

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
Oregon Republican Party

ADDRESS (number and street) Post Office Box 789
 Check if different than previously reported. (ACC)
Salem OR 97308

2. **FEC IDENTIFICATION NUMBER** C00153031
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 Quarterly 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) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 03 01 2005 through 03 31 2005

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 Charles S. Oakes

Signature of Treasurer Electronically Filed by Charles S. Oakes Date 12 17 2008

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Oregon Republican Party

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	5

	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>5</td></tr></table>	Y	Y	Y	Y	2	0	0	5		42748.71
Y	Y	Y	Y							
2	0	0	5							
(b) Cash on Hand at Beginning of Reporting Period	61924.32									
(c) Total Receipts (from Line 19)	24161.10	126447.72								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	86085.42	169196.43								
7. Total Disbursements (from Line 31)	38598.33	121709.34								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	47487.09	47487.09								
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)	87541.16									

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
Oregon Republican Party

Report Covering the Period: From: To:

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	5350.00	8910.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	18811.10	66375.93
(iii) TOTAL (add Lines 11(a)(i) and (ii)	24161.10	75285.93
(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)	24161.10	75285.93
12. Transfers From Affiliated/Other Party Committees	0.00	17461.16
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	33700.63
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	33700.63
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	24161.10	126447.72
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	24161.10	92747.09

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) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	1883.69	6185.96
(ii) Non-Federal Share.....	10674.24	33915.25
(b) Other Federal Operating Expenditures.....	13646.20	33994.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	26204.13	74095.51
22. Transfers to Affiliated/Other Party Committees.....	0.00	10000.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
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	12394.20	37613.83
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	12394.20	37613.83
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	38598.33	121709.34
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	27924.09	87794.09

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)	24161.10	75285.93
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	24161.10	75285.93
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	15529.89	40180.26
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	15529.89	40180.26

SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

Transaction ID: SL1

NAME OF COMMITTEE (In Full) Oregon Republican Party
NAME OF ACCOUNT KEY LEVIN

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
a. Itemized..... (Use Schedule L-A)	0.00	0.00
b. Unitemized.....	0.00	0.00
c. Total.....	0.00	0.00
2. OTHER RECEIPTS.....	0.00	0.00
3. TOTAL RECEIPTS..... (Add Lines 1c and 2)	0.00	0.00
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
a. Voter Registration.....	0.00	0.00
b. Voter ID.....	0.00	0.00
c. GOTV.....	0.00	0.00
d. Generic Campaign.....	0.00	0.00
e. Total.....	0.00	0.00
5. OTHER DISBURSEMENTS.....	10.75	53.00
6. TOTAL DISBURSEMENTS..... (Add Lines 4e and 5)	10.75	53.00
7. BEGINNING CASH ON HAND..... (for Column B, use cash as of January 1st)	967.75	1010.00
8. RECEIPTS..... (from Line 3)	0.00	0.00
9. SUBTOTAL..... (Add Lines 7 and 8)	967.75	1010.00
10. DISBURSEMENTS..... (From Line 6)	10.75	53.00
11. ENDING CASH ON HAND..... (Subtract Line 10 From Line 9)	957.00	957.00

**SCHEDULE L-B (FEC Form 3X)
ITEMIZED DISBURSEMENTS
OF LEVIN FUNDS**

Use separate schedule(s) for each category of the Aggregation Page	FOR LINE NUMBER: (check only one)		PAGE 7 / 29
	<input type="checkbox"/> 4a	<input type="checkbox"/> 4c	<input checked="" type="checkbox"/> 5
	<input type="checkbox"/> 4b	<input type="checkbox"/> 4d	

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)
Oregon Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Key Bank**	Transaction ID: 4B80930.E14400 Date of Disbursement
	Mailing Address 1500 Edgewater St NW	<input type="text" value="03"/> <input type="text" value="31"/> / <input type="text" value="20"/> <input type="text" value="05"/>
	City State Zip Code Salem OR 97304	Amount of Each Disbursement this Period <input type="text" value="10.75"/>
	Purpose of Disbursement Bank Fee	Account: 8

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="10.75"/>
TOTAL This Period (last page this line number only)	<input type="text" value="10.75"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Oregon Republican Party

A.

