97305</p> <p>Purpose of Disbursement Computer</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: SB21B.7021</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="834.98"/></p>
<p>Purpose of Disbursement Computer</p> <p>Candidate Name</p> <p>Category/Type <input type="text" value="001"/></p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		

<p>B. Ms Jane Groff</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 4576 Janice Ave NE</p> <p>City Salem State OR Zip Code 97305</p> <p>Purpose of Disbursement Wages</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: SB21B.7036</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1126.25"/></p>
<p>Purpose of Disbursement Wages</p> <p>Candidate Name</p> <p>Category/Type <input type="text" value="001"/></p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>[MEMO ITEM]</p>

<p>C. Michelle Knopp</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 8310 E Burnside</p> <p>City Portland State OR Zip Code 97216</p> <p>Purpose of Disbursement Mileage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: SB21B.7002</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="250.00"/></p>
<p>Purpose of Disbursement Mileage</p> <p>Candidate Name</p> <p>Category/Type <input type="text" value="002"/></p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="1084.98"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

**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)

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<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

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NAME OF COMMITTEE (In Full)
Right to Life/Oregon PAC

Full Name (Last, First, Middle Initial) A. Michelle Knopp		Transaction ID: SB21B.7006 Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 8310 E Burnside		Amount of Each Disbursement this Period 1950.00	
City Portland State OR Zip Code 97216	Purpose of Disbursement Wages Candidate Name	001 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]

Full Name (Last, First, Middle Initial) B. Michelle Knopp		Transaction ID: SB21B.7033 Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2006	
Mailing Address 8310 E Burnside		Amount of Each Disbursement this Period 1950.00	
City Portland State OR Zip Code 97216	Purpose of Disbursement Wages Candidate Name	001 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]

Full Name (Last, First, Middle Initial) C. Mrs. Chantelle Nelson		Transaction ID: SB21B.7010 Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 4138 Sunnyview Rd NE Apt 96		Amount of Each Disbursement this Period 1320.50	
City Salem State OR Zip Code 97305	Purpose of Disbursement Wages Candidate Name	001 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]

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER:
(check only one)

<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

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NAME OF COMMITTEE (In Full)
Right to Life/Oregon PAC

Full Name (Last, First, Middle Initial) A. Mrs. Chantelle Nelson		Transaction ID: SB21B.7037 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 4138 Sunnyview Rd NE Apt 96		Amount of Each Disbursement this Period 47.50
City Salem State OR Zip Code 97305	Purpose of Disbursement Wages Candidate Name Category/Type 001	
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) ▼

Full Name (Last, First, Middle Initial) B. Oregon Department of Revenue		Transaction ID: SB21B.7018 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 6
Mailing Address PO Box 14800		Amount of Each Disbursement this Period 125.30
City Salem State OR Zip Code 97309	Purpose of Disbursement State payroll taxes Candidate Name Category/Type 001	
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) ▼

Full Name (Last, First, Middle Initial) C. Oregon Department of Revenue		Transaction ID: SB21B.7042 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address PO Box 14800		Amount of Each Disbursement this Period 109.43
City Salem State OR Zip Code 97309	Purpose of Disbursement State payroll taxes Candidate Name Category/Type 001	
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) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

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)

<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

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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		Transaction ID: SB21B.7004 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 6
Mailing Address 4335 River Road N		Amount of Each Disbursement this Period 10479.38
City Salem State OR Zip Code 97303	Purpose of Disbursement Wages, payroll taxes, health benefits Candidate Name Category/Type 001	
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) ▼	

Full Name (Last, First, Middle Initial) B. Oregon Right to Life		Transaction ID: SB21B.7031 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 4335 River Road N		Amount of Each Disbursement this Period 9248.81
City Salem State OR Zip Code 97303	Purpose of Disbursement Wages, payroll taxes, employee benefits Candidate Name Category/Type 001	
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) ▼	

Full Name (Last, First, Middle Initial) C. Oregon Right to Life Ed. Foundation		Transaction ID: SB21B.7020 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address 4335 River Road N		Amount of Each Disbursement this Period 366.67
City Salem State OR Zip Code 97303	Purpose of Disbursement Rent Candidate Name Category/Type 001	
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) ▶	20094.86
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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 13 / 27

