Image# 14952612092 PAGE 1 / 16

#### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

			Office Use Only
NAME OF COMMITTEE (in full)	YPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
Right to Life/Oregon PAG	C		ı
ADDRESS (number and street)	4335 River Road N		
Check if different			
than previously reported. (ACC)	Salem		OR 97303
2. FEC IDENTIFICATION NUM	IBER ▼ CITY	(▲	STATE ▲ ZIP CODE ▲
C C00141572	3. IS	THIS X NEW (N) OR	AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report	20 (M2) May 20 (M	5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On: Mar 2	20 (M3) Jun 20 (M6	Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15	Apr 2	20 (M4) Jul 20 (M7)	Oct 20 (M10) Jan 31 (YE)
Quarterly Report (Q1)  July 15	(c) 12-Day	Primary (12P)	General (12G) Runoff (12R)
Quarterly Report (Q2)	PRE-Election Report for the:	Convention (12C)	Special (12S)
October 15 Quarterly Report (Q3)	·		
January 31 Year-End Report (YE)	Election	on/	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	X General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Election	on 11 04	in the 2014 State of OR
5. Covering Period 10	16 / 2014	through 11	24 2014
I certify that I have examined this	Report and to the best of r	my knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasurer	Mrs. Gayle Atteberry		
Signature of Treasurer Mrs. Ga	yle Atteberry	[Electronically Filed]	Date 11 / 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of false, erroneou	us, or incomplete information	may subject the person signing	this Report to the penalties of 2 U.S.C. §437g.
Office			FEC FORM 3X
Use			Rev. 12/2004

FEC <b>Form 3X</b> (Rev. 02/2003)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	Page <b>2</b>
Write or Type Committee Name		
Right to Life/Oregon PAC		
Report Covering the Period: From:	10 16 2014 To:	11 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand  January 1,  2014		230717.60
(b) Cash on Hand at  Beginning of Reporting Period	1071.80	
(c) Total Receipts (from Line 19)	11005.00	14640.38
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	12076.80	245357.98
7. Total Disbursements (from Line 31)	2766.19	236047.37
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	9310.61	9310.61
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
X This committee has qualified as a multic	andidate 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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:	101111 11110 1 011011	
(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	0.00	
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	11005.00	14640.00
Totals to Line 33, page 5)	11005.00	14040.00
Transfers From Affiliated/Other	0.00	0.00
Party Committees	0.00	0.00
All Loans Received	0.00	0.00
All Loans neceived	7 7	7 7 7
Los Borros de Brasiles	0.00	0.00
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures		
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.38
Refunds of Contributions Made	7	0.50
to Federal Candidates and Other		
Political Committees	0.00	0.00
Other Federal Receipts	0.00	0.00
(Dividends, Interest, etc.)	0.00	0.00
Transfers from Non-Federal and Levin Funds	0.00	0.00
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(		0.00
(h) Levin Funda (fram Cahadula LIF)	0.00	0.00
(b) Levin Funds (from Schedule H5)	7 7	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	11005.00	14640.38
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
	ng Expenditures: ocated Federal/Non-Federal	1044 1110 1 61104	Galeridai Tear-to-Date
	ivity (from Schedule H4)		
(i)	Federal Share	0.00	0.00
(ii)	Non-Federal Share	0.00	0.00
(b) Oth	er Federal Operating		
	penditures	1918.86	17490.38
	al Operating Expenditures d 21(a)(i), (a)(ii), and (b))▶	1918.86	17490.38
	s to Affiliated/Other Party		
Committ	ees	0.00	0.00
Contribution Federal and Oth	Candidates/Committees er Political Committees	0.00	2020.00
-	dent Expenditures	047.22	24,0004.00
Coordina	hedule E) ated Party Expenditures	847.33	216061.99
(2 U.S.C (use Sc	C. §441a(d)) hedule F)	0.00	0.00
Loan Re	epayments Made	0.00	0.00
Loans N	Made	0.00	0.00
(a) Indi	ividuals/Persons Other an Political Committees	0.00	475.00
(b) Pol	itical Party Committees	0.00	0.00
	er Political Committees		
(su	ch as PACs)	0.00	0.00
(d) Tota	al Contribution Refunds		
(ad	d Lines 28(a), (b), and (c))▶	0.00	475.00
Other D	isbursements	0.00	0.00
F . 1 1	FI - 1' - A - 1' ' 1 - (0 11 0 0 - 0.404 (00))		
(a) Allo	Election Activity (2 U.S.C. §431(20)) potated Federal Election Activity		
	m Schedule H6) Federal Share	0.00	0.00
( )			200
٠,	"Levin" Share	0.00	0.00
(b) Fed	leral Election Activity Paid Entirely With Federal Funds	0.00	0.00
	al Federal Election Activity (add les 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
-"		7	
	sbursements (add Lines 21(c), 22,		
23, 24,	25, 26, 27, 28(d), 29 and 30(c))	2766.19	236047.37
	deral Disbursements		
(subtrac	t Line 21(a)(ii) and Line 30(a)(ii)	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
85. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11005.00	14165.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	1918.86	17490.38
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.38
8. Net Operating Expenditures (subtract Line 37 from Line 36)	1918.86	17490.00