Full Name (Last, First, Middle Initial) Paul Cole		Date of Receipt MM / DD / YYYY 03 / 30 / 2005
Mailing Address PO Box 20		Transaction ID: 80930.C82313
City Springfield	State OR	Zip Code 97477
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Requested	Occupation Executive	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) Bob Eberhard		Date of Receipt MM / DD / YYYY 03 / 18 / 2005
Mailing Address 729 N. Canyon Drive		Transaction ID: 80930.C81885
City Redmond	State OR	Zip Code 97756
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Eberhards Dairy Products	Occupation Owner	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) Chester Prior		Date of Receipt MM / DD / YYYY 03 / 21 / 2005
Mailing Address 32327 Oregon Trail Rd		Transaction ID: 80930.C81886
City Echo	State OR	Zip Code 97826-9001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Eagle Ranch	Occupation Farmer	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 29
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Oregon Republican Party

A.

Full Name (Last, First, Middle Initial)
Helen Scott

Mailing Address 346 Bickford Dr

City State Zip Code
Grants Pass OR 97527-9603

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 760.00

Date of Receipt M M / D D / Y Y Y Y
03 / 21 / 2005

Transaction ID: 80930.C81892

Amount of Each Receipt this Period 550.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Eva Swain

Mailing Address PO Box 330

City State Zip Code
Hood River OR 97031-0067

FEC ID number of contributing federal political committee. C

Name of Employer Swain Motors Occupation Automobile Dealers

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt M M / D D / Y Y Y Y
03 / 15 / 2005

Transaction ID: 80930.C81858

Amount of Each Receipt this Period 450.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Eva Swain

Mailing Address PO Box 330

City State Zip Code
Hood River OR 97031-0067

FEC ID number of contributing federal political committee. C

Name of Employer Swain Motors Occupation Automobile Dealers

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 725.00

Date of Receipt M M / D D / Y Y Y Y
03 / 29 / 2005

Transaction ID: 80930.C82258

Amount of Each Receipt this Period 250.00

Receipt

SUBTOTAL of Receipts This Page (optional) 1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 29
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
Oregon Republican Party

A.

Full Name (Last, First, Middle Initial) Henry Swigert		Date of Receipt MM / DD / YYYY 03 / 10 / 2005
Mailing Address 1425 SW 20th Ave Ste 104		Transaction ID: 80930.C81808
City Portland	State OR	Zip Code 97201-2485
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Retired	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

B.

Full Name (Last, First, Middle Initial) Henry Swigert		Date of Receipt MM / DD / YYYY 03 / 22 / 2005
Mailing Address 1425 SW 20th Ave Ste 104		Transaction ID: 80930.C81966
City Portland	State OR	Zip Code 97201-2485
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Retired	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2100.00	

C.

Full Name (Last, First, Middle Initial) Donna Woolley		Date of Receipt MM / DD / YYYY 03 / 23 / 2005
Mailing Address PO Box 43		Transaction ID: 80930.C82033
City Drain	State OR	Zip Code 97435-0043
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Eagles View Management	Occupation CEO	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	2600.00
TOTAL This Period (last page this line number only)	5350.00

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)
Oregon Republican Party

A.

Full Name (Last, First, Middle Initial)
Michelle Ashenfelter

Mailing Address 2012 NE 15th

City Portland State OR Zip Code 97212-

Purpose of Disbursement
Office Supplies/ Postage OGOP

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 80930.E11481
Date of Disbursement

03 / 22 / 2005

Amount of Each Disbursement this Period

339.69

OFFICE SUPPLIES/ POSTAGE
OGOP

B.