<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

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

A. PacifiCare Full Name (Last, First, Middle Initial) Mailing Address PO Box 3007 City Hillsboro State OR Zip Code 97123 Purpose of Disbursement Employee health benefits 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: SB21B.7016 Date of Disbursement 07 / 31 / 2006 Amount of Each Disbursement this Period 552.47 [MEMO ITEM]
--	--	--

B. PacifiCare Full Name (Last, First, Middle Initial) Mailing Address PO Box 3007 City Hillsboro State OR Zip Code 97123 Purpose of Disbursement Employee benefits--health insurance 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: SB21B.7040 Date of Disbursement 08 / 31 / 2006 Amount of Each Disbursement this Period 552.47 [MEMO ITEM]
---	--	--

C. Mrs. Mary C. Parsons Full Name (Last, First, Middle Initial) Mailing Address 1675 Ewald Ave SE City Salem State OR Zip Code 97302 Purpose of Disbursement Wages 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: SB21B.7014 Date of Disbursement 07 / 31 / 2006 Amount of Each Disbursement this Period 422.67 [MEMO ITEM]
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SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

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)

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<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

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NAME OF COMMITTEE (In Full)
Right to Life/Oregon PAC

Full Name (Last, First, Middle Initial) A. Mrs. Mary C. Parsons		Transaction ID: SB21B.7039 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 1675 Ewald Ave SE		Amount of Each Disbursement this Period 458.22
City Salem State OR Zip Code 97302	[MEMO ITEM]	
Purpose of Disbursement Wages Candidate Name		001 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) ▼	

Full Name (Last, First, Middle Initial) B. Ms Bernetta Simpson		Transaction ID: SB21B.7013 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 6
Mailing Address 190 37th Ave SE		Amount of Each Disbursement this Period 760.82
City Salem State OR Zip Code 97301	[MEMO ITEM]	
Purpose of Disbursement Wages Candidate Name		001 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) ▼	

Full Name (Last, First, Middle Initial) C. Ms Bernetta Simpson		Transaction ID: SB21B.7038 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 190 37th Ave SE		Amount of Each Disbursement this Period 913.41
City Salem State OR Zip Code 97301	[MEMO ITEM]	
Purpose of Disbursement Wages Candidate Name		001 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

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)

<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

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NAME OF COMMITTEE (In Full)
Right to Life/Oregon PAC

Full Name (Last, First, Middle Initial) A. US Bank		Transaction ID: SB21B.7017 Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2006
Mailing Address Center & Lancaster		Amount of Each Disbursement this Period 675.02
City Salem State OR Zip Code 97301	[MEMO ITEM]	
Purpose of Disbursement Federal payroll taxes Candidate Name		001 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) ▼	

Full Name (Last, First, Middle Initial) B. US Bank		Transaction ID: SB21B.7041 Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2006
Mailing Address Center & Lancaster		Amount of Each Disbursement this Period 582.59
City Salem State OR Zip Code 97301	[MEMO ITEM]	
Purpose of Disbursement Federal payroll taxes Candidate Name		001 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) ▼	

Full Name (Last, First, Middle Initial) C. US Post Office		Transaction ID: SB21B.7001 Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2006
Mailing Address 1050 25th St SE		Amount of Each Disbursement this Period 22.87
City Salem State OR Zip Code 97301	[MEMO ITEM]	
Purpose of Disbursement Postage Candidate Name		001 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	22.87
TOTAL This Period (last page this line number only) ▶	[]

**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)

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<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

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NAME OF COMMITTEE (In Full)
Right to Life/Oregon PAC

A. Full Name (Last, First, Middle Initial)
Ms Theresa Vandecoevering

Mailing Address 2160 Trade St SE

City Salem State OR Zip Code 97301

Purpose of Disbursement Wages
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB21B.7008

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/
Type

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Ms Theresa Vandecoevering

Mailing Address 2160 Trade St SE

City Salem State OR Zip Code 97301

Purpose of Disbursement Wages
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB21B.7035

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/
Type

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ►

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

SCHEDULE D (FEC Form 3X)

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)
Right to Life/Oregon PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Design Point			Nature of Debt (Purpose): Design Voter Guide
Mailing Address 1462 Commercial NE			
City Salem	State OR	ZIP Code 97303	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		Transaction ID: SD10.7076	
Amount Incurred This Period <input type="text" value="45.81"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="45.81"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Western Oregon Web Press			Nature of Debt (Purpose): Print Voter Guide
Mailing Address 439 SW Second Street			
City Corvallis	State OR	ZIP Code 97333-4445	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		Transaction ID: SD10.7075	
Amount Incurred This Period <input type="text" value="161.30"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="161.30"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="207.11"/>
2) TOTALS This Period (last page this line number only).....	<input type="text" value="207.11"/>
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