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE		PAGE 6 OF 16
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only X 21b 27	one) 22 23 28a 28b	24 25 2 28c 29 3
Any information copied from such Reports and State or for commercial purposes, other than using the nai				
NAME OF COMMITTEE (In Full) Right to Life/Oregon PAC	me and address of any politi	oai committee to	CONCIL CONTINUEDING 1	om suon commutee.
Full Name (Last, First, Middle Initial)			5	
A. Ms Lois Anderson			Date of Disbursem	
Mailing Address 1220 Jays Dr N			10 23	2014
City	State Zip Code OR 97303		Transaction ID :	SB21B.14353
Keizer Purpose of Disbursement	OR 97303			
telephone reim		001	Amount of Each D	Disbursement this Period
Candidate Name		Category/		75.00
Office Sought: House Disburse	ment For:	Туре		75.00
Senate President	Primary General Other (specify)			
State: District:	,			
Full Name (Last, First, Middle Initial)			Data of Dishurasm	ant
B. Comcast			Date of Disburserr	
Mailing Address 9605 SW Nimbus Ave			10 20	
	State Zip Code		Transaction ID :	SB21B.14352
Beaverton Purpose of Disbursement	OR 97008-7198			
telephon		001	Amount of Each D	Disbursement this Period
Candidate Name		Category/ Type	,	92.41
Office Sought:  House  Senate  President  State:  Disburse	ment For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
C. Comcast			Date of Disbursem	
Mailing Address 9605 SW Nimbus Ave			11 17	
City Beaverton	State Zip Code OR 97008-7198		Transaction ID :	SB21B.14367
Purpose of Disbursement phone		001		
Candidate Name		Category/ Type	Amount of Each D	Disbursement this Period 90.69
Office Sought:  House Senate President State:  Disburse	ment For: Primary General Other (specify)			
SUBTOTAL of Disbursements This Page (optional).  TOTAL This Period (last page this line number only				258.10

SC	CHEDULE B (FEC Form 3X)	11	, FOR LINE	NUMBER:	PAGE 7 OF 16
IT	EMIZED DISBURSEMENTS	Use separate schedule(s	(onlook only	· — · — –	
_		Detailed Summary Page		22 23 28a 28b	24 25 26 28c 29 30b
	ly information copied from such Reports and Stater for commercial purposes, other than using the name				
	NAME OF COMMITTEE (In Full)				
$\rangle$	Right to Life/Oregon PAC				
^	Full Name (Last, First, Middle Initial)			Data of Diahuwaan	
A.	Gateway Communications, Inc			Date of Disbursem	ent / Y Y Y Y Y Y
	Mailing Address 16805 NE Mason Court			11 24	2014
	City	State Zip Code		Transaction ID :	SB21B 1/360
	Portland	OR 97230		- Hansaction ib .	3B21B.14309
	Purpose of Disbursement printing and postage		003	Amount of Each D	isbursement this Period
	Candidate Name		Category/ Type		405.00
	Office Sought: House Disburser Senate	ment For:  Primary General			
	President	Other (specify) ▼			
	State: District:				
_	Full Name (Last, First, Middle Initial)				
В.	Oregon Right to Life			Date of Disbursem	
	Mailing Address 4335 River Road N			11 03	2014
	City	State Zip Code		Transaction ID :	SR21R 14354
	Salem	OR 97303	_	Transaction ib .	ODZ 10.14004
	Purpose of Disbursement supplies		001	Amount of Each D	isbursement this Period
	Candidate Name		Category/	Timount of Euch D	
			Type		125.00
	Office Sought: House Disburser	ment For:	1		
	Senate	Primary General			
	State: District:	Other (specify) ▼			
_	Full Name (Last, First, Middle Initial)				
C.	Oregon Right to Life Ed. Foundation	on		Date of Disbursem	ent
	Mailian Adduses (OCE D)			M M / D D	/ Y Y Y Y Y
	Mailing Address 4335 River Road N			11 03	2014
	City	State Zip Code		Transaction ID :	SR21R 1/255
	Salem	OR 97303		Transaction ib .	30210.14333
	Purpose of Disbursement rent		001		
	Candidate Name			Amount of Each D	isbursement this Period
			Category/ Type		500.00
	Office Sought: House Disburser	ment For:			
	Senate	Primary General			
	President	Other (specify) ▼			
	State: District:				
s	UBTOTAL of Disbursements This Page (optional)		·····•		1030.00
-	OTAL This Poriod (lost page this line number call)	1			
. '	OTAL This Period (last page this line number only)	J		1 46 1	