Full Name (Last, First, Middle Initial)
Benson Hotel

Mailing Address 309 SW Broadway

City Portland State OR Zip Code 97205-3725

Purpose of Disbursement
Facility Rental OGOP

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 80930.E11539
Date of Disbursement

03 / 07 / 2005

Amount of Each Disbursement this Period

526.22

FACILITY RENTAL OGOP

C.

Full Name (Last, First, Middle Initial)
Direct Mail Systems, Inc

Mailing Address 12450 Automobile Boulevard

City Clearwater State FL Zip Code 34622-

Purpose of Disbursement
List Management Service OGOP

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 80930.E11392
Date of Disbursement

03 / 02 / 2005

Amount of Each Disbursement this Period

500.00

LIST MANAGEMENT SERVICE
OGOP

SUBTOTAL of Disbursements This Page (optional)

1365.91

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)

PAGE 12 / 29

<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)
Oregon Republican Party

A.	Full Name (Last, First, Middle Initial) Direct Mail Systems, Inc Mailing Address 12450 Automobile Boulevard City Clearwater State FL Zip Code 34622- Purpose of Disbursement List Management Service OGOP 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: 80930.E11498 Date of Disbursement 03 / 18 / 2005 Amount of Each Disbursement this Period 1350.00 LIST MANAGEMENT SERVICE OGOP
B.	Full Name (Last, First, Middle Initial) FLS Connect Mailing Address 7320 N Dreamy Draw Dr City Phoenix State AZ Zip Code 85020-5212 Purpose of Disbursement Fundraising Phone Calls OGOP 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: 80930.E11395 Date of Disbursement 03 / 02 / 2005 Amount of Each Disbursement this Period 5150.70 FUNDRAISING PHONE CALLS OGOP
C.	Full Name (Last, First, Middle Initial) FLS Connect Mailing Address 7320 N Dreamy Draw Dr City Phoenix State AZ Zip Code 85020-5212 Purpose of Disbursement Fundraising Phone Calls OGOP 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: 80930.E11510 Date of Disbursement 03 / 29 / 2005 Amount of Each Disbursement this Period 825.60 FUNDRAISING PHONE CALLS OGOP

SUBTOTAL of Disbursements This Page (optional) ▶	7326.30
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)

PAGE 13 / 29

<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)
Oregon Republican Party

A.	Full Name (Last, First, Middle Initial) Harry Kloor	Transaction ID: 80930.E11501 Date of Disbursement 03 / 18 / 2005
	Mailing Address Jupiter Nine Productions Inc 10989 Bluffside Drive Ste 3403	Amount of Each Disbursement this Period 847.32
	City Studio City	State CA
	Zip Code 91604-	
	Purpose of Disbursement Travel	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	
		TRAVEL

B.	Full Name (Last, First, Middle Initial) Amy Langdon	Transaction ID: 80930.E11370 Date of Disbursement 03 / 05 / 2005
	Mailing Address 2830 Foxhaven Dr SE	Amount of Each Disbursement this Period 162.42
	City Salem	State OR
	Zip Code 97306-2526	
	Purpose of Disbursement Food/Beverage OGOP	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	
		FOOD/BEVERAGE OGOP

C.	Full Name (Last, First, Middle Initial) Amy Langdon	Transaction ID: 80930.E11485 Date of Disbursement 03 / 22 / 2005
	Mailing Address 2830 Foxhaven Dr SE	Amount of Each Disbursement this Period 163.35
	City Salem	State OR
	Zip Code 97306-2526	
	Purpose of Disbursement Travel OGOP	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	
		TRAVEL OGOP

SUBTOTAL of Disbursements This Page (optional)	▶	1173.09
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)

