



A. Form/Schedule : **F3XN**

Transaction ID :

The State of Oregon allows a \$50 per indiv tax credit per year for PAC donations. None of the donations which Right to Life/Oregon PAC received in the 2009 end of year report were over \$200 per indiv & none accumulated to over \$200 for the calendar year. The memo item on Dec. 03 to Dell Inc for 218-.50 belongs to the check to Jane Groff for \$218.50 on Dec 31. All memo items on Dec 31 belong to the check to Oregon Right to Life for \$11,907.38 on Dec. 31.

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Right to Life/Oregon PAC

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		58271.59
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	16281.38									
(c) Total Receipts (from Line 19) .....	157252.00	203433.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	173533.38	261704.59								
7. Total Disbursements (from Line 31) .....	26521.86	114693.07								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	147011.52	147011.52								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	18643.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	8475.53									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
Right to Life/Oregon PAC

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	0.00	0.00
(ii) Unitemized .....	157252.00	203433.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	157252.00	203433.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	157252.00	203433.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total 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)) .....	157252.00	203433.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	157252.00	203433.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	26521.86	114643.07
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	26521.86	114643.07
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	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	50.00
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))..	26521.86	114693.07
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26521.86	114693.07

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

6 / 23

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) .....	157252.00	203433.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	157252.00	203433.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	26521.86	114643.07
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	26521.86	114643.07

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

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

FOR LINE NUMBER: (check only one)

<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) Adams & Company	Transaction ID: SB21B.8261 Date of Disbursement 12 / 22 / 2009
	Mailing Address PO Box 17727	Amount of Each Disbursement this Period 1750.00
	City Salem State OR Zip Code 97305	
	Purpose of Disbursement PAC organizational consultant 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) ▼

B.	Full Name (Last, First, Middle Initial) Ms Lois Anderson	Transaction ID: SB21B.8277 Date of Disbursement 12 / 31 / 2009
	Mailing Address 1220 Jays Dr N	Amount of Each Disbursement this Period 2000.00
	City Keizer State OR Zip Code 97303	
	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) ▼

C.	Full Name (Last, First, Middle Initial) Patricia Baker	Transaction ID: SB21B.8284 Date of Disbursement 12 / 31 / 2009
	Mailing Address 1330 Rafael St N	Amount of Each Disbursement this Period 815.00
	City Keizer State OR Zip Code 97303	
	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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1750.00
<b>TOTAL</b> 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

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)  
Gateway Communications

Transaction ID: SB21B.8189  
Date of Disbursement

Mailing Address 14107 NE Airport Way

11 / 16 / 2009

City Portland State OR Zip Code 97230

Amount of Each Disbursement this Period

Purpose of Disbursement  
Fundraising

003  
Category/  
Type

2213.10

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Gateway Communications

Transaction ID: SB21B.8201  
Date of Disbursement

Mailing Address 14107 NE Airport Way

11 / 23 / 2009

City Portland State OR Zip Code 97230

Amount of Each Disbursement this Period

Purpose of Disbursement  
Voter file matching

001  
Category/  
Type

780.00

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Gateway Communications

Transaction ID: SB21B.8202  
Date of Disbursement

Mailing Address 14107 NE Airport Way

11 / 23 / 2009

City Portland State OR Zip Code 97230

Amount of Each Disbursement this Period

Purpose of Disbursement  
Fundraising

003  
Category/  
Type

358.57

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

3351.67

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

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) Gateway Communications	Transaction ID: SB21B.8309 Date of Disbursement																			
	Mailing Address 14107 NE Airport Way	<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>1</td><td>2</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	3		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	3		2	0	0	9												
	City Portland State OR Zip Code 97230	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Fundraising Candidate Name	<table border="1"><tr><td>1904.41</td></tr></table>	1904.41																		
1904.41																					
	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) ▼																			
		001 Category/Type																			

B.	Full Name (Last, First, Middle Initial) Gateway Communications	Transaction ID: SB21B.8310 Date of Disbursement																			
	Mailing Address 14107 NE Airport Way	<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>1</td><td>2</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	9		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	9		2	0	0	9												
	City Portland State OR Zip Code 97230	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Fundraising Candidate Name	<table border="1"><tr><td>1638.52</td></tr></table>	1638.52																		
1638.52																					
	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) ▼																			
		001 Category/Type																			

