

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5

Right to Life/Oregon PAC

ADDRESS (number and street) 4335 River Road N

Check if different than previously reported. (ACC) Salem OR 97303

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00141572

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

- (b) Monthly Report Due On: Feb 20 (M2), May 20 (M5), Aug 20 (M8), Nov 20 (M11), Mar 20 (M3), Jun 20 (M6), Sep 20 (M9), Dec 20 (M12), 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 (12S). Election on MM/DD/YYYY in the State of

(d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S). Election on MM/DD/YYYY in the State of OR

5. Covering Period MM/DD/YYYY through MM/DD/YYYY 10/16/2014 through 11/24/2014

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

Type or Print Name of Treasurer Mrs. Gayle Atteberry

Signature of Treasurer Mrs. Gayle Atteberry [Electronically Filed] Date 11/25/2014

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

Table with 10 columns, 1 row. Office Use Only. FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Right to Life/Oregon PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="230717.60"/>	<input type="text" value="230717.60"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1071.80"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="11005.00"/>	<input type="text" value="14640.38"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="12076.80"/>	<input type="text" value="245357.98"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2766.19"/>	<input type="text" value="236047.37"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="9310.61"/>	<input type="text" value="9310.61"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Right to Life/Oregon PAC

Report Covering the Period: From: 10 / 16 / 2014 To: 11 / 24 / 2014

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	11005.00	14640.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	11005.00	14640.00
(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)	11005.00	14640.00
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	0.38
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	11005.00	14640.38
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	11005.00	14640.38

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1918.86	17490.38
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1918.86	17490.38
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	2020.00
24. Independent Expenditures (use Schedule E)	847.33	216061.99
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	475.00
(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	475.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2766.19	236047.37
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2766.19	236047.37

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)	11005.00	14640.00
34. Total Contribution Refunds (from Line 28(d))	0.00	475.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11005.00	14165.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1918.86	17490.38
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.38
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1918.86	17490.00

**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

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

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

Full Name (Last, First, Middle Initial)

A. Ms Lois Anderson

Mailing Address 1220 Jays Dr N

City Keizer State OR Zip Code 97303

Purpose of Disbursement
telephone reim

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			23			2014			

Transaction ID : SB21B.14353

Amount of Each Disbursement this Period

75.00

Full Name (Last, First, Middle Initial)

B. Comcast

Mailing Address 9605 SW Nimbus Ave

City Beaverton State OR Zip Code 97008-7198

Purpose of Disbursement
telephon

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			20			2014			

Transaction ID : SB21B.14352

Amount of Each Disbursement this Period

92.41

Full Name (Last, First, Middle Initial)

C. Comcast

Mailing Address 9605 SW Nimbus Ave

City Beaverton State OR Zip Code 97008-7198

Purpose of Disbursement
phone

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			17			2014			

Transaction ID : SB21B.14367

Amount of Each Disbursement this Period

90.69

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

258.10

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

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**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

Full Name (Last, First, Middle Initial)

A. Gateway Communications, Inc

Mailing Address 16805 NE Mason Court

City Portland State OR Zip Code 97230

Purpose of Disbursement
printing and postage

003

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 24 / 2014

Transaction ID : SB21B.14369

Amount of Each Disbursement this Period

405.00

Full Name (Last, First, Middle Initial)

B. Oregon Right to Life

Mailing Address 4335 River Road N

City Salem State OR Zip Code 97303

Purpose of Disbursement
supplies

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2014

Transaction ID : SB21B.14354

Amount of Each Disbursement this Period

125.00

Full Name (Last, First, Middle Initial)

C. Oregon Right to Life Ed. Foundation

Mailing Address 4335 River Road N

City Salem State OR Zip Code 97303

Purpose of Disbursement
rent

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2014

Transaction ID : SB21B.14355

Amount of Each Disbursement this Period

500.00

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

1030.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

A. Regence Bluecross Blueshield of Oregon

Mailing Address PO Box 91128

City State Zip Code
Seattle WA 98111

Purpose of Disbursement
medical benefit

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2014

Transaction ID : SB21B.14368

Amount of Each Disbursement this Period

630.76

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

--

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

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

630.76

1918.86

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Right to Life/Oregon PAC
FEC IDENTIFICATION NUMBER
C C00141572
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Eagle Mailing Service
Mailing Address
4907 Indian School Rd NE
City
Salem State
OK Zip Code
97305
Date of Public Distribution/Dissemination
10 / 10 / 2014
Amount
30.87
Transaction ID : SE.14356
Date of Disbursement or Obligation
10 / 27 / 2014
Purpose of Expenditure
mailing of voter guide Category/Type
006
Name of Federal Candidate
JAMES LAURENCE BUCHAL Support
Office Sought: House District: 03
State: OR
Calendar Year-To-Date
Per Election for Office Sought
159.83
Disbursement For: General
2014