PAGE 14 / 29

<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)
Oregon Republican Party

A.	Full Name (Last, First, Middle Initial) LifeWise	Transaction ID: 80930.E11511
	Mailing Address 815 SW Bond St	Date of Disbursement 03 / 29 / 2005
	City Bend State OR Zip Code 97702-	Amount of Each Disbursement this Period 572.20
	Purpose of Disbursement Insurance	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) ▼

B.	Full Name (Last, First, Middle Initial) Kevin Mannix	Transaction ID: 80930.E11508
	Mailing Address 375 18th St NE	Date of Disbursement 03 / 22 / 2005
	City Salem State OR Zip Code 97301-4307	Amount of Each Disbursement this Period 498.20
	Purpose of Disbursement Travel OGOP	TRAVEL OGOP
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Willabys Catering	Transaction ID: 80930.E11538
	Mailing Address 8800 Enchanted Way	Date of Disbursement 03 / 07 / 2005
	City Salem State OR Zip Code 97302-	Amount of Each Disbursement this Period 2700.00
	Purpose of Disbursement Catering OGOP	CATERING OGOP
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3770.40
TOTAL This Period (last page this line number only)	13635.70

**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 15 / 29

<input 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 checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Oregon Republican Party

A.	Full Name (Last, First, Middle Initial) Leisha Adams	Transaction ID: 80930.E11356 Date of Disbursement 03 / 01 / 2005
	Mailing Address 300 S Everest Rd Unit 39	Amount of Each Disbursement this Period 774.52
	City Newberg State OR Zip Code 97132-2171	
	Purpose of Disbursement FEA payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		FEA PAYROLL

B.	Full Name (Last, First, Middle Initial) Leisha Adams	Transaction ID: 80930.E11477 Date of Disbursement 03 / 15 / 2005
	Mailing Address 300 S Everest Rd Unit 39	Amount of Each Disbursement this Period 774.52
	City Newberg State OR Zip Code 97132-2171	
	Purpose of Disbursement FEA payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		FEA PAYROLL

C.	Full Name (Last, First, Middle Initial) Michelle Ashenfelter	Transaction ID: 80930.E11364 Date of Disbursement 03 / 01 / 2005
	Mailing Address 2012 NE 15th	Amount of Each Disbursement this Period 1541.88
	City Portland State OR Zip Code 97212-	
	Purpose of Disbursement FEA payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		FEA PAYROLL

SUBTOTAL of Disbursements This Page (optional)	3090.92
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)

PAGE 16 / 29

<input 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 checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Oregon Republican Party

A.	Full Name (Last, First, Middle Initial) Michelle Ashenfelter Mailing Address 2012 NE 15th City Portland State OR Zip Code 97212- Purpose of Disbursement FEA payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80930.E11480 Date of Disbursement 03 / 15 / 2005 Amount of Each Disbursement this Period 1541.88 FEA PAYROLL
B.	Full Name (Last, First, Middle Initial) Key Bank** Mailing Address 1500 Edgewater St NW City Salem State OR Zip Code 97304- Purpose of Disbursement FEA payroll taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80930.E11470 Date of Disbursement 03 / 15 / 2005 Amount of Each Disbursement this Period 391.00 FEA PAYROLL TAXES
C.	Full Name (Last, First, Middle Initial) Key Bank** Mailing Address 1500 Edgewater St NW City Salem State OR Zip Code 97304- Purpose of Disbursement FEA payroll taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80930.E11471 Date of Disbursement 03 / 15 / 2005 Amount of Each Disbursement this Period 2086.50 FEA PAYROLL TAXES

SUBTOTAL of Disbursements This Page (optional) ▶	4019.38
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)

PAGE 17 / 29

<input 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 checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Oregon Republican Party