C.	Full Name (Last, First, Middle Initial) Ms Jane Groff	Transaction ID: SB21B.8320 Date of Disbursement																			
	Mailing Address 6399 Crampton Dr N	<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>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		3	1		2	0	0	9												
	City Keizer State OR Zip Code 97303	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Computer Candidate Name	<table border="1"><tr><td>218.50</td></tr></table>	218.50																		
218.50																					
	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) ▼																			
		001 Category/Type																			

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

3761.43
---------

**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

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)  
Integra Telecom

Mailing Address 730 Second Avenue South, Suite 900

City State Zip Code  
Minneapolis MN 55402

Purpose of Disbursement  
Telephone

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.8271  
Date of Disbursement

1 2 / 2 9 / 2 0 0 9

Amount of Each Disbursement this Period

98.03

B.

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

Mailing Address 8310 E Burnside

City State Zip Code  
Portland OR 97216

Purpose of Disbursement  
Wages

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.8278  
Date of Disbursement

1 2 / 3 1 / 2 0 0 9

Amount of Each Disbursement this Period

1593.75

[MEMO ITEM]

C.

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

Mailing Address PO Box 14800

City State Zip Code  
Salem OR 97309

Purpose of Disbursement  
State Payroll Taxes

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.8290  
Date of Disbursement

1 2 / 3 1 / 2 0 0 9

Amount of Each Disbursement this Period

151.34

[MEMO ITEM]

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

98.03

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

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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Oregon Right to Life</p> <p>Mailing Address 4335 River Road N</p> <p>City Salem State OR Zip Code 97303</p> <p>Purpose of Disbursement Bank fees in consolidated statement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.8180</p> <p>Date of Disbursement 10 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 10.00</p> <p>001 Category/Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Oregon Right to Life</p> <p>Mailing Address 4335 River Road N</p> <p>City Salem State OR Zip Code 97303</p> <p>Purpose of Disbursement Bank fees in consolidated statement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.8183</p> <p>Date of Disbursement 11 / 18 / 2009</p> <p>Amount of Each Disbursement this Period 10.00</p> <p>001 Category/Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Oregon Right to Life</p> <p>Mailing Address 4335 River Road N</p> <p>City Salem State OR Zip Code 97303</p> <p>Purpose of Disbursement General office supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.8203</p> <p>Date of Disbursement 12 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 166.66</p> <p>001 Category/Type</p>

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

186.66

**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

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) Oregon Right to Life	Transaction ID: SB21B.8233 Date of Disbursement																			
	Mailing Address 4335 River Road N	<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>1</td><td>2</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	8		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	8		2	0	0	9												
	City Salem State OR Zip Code 97303	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Postage	<table border="1"><tr><td>10.09</td></tr></table>	10.09																		
10.09																					
	Candidate Name	<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
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) Oregon Right to Life	Transaction ID: SB21B.8262 Date of Disbursement																			
	Mailing Address 4335 River Road N	<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>1</td><td>2</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	2		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	2		2	0	0	9												
	City Salem State OR Zip Code 97303	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Postage	<table border="1"><tr><td>15.04</td></tr></table>	15.04																		
15.04																					
	Candidate Name	<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
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) ▼																			

C.	Full Name (Last, First, Middle Initial) Oregon Right to Life	Transaction ID: SB21B.8263 Date of Disbursement																			
	Mailing Address 4335 River Road N	<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>1</td><td>2</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	3		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	3		2	0	0	9												
	City Salem State OR Zip Code 97303	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Bank fee in consolidated statement	<table border="1"><tr><td>10.00</td></tr></table>	10.00																		
10.00																					
	Candidate Name	<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>35.13</td></tr></table>	35.13
35.13		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

**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) Oregon Right to Life	Transaction ID: SB21B.8265 Date of Disbursement
	Mailing Address 4335 River Road N	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/>
	City Salem State OR Zip Code 97303	Amount of Each Disbursement this Period
	Purpose of Disbursement Postage Candidate Name	<input type="text" value="18.73"/>
	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) ▼
		<input type="text" value="001"/> Category/Type

B.	Full Name (Last, First, Middle Initial) Oregon Right to Life	Transaction ID: SB21B.8275 Date of Disbursement
	Mailing Address 4335 River Road N	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/>
	City Salem State OR Zip Code 97303	Amount of Each Disbursement this Period
	Purpose of Disbursement General office supplies Candidate Name	<input type="text" value="166.66"/>
	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) ▼
		<input type="text" value="001"/> Category/Type

