

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

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Right to Life/Oregon PAC

ADDRESS (number and street)

4335 River Road N

☐Check if different
than previously
reported. (ACC)

Salem

OR

97303

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00141572

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
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

11

04

2008

in the
State of

OR

(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

☐☐☐in the
State of☐

5. Covering Period

10

01

2008

through

10

15

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mrs. Gayle Atteberry

Signature of Treasurer

Electronically Filed by Mrs. Gayle Atteberry

Date

01

28

2009

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

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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Right to Life/Oregon PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
1	0	1	5	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2008		125958.83
(b) Cash on Hand at Beginning of Reporting Period	29637.43	
(c) Total Receipts (from Line 19)	125.00	58016.82
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	29762.43	183975.65
7. Total Disbursements (from Line 31)	12712.72	166925.94
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	17049.71	17049.71
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)	3210.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name
Right to Life/Oregon PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
1	0	1	5	2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	125.00	57498.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	125.00	57498.00
(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) ➡	125.00	57498.00
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	248.52
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	270.30
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	270.30
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	125.00	58016.82
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	125.00	57746.52

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)	0.00	54827.91
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	54827.79
(b) Other Federal Operating Expenditures.....	206.03	39646.49
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	206.03	149302.19
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	4725.70
24. Independent Expenditure (use Schedule E)	12506.69	12798.05
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	100.00
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))..	12712.72	166925.94
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12712.72	112098.15

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	125.00	57498.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	125.00	57498.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	206.03	94474.40
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	206.03	94474.40

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 6 / 11

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Right to Life/Oregon PAC

A.

Full Name (Last, First, Middle Initial)

Ms Jane Groff

Mailing Address 6399 Crampton Dr N

City
Keizer

State
OR

Zip Code
97303

Purpose of Disbursement
Update database

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.7856

Date of Disbursement

10 / 02 / 2008

Amount of Each Disbursement this Period

206.03

SUBTOTAL of Disbursements This Page (optional)

206.03

TOTAL This Period (last page this line number only)

206.03

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 7 / 11

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
Right to Life/Oregon PAC**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Ms Jane GroffNature of Debt (Purpose):
Update database

Mailing Address 6399 Crampton Dr N

City State ZIP Code
Keizer OR 97303

Outstanding Balance Beginning This Period

206.03

Transaction ID: SD10.7851

Amount Incurred This Period

0.00

Payment This Period

206.03

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Western Oregon Web PressNature of Debt (Purpose):
Printing Life in Oregon
Newsletter est.

Mailing Address 439 SW Second Street

City State ZIP Code
Corvallis OR 97333-4445

Outstanding Balance Beginning This Period

770.00

Transaction ID: SD10.7824

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

770.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Western Oregon Web PressNature of Debt (Purpose):
Print Voter Guide--estima-
te

Mailing Address 439 SW Second Street

City State ZIP Code
Corvallis OR 97333-4445

Outstanding Balance Beginning This Period

2440.00

Transaction ID: SD10.7825

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2440.00

1) SUBTOTALS This Period This Page (optional).....

3210.00

2) TOTALS This Period (last page this line number only).....

3210.00

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)

3210.00

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life/Oregon PAC		FEC IDENTIFICATION NUMBER C C00141572	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee US Post Office		Date M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 8	
Mailing Address 1050 25th St SE		Amount 5978.20	
City State Zip Code Salem OR 97301		Transaction ID: SE.7857	
Purpose of Expenditure Postage for voter guide		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 006		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JOHN S. MCCAIN		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2008	
6037.02			
Full Name (Last, First, Middle, Initial) of Payee US Post Office		Date M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 8	
Mailing Address 1050 25th St SE		Amount 4589.96	
City State Zip Code Salem OR 97301		Transaction ID: SE.7858	
Purpose of Expenditure Postage for voter guide		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 006		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2008	
10626.98			
(a) SUBTOTAL of Itemized Independent Expenditures		10568.16	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Mrs. Gayle Atteberry Signature		Date M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 0 9	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life/Oregon PAC		FEC IDENTIFICATION NUMBER C C00141572	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee US Post Office		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 1 4</div> <div><small>Y Y Y Y</small> 2 0 0 8</div> </div>	
Mailing Address 1050 25th St SE		Amount 1938.53	
City Salem		Transaction ID: SE.7859	
State OR		Office Sought: <input type="checkbox"/> House State: OR <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Zip Code 97301			
Purpose of Expenditure Postage for voter guide		Category/Type 006	
Name of Federal Candidate supported or Opposed by expenditure: GORDON HAROLD SMITH,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1945.37		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	

(a) SUBTOTAL of Itemized Independent Expenditures	1938.53
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	12506.69
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>	
Mrs. Gayle Atteberry _____ Signature	Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 1</div> <div><small>D D</small> 2 8</div> <div><small>Y Y Y Y</small> 2 0 0 9</div> </div>

METHOD OF ALLOCATION FOR:

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

NAME OF COMMITTEE (In Full)

Right to Life/Oregon PAC

USE ONLY ONE SECTION, A or B**A. State and Local Party Committees****Fixed Percentage (select one)**

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

B. Separate Segregated Funds and Nonconnected Committees**Flat Minimum Federal Percentage**If the committee will allocate using the flat minimum percentage of 50% federal funds, check ☒**or**

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

Federal..... %Nonfederal..... %

This ratio applies to (check all that apply):

Administrative ☒ Generic Voter Drive ☐ Public Communications Referencing Party Only ☐

Image# 29932003100

Form/Schedule: **F3XA**

Transaction ID:

10/01/08 check for \$206.03 to Jane Groff was a reimbursement for \$206.03 she paid to Mailnet Services, Inc, 800 Crescent Centre Drive, Suite 450, Franklin, TN 37067. The State of Oregon allows a \$50 per iindiv tax credit per year for PAC donations. None of the donations which Right to Life/Oregon PAC received in the 2008 pre-general report were over \$200 per iindiv & none accumulated to over \$200 for the calendar year.