A.	Full Name (Last, First, Middle Initial) Amy Langdon Mailing Address 2830 Foxhaven Dr SE City Salem State OR Zip Code 97306-2526 Purpose of Disbursement FEA payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80930.E11369 Date of Disbursement 03 / 01 / 2005	Amount of Each Disbursement this Period 2046.95 FEA PAYROLL
B.	Full Name (Last, First, Middle Initial) Amy Langdon Mailing Address 2830 Foxhaven Dr SE City Salem State OR Zip Code 97306-2526 Purpose of Disbursement FEA payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80930.E11484 Date of Disbursement 03 / 15 / 2005	Amount of Each Disbursement this Period 2046.95 FEA PAYROLL
C.	Full Name (Last, First, Middle Initial) Oregon Department of Revenue Mailing Address P.O. Box 14800 City Salem State OR Zip Code 97309-0920 Purpose of Disbursement FEA payroll taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80930.E14598 Date of Disbursement 03 / 01 / 2005	Amount of Each Disbursement this Period 647.00 FEA PAYROLL TAXES

SUBTOTAL of Disbursements This Page (optional) ▶	4740.90
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)

PAGE 18 / 29

<input 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 checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Oregon Republican Party

A.

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

Mailing Address P.O. Box 14800

City Salem State OR Zip Code 97309-0920

Purpose of Disbursement
FEA payroll taxes

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80930.E14419

Date of Disbursement

MM / DD / YYYY
03 / 15 / 2005

Amount of Each Disbursement this Period

543.00

FEA PAYROLL TAXES

SUBTOTAL of Disbursements This Page (optional)

543.00

TOTAL This Period (last page this line number only)

12394.20

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)
Oregon Republican Party

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Aristotle			Nature of Debt (Purpose): Computer Support
Mailing Address 205 Pennsylvania Ave SE			
City Washington	State DC	ZIP Code 20003-	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		Transaction ID: LS80930.E11534	
Amount Incurred This Period <input type="text" value="1950.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1950.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor FLS Connect			Nature of Debt (Purpose): Fundraising Phone Calls OGOP
Mailing Address 7320 N Dreamy Draw Dr			
City Phoenix	State AZ	ZIP Code 85020-5212	

Outstanding Balance Beginning This Period <input type="text" value="5150.70"/>		Transaction ID: LS80930.E11395	
Amount Incurred This Period <input type="text" value="9741.10"/>	Payment This Period <input type="text" value="5976.30"/>	Outstanding Balance at Close of This Period <input type="text" value="8915.50"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Direct Mail Systems, Inc			Nature of Debt (Purpose): List Management Service OGOP
Mailing Address 12450 Automobile Boulevard			
City Clearwater	State FL	ZIP Code 34622-	

Outstanding Balance Beginning This Period <input type="text" value="500.00"/>		Transaction ID: LS80930.E11392	
Amount Incurred This Period <input type="text" value="5004.78"/>	Payment This Period <input type="text" value="1850.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3654.78"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="14520.28"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL 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"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 20 / 29
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Oregon Republican Party

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Lane County Central Committee	Nature of Debt (Purpose): Food/Beverage OGOP
Mailing Address PO Box 10247	
City Eugene State OR ZIP Code 97440-2247	

Outstanding Balance Beginning This Period 364.00	Transaction ID: LS80930.E11529	
Amount Incurred This Period 215.20	Payment This Period 579.20	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Pitney Bowes Credit Corp	Nature of Debt (Purpose): Postage OGOP
Mailing Address P. O. Box 85460	
City Louisville State KY ZIP Code 40285-5460	

Outstanding Balance Beginning This Period 1085.16	Transaction ID: LS80930.E11506	
Amount Incurred This Period 0.00	Payment This Period 1085.16	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Electric Lightwave	Nature of Debt (Purpose): Phone Service
Mailing Address PO Box 20553	
City Rochester State NY ZIP Code 14602-	

Outstanding Balance Beginning This Period 0.00	Transaction ID: LS81002.E15130	
Amount Incurred This Period 317.79	Payment This Period 0.00	Outstanding Balance at Close of This Period 317.79