C.	Full Name (Last, First, Middle Initial) Oregon Right to Life	Transaction ID: SB21B.8276 Date of Disbursement
	Mailing Address 4335 River Road N	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/>
	City Salem State OR Zip Code 97303	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll & payroll taxes Candidate Name	<input type="text" value="11907.38"/>
	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) ▼
		<input type="text" value="001"/> Category/Type

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

**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 15 / 23

<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) Oregon Right to Life Ed. Foundation	Transaction ID: SB21B.8204 Date of Disbursement																			
	Mailing Address 4335 River Road N	<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>1</td><td>2</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	1		2	0	0	9												
	City Salem State OR Zip Code 97303	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Rent	<table border="1"><tr><td>366.67</td></tr></table>	366.67																		
366.67																					
	Candidate Name	<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
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) Mrs. Mary C. Parsons	Transaction ID: SB21B.8286 Date of Disbursement																			
	Mailing Address 1675 Ewald Ave SE	<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>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		3	1		2	0	0	9												
	City Salem State OR Zip Code 97303	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Wages	<table border="1"><tr><td>1898.33</td></tr></table>	1898.33																		
1898.33																					
	Candidate Name	<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
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) ▼																			

C.	Full Name (Last, First, Middle Initial) Cindy Rahm	Transaction ID: SB21B.8279 Date of Disbursement																			
	Mailing Address 4411 Pinecrest Dr	<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>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		3	1		2	0	0	9												
	City Eugene State OR Zip Code 97405	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Wages	<table border="1"><tr><td>529.00</td></tr></table>	529.00																		
529.00																					
	Candidate Name	<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>366.67</td></tr></table>	366.67
366.67		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

**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

<b>A.</b> Full Name (Last, First, Middle Initial) Regence Bluecross Blueshield of Oregon Mailing Address PO Box 91128 City Seattle State WA Zip Code 98111 Purpose of Disbursement Employee 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.8237 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 9
	Amount of Each Disbursement this Period 1160.00 Category/Type: 001

<b>B.</b> Full Name (Last, First, Middle Initial) Select Impressions Mailing Address 2215 Claxter Rd NE City Salem State OR Zip Code 97303 Purpose of Disbursement Printing envelopes and gift receipts 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.8232 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 9
	Amount of Each Disbursement this Period 461.50 Category/Type: 001

<b>C.</b> Full Name (Last, First, Middle Initial) Ms Bernetta Simpson Mailing Address 190 37th Ave SE City Salem State OR Zip Code 97317 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.8288 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 9
	Amount of Each Disbursement this Period 1518.80 Category/Type: 001 [MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1621.50
<b>TOTAL</b> 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 / 23

<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) US Bank	Transaction ID: SB21B.8289 Date of Disbursement 12 / 31 / 2009
	Mailing Address Center & Lancaster	Amount of Each Disbursement this Period 711.11
	City Salem State OR Zip Code 97301	
	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) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) US Post Office	Transaction ID: SB21B.8181 Date of Disbursement 10 / 29 / 2009
	Mailing Address 1050 25th St SE	Amount of Each Disbursement this Period 400.00
	City Salem State OR Zip Code 97301	
	Purpose of Disbursement Business reply mail 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) ▼

C.	Full Name (Last, First, Middle Initial) US Post Office	Transaction ID: SB21B.8236 Date of Disbursement 12 / 09 / 2009
	Mailing Address 1050 25th St SE	Amount of Each Disbursement this Period 500.00
	City Salem State OR Zip Code 97301	
	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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	900.00
<b>TOTAL</b> 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 / 23

<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

<b>A.</b> Full Name (Last, First, Middle Initial) US Post Office Mailing Address 1050 25th St SE City Salem State OR Zip Code 97301 Purpose of Disbursement Postage 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.8238 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 9
	Amount of Each Disbursement this Period 108.00 Category/Type 001
<b>B.</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: <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.8292 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 9
	Amount of Each Disbursement this Period 1712.55 Category/Type 001 [MEMO ITEM]

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

108.00

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

26521.86

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	9
<input type="checkbox"/>	10