Full Name of Payee
Eagle Mailing Service
Mailing Address
4907 Indian School Rd NE
City
Salem State
OK Zip Code
97305
Date of Public Distribution/Dissemination
10 / 10 / 2014
Amount
92.61
Transaction ID : SE.14357
Date of Disbursement or Obligation
10 / 27 / 2014
Purpose of Expenditure
mailing of voter guide Category/Type
006
Name of Federal Candidate
ARTHUR BROUHARD Art ROBINSON Support
Office Sought: House District: 04
State: OR
Calendar Year-To-Date
Per Election for Office Sought
231.09
Disbursement For: General
2014

(a) SUBTOTAL of Itemized Independent Expenditures 123.48
(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
[Electronically Filed]
Date 11 / 25 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee Eagle Mailing Service	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 10 / 2014
Mailing Address 4907 Indian School Rd NE	Amount 92.61
City Salem	State OK
Zip Code 97305	Transaction ID : SE.14359
Purpose of Expenditure mailing of voter guide	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014
Category/Type 006	Name of Federal Candidate TOOTIE SMITH
Name of Federal Candidate TOOTIE SMITH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate	<input checked="" type="checkbox"/> House District: <u>05</u> State: <u>OR</u>
Calendar Year-To-Date Per Election for Office Sought 479.49	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Eagle Mailing Service	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 10 / 2014
Mailing Address 4907 Indian School Rd NE	Amount 30.87
City Salem	State OK
Zip Code 97305	Transaction ID : SE.14360
Purpose of Expenditure mailing of voter guide	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014
Category/Type 006	Name of Federal Candidate GREGORY P WALDEN
Name of Federal Candidate GREGORY P WALDEN	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate	<input checked="" type="checkbox"/> House District: <u>02</u> State: <u>OR</u>
Calendar Year-To-Date Per Election for Office Sought 159.83	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	123.48
(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 _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
11 / 25 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Right to Life/Oregon PAC
FEC IDENTIFICATION NUMBER
C C00141572
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Eagle Mailing Service
Mailing Address
4907 Indian School Rd NE
City
Salem State
OK Zip Code
97305
Purpose of Expenditure
mailing of voter guide Category/
Type 006
Name of Federal Candidate
WILLIAM JASON YATES Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought 727.89

Date of Public Distribution/Dissemination
10 / 10 / 2014
Amount
92.61
Transaction ID : SE.14361
Date of Disbursement or Obligation
10 / 27 / 2014
Office Sought: House District: 01
President Senate State: OR
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Eagle Web Press
Mailing Address
PO Box 12009
City
Salem State
OR Zip Code
97309
Purpose of Expenditure
printing of voter guide Category/
Type 006
Name of Federal Candidate
JAMES LAURENCE BUCHAL Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought 128.96

Date of Public Distribution/Dissemination
10 / 10 / 2014
Amount
44.31
Transaction ID : SE.14362
Date of Disbursement or Obligation
10 / 21 / 2014
Office Sought: House District: 03
President Senate State: OR
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 136.92
(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

[Electronically Filed]

Date 11 / 25 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee Eagle Web Press	Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 10 / 2014
Mailing Address PO Box 12009	Amount 132.93
City Salem	State OR
Zip Code 97309	Transaction ID : SE.14363
Purpose of Expenditure printing of voter guide	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Category/Type 006	Name of Federal Candidate ARTHUR BROUHARD Art ROBINSON
Name of Federal Candidate ARTHUR BROUHARD Art ROBINSON	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <u>04</u> State: <u>OR</u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
138.48	