1) SUBTOTALS This Period This Page (optional).....	▶	317.79
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 21 / 29
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Oregon Republican Party

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Willabys Catering	Nature of Debt (Purpose): Catering OGOP
Mailing Address 8800 Enchanted Way	
City Salem State OR ZIP Code 97302-	

Outstanding Balance Beginning This Period 0.00	Transaction ID: LS80930.E11537	
Amount Incurred This Period 3634.96	Payment This Period 2700.00	Outstanding Balance at Close of This Period 934.96

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Entertainment Communications Network	Nature of Debt (Purpose): List Management Service OGOP
Mailing Address 4370 Tujunga Ave Suite 210	
City Studio City State CA ZIP Code 91604-	

Outstanding Balance Beginning This Period 0.00	Transaction ID: LS81002.E15131	
Amount Incurred This Period 1131.35	Payment This Period 0.00	Outstanding Balance at Close of This Period 1131.35

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Capitol Accounting Service	Nature of Debt (Purpose): Compliance Consulting
Mailing Address PO Box 1304	
City Silverton State OR ZIP Code 97381-	

Outstanding Balance Beginning This Period 937.50	Transaction ID: LS80930.E11509	
Amount Incurred This Period 880.00	Payment This Period 880.00	Outstanding Balance at Close of This Period 937.50

1) SUBTOTALS This Period This Page (optional).....	▶	3003.81
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 22 / 29
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Oregon Republican Party

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

Outstanding Balance Beginning This Period 67180.90	Transaction ID: LS80930.E11336	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 67180.90

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Connolly & Goldian	Nature of Debt (Purpose): Legal Consulting
Mailing Address PO Box 3095	
City State ZIP Code Salem OR 97302-	

Outstanding Balance Beginning This Period 864.00	Transaction ID: LS80930.E11533	
Amount Incurred This Period 248.50	Payment This Period 0.00	Outstanding Balance at Close of This Period 1112.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Pacific NW Telco	Nature of Debt (Purpose): Phone Service
Mailing Address 10200 Greenburg Road, Suite 340	
City State ZIP Code Portland OR 97223-	

Outstanding Balance Beginning This Period 0.00	Transaction ID: LS81002.E15132	
Amount Incurred This Period 210.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 210.00

1) SUBTOTALS This Period This Page (optional).....	68503.40
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 23 / 29	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Oregon Republican Party

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Integra Telecom			Nature of Debt (Purpose): Phone Service
Mailing Address PO Box 34988			
City Seattle	State WA	ZIP Code 98124-1988	

Outstanding Balance Beginning This Period		Transaction ID: LS80930.E11558	
596.90			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
598.98	0.00	1195.88	

1) SUBTOTALS This Period This Page (optional).....	1195.88
2) TOTALS This Period (last page this line number only).....	87541.16
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	87541.16

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

NAME OF COMMITTEE (In Full)
Oregon Republican Party

A. Full Name (Last, First, Middle Initial) DH & Associates			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 PO Box 1083			Allocated Activity or Event Year-To-Date 34930.16		
City Salem	State OR	Zip Code 97308-	Date <input type="text" value="03"/> / <input type="text" value="02"/> / <input type="text" value="2005"/>		
Purpose of Disbursement: Compliance Consulting			Transaction ID: H480930.E11389		
Activity or Event Identifier: ADMINISTRATION B 4111					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
375.00		2125.00		2500.00

B. Full Name (Last, First, Middle Initial) Certified Property			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 PO Box 269			Allocated Activity or Event Year-To-Date 32430.16		
City Salem	State OR	Zip Code 97308-0269	Date <input type="text" value="03"/> / <input type="text" value="02"/> / <input type="text" value="2005"/>		
Purpose of Disbursement: Rent			Transaction ID: H480930.E11399		
Activity or Event Identifier: ADMINISTRATION B 4111					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
855.00		4845.00		5700.00