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

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Less than \$200 Individual contributions	Nature of Debt (Purpose): Individual pledges
Mailing Address na	
City na State OR ZIP Code 00000	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: SD9.8216</b>	
Amount Incurred This Period 14965.00	Payment This Period 14965.00	Outstanding Balance at Close of This Period 0.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Less than \$200 Individual contributions	Nature of Debt (Purpose): Misc individual pledges
Mailing Address na	
City na State OR ZIP Code 00000	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: SD9.8217</b>	
Amount Incurred This Period 15805.00	Payment This Period 15805.00	Outstanding Balance at Close of This Period 0.00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Less than \$200 Individual contributions	Nature of Debt (Purpose): Misc indiv pledges
Mailing Address na	
City na State OR ZIP Code 00000	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: SD9.8220</b>	
Amount Incurred This Period 14510.00	Payment This Period 14510.00	Outstanding Balance at Close of This Period 0.00

<b>1) SUBTOTALS</b> This Period This Page (optional).....	▶	0.00
<b>2) TOTALS</b> This Period (last page this line number only).....	▶	
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
<b>4) ADD 2) and 3)</b> 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 20 / 23
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10

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

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Less than \$200 Individual contributions	Nature of Debt (Purpose): Misc indiv pledges
Mailing Address na	
City na State OR ZIP Code 00000	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: SD9.8221</b>	
Amount Incurred This Period 14228.00	Payment This Period 14228.00	Outstanding Balance at Close of This Period 0.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Less than \$200 Individual contributions	Nature of Debt (Purpose): misc indiv pledges
Mailing Address na	
City na State OR ZIP Code 00000	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: SD9.8222</b>	
Amount Incurred This Period 7390.00	Payment This Period 7272.00	Outstanding Balance at Close of This Period 118.00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Less than \$200 Individual contributions	Nature of Debt (Purpose): Misc indiv pledges
Mailing Address na	
City na State OR ZIP Code 00000	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: SD9.8223</b>	
Amount Incurred This Period 9170.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 9170.00

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	9288.00
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
4) <b>ADD 2) and 3)</b> 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 / 23
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10

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

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Less than \$200 Individual contributions	Nature of Debt (Purpose): Misc indiv pledges
Mailing Address na	
City na State OR ZIP Code 00000	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: SD9.8224</b>	
Amount Incurred This Period 5800.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5800.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Less than \$200 Individual contributions	Nature of Debt (Purpose): Misc indiv pledges
Mailing Address na	
City na State OR ZIP Code 00000	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: SD9.8225</b>	
Amount Incurred This Period 3555.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3555.00

1) <b>SUBTOTALS</b> This Period This Page (optional).....	9355.00
2) <b>TOTALS</b> This Period (last page this line number only).....	18643.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	18643.00

**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

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Capitol Advantage	Nature of Debt (Purpose): Website service
Mailing Address 1255 22nd St NW	
City State ZIP Code Washington DC 20037	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID:</b> SD10.8186	
Amount Incurred This Period 2250.00	Payment This Period 2250.00	Outstanding Balance at Close of This Period 0.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Gateway Communications	Nature of Debt (Purpose): Direct Mail Fundraising
Mailing Address 14107 NE Airport Way	
City State ZIP Code Portland OR 97230	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID:</b> SD10.8185	
Amount Incurred This Period 2213.10	Payment This Period 2213.10	Outstanding Balance at Close of This Period 0.00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Gateway Communications	Nature of Debt (Purpose): Voter file matching
Mailing Address 14107 NE Airport Way	
City State ZIP Code Portland OR 97230	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID:</b> SD10.8197	
Amount Incurred This Period 780.00	Payment This Period 780.00	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	0.00
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
4) <b>ADD 2) and 3)</b> 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)

FOR LINE NUMBER: (check only one)

9  
 10

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

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Gateway Communications	Nature of Debt (Purpose): Direct mail fundraising
Mailing Address 14107 NE Airport Way	
City State ZIP Code Portland OR 97230	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID:</b> SD10.8198	
Amount Incurred This Period 358.57	Payment This Period 358.57	Outstanding Balance at Close of This Period 0.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Gateway Communications	Nature of Debt (Purpose): Fundraising
Mailing Address 14107 NE Airport Way	
City State ZIP Code Portland OR 97230	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID:</b> SD10.8307	
Amount Incurred This Period 12018.46	Payment This Period 3542.93	Outstanding Balance at Close of This Period 8475.53

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Select Impressions	Nature of Debt (Purpose): Printing envelopes and gi-ft receipts
Mailing Address 2215 Claxter Rd NE	
City State ZIP Code Salem OR 97303	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID:</b> SD10.8231	
Amount Incurred This Period 461.50	Payment This Period 461.50	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	8475.53
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	8475.53
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	8475.53