Full Name of Payee Eagle Web Press	Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 10 / 2014
Mailing Address PO Box 12009	Amount 132.93
City Salem	State OR
Zip Code 97309	Transaction ID : SE.14364
Purpose of Expenditure printing of voter guide	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Category/Type 006	Name of Federal Candidate TOOTIE SMITH
Name of Federal Candidate TOOTIE SMITH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <u>05</u> State: <u>OR</u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
386.88	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	265.86
(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 _____ [Electronically Filed] Date MM / DD / YYYY 11 / 25 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee Eagle Web Press	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 10 / 2014
Mailing Address PO Box 12009	Amount 44.31
City State Zip Code Salem OR 97309	
Purpose of Expenditure printing of voter guide	Category/Type 006
Name of Federal Candidate GREGORY P WALDEN	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 21 / 2014
Name of Federal Candidate GREGORY P WALDEN	Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OR</u>
Calendar Year-To-Date Per Election for Office Sought 128.96	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Eagle Web Press	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 10 / 2014
Mailing Address PO Box 12009	Amount 132.93
City State Zip Code Salem OR 97309	
Purpose of Expenditure printing of voter guide	Category/Type 006
Name of Federal Candidate WILLIAM JASON YATES	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 21 / 2014
Name of Federal Candidate WILLIAM JASON YATES	Office Sought: <input checked="" type="checkbox"/> House District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OR</u>
Calendar Year-To-Date Per Election for Office Sought 635.28	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	177.24
(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 [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
11 / 25 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee Gateway Communications	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 10 / 2014 </div>
Mailing Address 14107 NE Airport Way	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1.85</div>
City State Zip Code Portland OR 97230	Transaction ID : SE.14335 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2014 </div>
Purpose of Expenditure voter guide design	Category/Type 004
Name of Federal Candidate JAMES LAURENCE BUCHAL	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>03</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OR</u>
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;">84.65</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Gateway Communications	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 10 / 2014 </div>
Mailing Address 14107 NE Airport Way	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">5.55</div>
City State Zip Code Portland OR 97230	Transaction ID : SE.14336 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2014 </div>
Purpose of Expenditure voter guide design	Category/Type 004
Name of Federal Candidate ART ROBINSON	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>04</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OR</u>
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;">5.55</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">7.40</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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

Mrs. Gayle Atteberry

 Signature

[Electronically Filed] Date
M M / D D / Y Y Y Y Y Y
 11 / 25 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Right to Life/Oregon PAC
FEC IDENTIFICATION NUMBER
C C00141572
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Gateway Communications
Mailing Address 14107 NE Airport Way
City Portland State OR Zip Code 97230
Purpose of Expenditure voter guide design Category/Type 004
Date of Public Distribution/Dissemination 10/10/2014
Amount 5.55
Transaction ID : SE.14337
Date of Disbursement or Obligation 10/16/2014
Name of Federal Candidate TOOTIE SMITH Support
Office Sought: House District: 05 State: OR
Calendar Year-To-Date Per Election for Office Sought 253.95
Disbursement For: General 2014

Full Name of Payee
Gateway Communications
Mailing Address 14107 NE Airport Way
City Portland State OR Zip Code 97230
Purpose of Expenditure voter guide design Category/Type 004
Date of Public Distribution/Dissemination 10/10/2014
Amount 5.55
Transaction ID : SE.14339
Date of Disbursement or Obligation 10/16/2014
Name of Federal Candidate WILLIAM JASON YATES Support
Office Sought: House District: 01 State: OR
Calendar Year-To-Date Per Election for Office Sought 502.35
Disbursement For: General 2014

(a) SUBTOTAL of Itemized Independent Expenditures 11.10
(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
[Electronically Filed]
Date 11/25/2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee Gateway Communications	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 10 / 2014
Mailing Address 14107 NE Airport Way	Amount 1.85
City State Zip Code Portland OR 97230	Transaction ID : SE.14338 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014
Purpose of Expenditure voter guide design	Category/Type 004
Name of Federal Candidate GREGORY P WALDEN	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 02 State: OR
Calendar Year-To-Date Per Election for Office Sought 84.65	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y
Mailing Address	Amount
City State Zip Code	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y
Purpose of Expenditure	Category/Type
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: State:
Calendar Year-To-Date Per Election for Office Sought 	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1.85
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	847.33

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 Ateberry [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
11 / 25 / 2014

Signature