C. Full Name (Last, First, Middle Initial) Safeway			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 401 S Roosevelt Dr			Allocated Activity or Event Year-To-Date 34949.84		
City Seaside	State OR	Zip Code 97138-6745	Date <input type="text" value="03"/> / <input type="text" value="05"/> / <input type="text" value="2005"/>		
Purpose of Disbursement: Food/Beverage			Transaction ID: H480930.E11406		
Activity or Event Identifier: ADMINISTRATION B 4111					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2.95		16.73		19.68

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1232.95		6986.73		8219.68

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
[Empty]	[Empty]	[Empty]

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

NAME OF COMMITTEE (In Full)
Oregon Republican Party

A. Full Name (Last, First, Middle Initial) Computer Village			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 4075 76th Ave NE			Allocated Activity or Event Year-To-Date 36625.17		
City Salem	State OR	Zip Code 97305-	Date <input type="text" value="03"/> / <input type="text" value="18"/> / <input type="text" value="2005"/>		
Purpose of Disbursement: Computer Support			Transaction ID: H480930.E11502		
Activity or Event Identifier: ADMINISTRATION B 4111					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
176.55		1000.44		1176.99

B. Full Name (Last, First, Middle Initial) Mission Mill Museum			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 1313 Mill St SE			Allocated Activity or Event Year-To-Date 37910.33		
City Salem	State OR	Zip Code 97301-6398	Date <input type="text" value="03"/> / <input type="text" value="22"/> / <input type="text" value="2005"/>		
Purpose of Disbursement: Facility Rental OGOP			Transaction ID: H480930.E11505		
Activity or Event Identifier: ADMINISTRATION B 4111					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
30.00		170.00		200.00

C. Full Name (Last, First, Middle Initial) Pitney Bowes Credit Corp			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 P. O. Box 85460			Allocated Activity or Event Year-To-Date 37710.33		
City Louisville	State KY	Zip Code 40285-5460	Date <input type="text" value="03"/> / <input type="text" value="22"/> / <input type="text" value="2005"/>		
Purpose of Disbursement: Postage OGOP			Transaction ID: H480930.E11506		
Activity or Event Identifier: ADMINISTRATION B 4111					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
162.77		922.39		1085.16

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
369.32		2092.83		2462.15

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)
Oregon Republican Party

A. Full Name (Last, First, Middle Initial) Capitol Accounting Service			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 PO Box 1304			Allocated Activity or Event Year-To-Date 39265.53		
City Silverton	State OR	Zip Code 97381-	Date <input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2005"/>		
Purpose of Disbursement: Compliance Consulting			Transaction ID: H480930.E11509		
Activity or Event Identifier: ADMINISTRATION B 4111					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
132.00		748.00		880.00

B. Full Name (Last, First, Middle Initial) Stafford Studios			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 11594 SE Meadowgold Place			Allocated Activity or Event Year-To-Date 38385.53		
City Clackamas	State OR	Zip Code 97015-	Date <input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2005"/>		
Purpose of Disbursement: Web Service			Transaction ID: H480930.E11512		
Activity or Event Identifier: ADMINISTRATION B 4111					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
39.00		221.00		260.00

C. Full Name (Last, First, Middle Initial) Lane County Central Committee			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 PO Box 10247			Allocated Activity or Event Year-To-Date 35366.18		
City Eugene	State OR	Zip Code 97440-2247	Date <input type="text" value="03"/> / <input type="text" value="11"/> / <input type="text" value="2005"/>		
Purpose of Disbursement: Personnel Service			Transaction ID: H480930.E11529		
Activity or Event Identifier: ADMINISTRATION B 4111					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
54.60		309.40		364.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
225.60		1278.40		1504.00