METHOD OF ALLOCATION FOR:

- SHARED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- SHARED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE)(Seperate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)
Right to Life/Oregon PAC

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

- _____ Presidential-Only Election Year (28% Federal)
- _____ Presidential and Senate Election Year (36% Federal)
- _____ Senate-Only Election Year (21% Federal)
- _____ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

Flat Minimum Federal Percentage

If the committee will allocate using the flat minimum percentage of 50% federal funds, check

or

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %

Nonfederal..... %

This ratio applies to (check all that apply):

Administrative Generic Voter Drive Public Communications Referencing Party Only

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Right to Life/Oregon PAC

A. Full Name (Last, First, Middle Initial) Gateway Communications			Type of Allocated Activity: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input checked="" type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 14107 NE Airport Way			Allocated Activity or Event Year-To-Date 25318.32	
City	State	Zip Code	Date MM / DD / YYYY 09 / 11 / 2006	
Portland	OR	97230	Transaction ID: H4.7049	
Purpose of Disbursement: survey: voice recognition survey			Category/Type 005	
Activity or Event Identifier: Voter Drive()				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
12659.16		12659.16		25318.32

B. Full Name (Last, First, Middle Initial) Gateway Communications			Type of Allocated Activity: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input checked="" type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 14107 NE Airport Way			Allocated Activity or Event Year-To-Date 69894.32	
City	State	Zip Code	Date MM / DD / YYYY 09 / 14 / 2006	
Portland	OR	97230	Transaction ID: H4.7051	
Purpose of Disbursement: Statewide pro life voter poll			Category/Type 005	
Activity or Event Identifier: Voter Drive()				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
22288.00		22288.00		44576.00

C. Full Name (Last, First, Middle Initial) Oregon Right to Life			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 4335 River Road N			Allocated Activity or Event Year-To-Date 766.00	
City	State	Zip Code	Date MM / DD / YYYY 07 / 31 / 2006	
Salem	OR	97303	Transaction ID: H4.7024	
Purpose of Disbursement: Postage, printing, equipment, supplies			Category/Type 001	
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
383.00		383.00		766.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
35330.16		35330.16		70660.32

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Right to Life/Oregon PAC

A. Full Name (Last, First, Middle Initial)
Comcast

Mailing Address
9605 SW Nimbus Ave

City	State	Zip Code	001
Beaverton	OR	97008-7198	

Purpose of Disbursement:
Internet

Activity or Event Identifier:
Administrative

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
861.00

Date / /
Transaction ID: H4.7025

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
47.50		47.50		95.00

B. Full Name (Last, First, Middle Initial)
Oregon Telecom

Mailing Address
PO Box 4333

City	State	Zip Code	001
Salem	OR	97302	

Purpose of Disbursement:
Telephone

Activity or Event Identifier:
Administrative

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
966.75

Date / /
Transaction ID: H4.7026

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
52.88		52.87		105.75

C. Full Name (Last, First, Middle Initial)
Oregon Right to Life

Mailing Address
4335 River Road N

City	State	Zip Code	001
Salem	OR	97303	

Purpose of Disbursement:
Postage, printing, equipment, supplies

Activity or Event Identifier:
Administrative

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
1732.75

Date / /
Transaction ID: H4.7027

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
383.00		383.00		766.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
483.38		483.37		966.75