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)
Oregon Republican Party

A. Full Name (Last, First, Middle Initial) Lane County Central Committee			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 PO Box 10247			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: center;">38125.53</div>		
City Eugene	State OR	Zip Code 97440-2247	Date M M / D D / Y Y Y Y 03 / 29 / 2005 Transaction ID: H480930.E11540		
Purpose of Disbursement: Food/Beverage OGOP		Category/ Type			
Activity or Event Identifier: ADMINISTRATION B 4111					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
32.28		182.92		215.20

B. Full Name (Last, First, Middle Initial) Key Bank**			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 1500 Edgewater St NW			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: center;">35002.18</div>		
City Salem	State OR	Zip Code 97304-	Date M M / D D / Y Y Y Y 03 / 10 / 2005 Transaction ID: H480930.E11541		
Purpose of Disbursement: Bank Fee		Category/ Type			
Activity or Event Identifier: ADMINISTRATION B 4111					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
7.85		44.49		52.34

C. Full Name (Last, First, Middle Initial) Key Bank**			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 1500 Edgewater St NW			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: center;">39266.53</div>		
City Salem	State OR	Zip Code 97304-	Date M M / D D / Y Y Y Y 03 / 31 / 2005 Transaction ID: H480930.E14401		
Purpose of Disbursement: Bank Fee		Category/ Type			
Activity or Event Identifier: ADMINISTRATION B 4111					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.15		0.85		1.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
40.28		228.26		268.54

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)
Oregon Republican Party

A. Full Name (Last, First, Middle Initial) Authnet Gateway Billing			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 293 Boston Post Rd W Ste 220			Allocated Activity or Event Year-To-Date 39288.09																						
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>0</td><td>3</td><td>/</td><td>3</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td></tr></table> Transaction ID: H480930.E14402			M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	3	1	/	2	0	0	5
M	M	/				D	D	/	Y	Y	Y	Y													
0	3	/	3	1	/	2	0	0	5																
Marlborough	MA	01752-																							
Purpose of Disbursement: Credit Card Fee			Category/ Type																						
Activity or Event Identifier: ADMINISTRATION B 4111																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1.50		8.50		10.00

B. Full Name (Last, First, Middle Initial) American Express			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 PO Box 2878			Allocated Activity or Event Year-To-Date 39278.09																						
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>0</td><td>3</td><td>/</td><td>3</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td></tr></table> Transaction ID: H480930.E14403			M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	3	1	/	2	0	0	5
M	M	/				D	D	/	Y	Y	Y	Y													
0	3	/	3	1	/	2	0	0	5																
Omaha	NE	68103-																							
Purpose of Disbursement: Credit Card Fee			Category/ Type																						
Activity or Event Identifier: ADMINISTRATION B 4111																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.15		0.83		0.98

C. Full Name (Last, First, Middle Initial) CTS Holdings LLC			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 c/o Key Bank 1500 Edgewater St NW			Allocated Activity or Event Year-To-Date 39277.11																						
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>0</td><td>3</td><td>/</td><td>3</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td></tr></table> Transaction ID: H480930.E14404			M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	3	1	/	2	0	0	5
M	M	/				D	D	/	Y	Y	Y	Y													
0	3	/	3	1	/	2	0	0	5																
Salem	OR	97304-																							
Purpose of Disbursement: Credit Card Fee			Category/ Type																						
Activity or Event Identifier: ADMINISTRATION B 4111																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1.59		8.99		10.58

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.24		18.32		21.56

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)
Oregon Republican Party

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

Mailing Address
P.O. Box 14800

City	State	Zip Code
Salem	OR	97309-0920

Purpose of Disbursement:
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

Activity or Event Identifier:
ADMINISTRATION B 4111

Date / /

Transaction ID: H480930.E14420

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="12.30"/>		<input type="text" value="69.70"/>		<input type="text" value="82.00"/>

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="12.30"/>		<input type="text" value="69.70"/>		<input type="text" value="82.00"/>

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
<input type="text" value="1883.69"/>		<input type="text" value="10674.24"/>		<input type="text" value="12557.93"/>