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Right to Life/Oregon PAC

A. Full Name (Last, First, Middle Initial)
Michelle Knopp

Mailing Address
8310 E Burnside

City	State	Zip Code	
Portland	OR	97216	002

Purpose of Disbursement:
Mileage reimbursement

Activity or Event Identifier:
Administrative

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
1982.75

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	6

Transaction ID: H4.7028

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
125.00		125.00		250.00

B. Full Name (Last, First, Middle Initial)
Oregon Right to Life Ed. Foundation

Mailing Address
4335 River Road N

City	State	Zip Code	
Salem	OR	97303	001

Purpose of Disbursement:
Rent

Activity or Event Identifier:
Administrative

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
2349.42

Date

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

Transaction ID: H4.7029

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
183.33		183.34		366.67

C. Full Name (Last, First, Middle Initial)
Ms Lois Anderson

Mailing Address
1220 Jays Dr N

City	State	Zip Code	
Keizer	OR	97303	001

Purpose of Disbursement:
Telephone

Activity or Event Identifier:
Administrative

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
2398.39

Date

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

Transaction ID: H4.7052

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
24.48		24.49		48.97

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
332.81		332.83		665.64

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Right to Life/Oregon PAC

A. Full Name (Last, First, Middle Initial) Ms Jane Groff			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address 4576 Janice Ave NE			Allocated Activity or Event Year-To-Date 3558.39																						
City	State	Zip Code	Date <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></td><td>0</td><td>9</td><td>/</td><td>2</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>		M	M	/	D	D	/	Y	Y	Y	Y		0	9	/	2	2	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y																
	0	9	/	2	2	/	2	0	0	6															
Salem	OR	97305	Transaction ID: H4.7053																						
Purpose of Disbursement: Computer			Category/Type 001																						
Activity or Event Identifier: Administrative																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
580.00		580.00		1160.00

B. Full Name (Last, First, Middle Initial) Ms Lois Anderson			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address 1220 Jays Dr N			Allocated Activity or Event Year-To-Date 3609.55																						
City	State	Zip Code	Date <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></td><td>0</td><td>9</td><td>/</td><td>2</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>		M	M	/	D	D	/	Y	Y	Y	Y		0	9	/	2	5	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y																
	0	9	/	2	5	/	2	0	0	6															
Keizer	OR	97303	Transaction ID: H4.7054																						
Purpose of Disbursement: Fuel for meetings			Category/Type 002																						
Activity or Event Identifier: Administrative																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
25.58		25.58		51.16

C. Full Name (Last, First, Middle Initial) Ms Jane Groff			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address 4576 Janice Ave NE			Allocated Activity or Event Year-To-Date 0.00																						
City	State	Zip Code	Date <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></td><td>0</td><td>9</td><td>/</td><td>2</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>		M	M	/	D	D	/	Y	Y	Y	Y		0	9	/	2	7	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y																
	0	9	/	2	7	/	2	0	0	6															
Salem	OR	97305	Transaction ID: H4.7063																						
Purpose of Disbursement: Wages			Category/Type 001																						
Activity or Event Identifier: Administrative [MEMO ITEM]																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
563.13		563.12		1126.25

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
605.58		605.58		1211.16

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Right to Life/Oregon PAC

A. Full Name (Last, First, Middle Initial) Gateway Communications			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 14107 NE Airport Way			Allocated Activity or Event Year-To-Date 5869.87	
City Portland	State OR	Zip Code 97230	Date <input type="text" value="09"/> / <input type="text" value="28"/> / <input type="text" value="2006"/>	
Purpose of Disbursement: Telephone updates			Transaction ID: H4.7057	
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1130.16		1130.16		2260.32

B. Full Name (Last, First, Middle Initial) Oregon Right to Life			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 4335 River Road N			Allocated Activity or Event Year-To-Date 13986.60	
City Salem	State OR	Zip Code 97303	Date <input type="text" value="09"/> / <input type="text" value="29"/> / <input type="text" value="2006"/>	
Purpose of Disbursement: Wages, payroll taxes, employee benefits			Transaction ID: H4.7058	
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4058.36		4058.37		8116.73

C. Full Name (Last, First, Middle Initial) Ms Lois Anderson			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1220 Jays Dr N			Allocated Activity or Event Year-To-Date 0.00	
City Keizer	State OR	Zip Code 97303	Date <input type="text" value="09"/> / <input type="text" value="29"/> / <input type="text" value="2006"/>	
Purpose of Disbursement: Wages			Transaction ID: H4.7059	
Activity or Event Identifier: Administrative [MEMO ITEM]				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
975.00		0.00		975.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5188.52		5188.53		10377.05

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Right to Life/Oregon PAC

A. Full Name (Last, First, Middle Initial)
Michelle Knopp

Mailing Address
8310 E Burnside

City	State	Zip Code
Portland	OR	97216

001

Purpose of Disbursement:
Wages

Category/
Type

Activity or Event Identifier:
Administrative

[MEMO ITEM]

Type of Allocated Activity:

Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date

M	M
0	9

 /

D	D
2	9

 /

Y	Y	Y	Y
2	0	0	6

Transaction ID: H4.7060

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
975.00		975.00		1950.00

B. Full Name (Last, First, Middle Initial)
Mrs. Gayle Atteberry

Mailing Address
87366 Dukhobar Rd

City	State	Zip Code
Eugene	OR	97402

001

Purpose of Disbursement:
Wages

Category/
Type

Activity or Event Identifier:
Administrative

[MEMO ITEM]

Type of Allocated Activity:

Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date

M	M
0	9

 /

D	D
2	9

 /

Y	Y	Y	Y
2	0	0	6

Transaction ID: H4.7061

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
418.75		418.75		837.50

C. Full Name (Last, First, Middle Initial)
Mrs. Chantelle Nelson

Mailing Address
4138 Sunnyview Rd NE Apt 96

City	State	Zip Code
Salem	OR	97305

001

Purpose of Disbursement:
Wages

Category/
Type

Activity or Event Identifier:
Administrative

[MEMO ITEM]

Type of Allocated Activity:

Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date

M	M
0	9

 /

D	D
2	9

 /

Y	Y	Y	Y
2	0	0	6

Transaction ID: H4.7064

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
16.82		16.81		33.63

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Right to Life/Oregon PAC

A. Full Name (Last, First, Middle Initial)
Mrs. Mary C. Parsons

Mailing Address
1675 Ewald Ave SE

City	State	Zip Code	001
Salem	OR	97302	

Purpose of Disbursement: Wages	Category/ Type
	001

Activity or Event Identifier:
Administrative
[MEMO ITEM]

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
0.00

Date 09 / 29 / 2006

Transaction ID: H4.7065

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
190.20		190.21		380.41

B. Full Name (Last, First, Middle Initial)
Pacificare

Mailing Address
PO Box 3007

City	State	Zip Code	001
Hillsboro	OR	97123	

Purpose of Disbursement: Employee benefits	Category/ Type
	001

Activity or Event Identifier:
Administrative
[MEMO ITEM]

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
0.00

Date 09 / 29 / 2006

Transaction ID: H4.7066

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
276.23		276.24		552.47

C. Full Name (Last, First, Middle Initial)
US Bank

Mailing Address
Center & Lancaster

City	State	Zip Code	001
Salem	OR	97301	

Purpose of Disbursement: Payroll taxes	Category/ Type
	001

Activity or Event Identifier:
Administrative
[MEMO ITEM]

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
0.00

Date 09 / 29 / 2006

Transaction ID: H4.7067

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
257.22		257.23		514.45

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Right to Life/Oregon PAC

A. Full Name (Last, First, Middle Initial)
Oregon Department of Revenue

Mailing Address
PO Box 14800

City	State	Zip Code
Salem	OR	97309

001

Purpose of Disbursement:
Payroll taxes

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Activity or Event Identifier:
Administrative

[MEMO ITEM]

Date 09 / 29 / 2006

Transaction ID: H4.7068

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
42.29		52.28		94.57

B. Full Name (Last, First, Middle Initial)
Ms Theresa Vandecoevering

Mailing Address
2160 Trade St SE

City	State	Zip Code
Salem	OR	97301

001

Purpose of Disbursement:
Wages

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Activity or Event Identifier:
Administrative

[MEMO ITEM]

Date 09 / 29 / 2006

Transaction ID: H4.7072

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
338.73		338.72		677.45

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
41940.45		41940.47		83880.92

Form/Schedule: **F3XA**

Transaction ID:

The State of Oregon allows a \$50 per individual tax credit per year for Political Action Committee donations. None of the donations which Right to Life/Oregon PAC received in the October 15 Quarterly for 2006 were over \$200 per individual and none accumulated to over \$200 for the calendar year. Schedule B expenditures for 'postage, printing, supplies, equip' were not expenditures for public communications. All memo items for July 31, 2006 belong to check # 116 for \$10,479.38--check was written to Oregon Right to Life for wages, employee benefits & payroll taxes. All Schedule H4 items for 'postage, printing, equipment, supplies' were not expenditures for public communications. All memo items for August 31, 2006 belong to check # 124 to Oregon Right to Life for wages, employee benefits & payroll taxes. All memo items for September 29, 2006 belong to check # 167 for \$8116.73 to Oregon Right to Life for wages, employee benefits & payroll taxes.