•			PAGE 8 OF 1	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 28 28b	24 25 2 28c 29 3
Any information copied from such Reports and Stater or for commercial purposes, other than using the nan				
NAME OF COMMITTEE (In Full) Right to Life/Oregon PAC	ine and address of any points	ar commutee to	Solidit Contributions 1	on our commutee.
Full Name (Last, First, Middle Initial)	<u> </u>		Date of Disbursem	a ant
A. Regence Bluecross Blueshield of C	<b>Dregon</b>		M M / D D	
Mailing Address PO Box 91128			11 24	2014
,	State Zip Code		Transaction ID :	SB21B.14368
Seattle Purpose of Disbursement	WA 98111		Transaction 12 :	02212111000
medical benefit		001	Amount of Each D	isbursement this Period
Candidate Name		Category/ Type		630.76
Senate President	ment For: Primary General Other (specify)	Туре		
State: District:				
Full Name (Last, First, Middle Initial) <b>B.</b>			Date of Disbursem	ent
Mailing Address			M M / D D	/
iviailing Address				
City	State Zip Code			
Purpose of Disbursement				
Candidate Name			Amount of Each D	isbursement this Period
		Category/ Type		
Office Sought: House Disburser Senate President	ment For: Primary ☐ General Other (specify) ▼			
State: District:  Full Name (Last, First, Middle Initial)				
C.			Date of Disbursem	nent
Mailing Address			M M / D D	/ Y Y Y Y Y
City	State Zip Code			
Purpose of Disbursement	-			
Candidate Name		Category/	Amount of Each D	isbursement this Period
Office Sought: House Disburser	ment For:	Type		
Senate President	Primary General Other (specify) ▼			
State: District:				
SUBTOTAL of Disbursements This Page (optional)				630.76
TOTAL This Period (last page this line number only)	<u> </u>			1918.86

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

ΤE	MIZED INDEPENDENT EXPENDITURES	3					PAGE 9 FOR LINE	OF 16 24 OF FORM 3X
NA	ME OF COMMITTEE (In Full)					FEC	IDENTIFICAT	ON NUMBER ▼
R	light to Life/Oregon PAC					С	C00141572	
Che	eck if 24-hour report 48-hour report	New repo	ort Am	ends repo	ort filed	on M M	/ D = D /	Y = Y = Y = Y
	Full Name of Payee Eagle Mailing Service					M = M	/ D D /	n/Dissemination
	Mailing Address 4907 Indian School Rd NE					10 Amount	10	2014
Ì	City	State	Zip Code			· · ·		30.87
	Salem	OK	97305		1		ID : SE.14356 sbursement or	
	Purpose of Expenditure mailing of voter guide		Category/ Type	006		10	27	2014
1	Name of Federal Candidate		Xs	Support	Office	Sought:	X House	District:03
	JAMES LAURENCE BUCHAL			Oppose		President	Senate	State: OR
	Calendar Year-To-Date Per Election for Office Sought	7 7	159.83		Disbui 2014	rsement For	: Primar (specify) ▶	y X General
	Full Name of Payee Eagle Mailing Service					Date of Pu	ublic Distribution	n/Dissemination
	Mailing Address 4907 Indian School Rd NE					10	10	2014
	I					Amount		
	City	State	Zip Code				4	92.61
	Salem Purpose of Expenditure	OK	97305			Date of Dis	n ID : SE.14357 sbursement or	Obligation
	mailing of voter guide		Category/ Type	006		10	27	2014
	Name of Federal Candidate		X	Support	Office	Sought:	X House	District:04
	ARTHUR BROUHARD Art ROBINSON			Oppose		President	Senate	State: OR
	Calendar Year-To-Date Per Election for Office Sought	7 7	231.09	9	Disbu 2014	rsement For Other	r: Primar (specify) ►	y X General
(	(a) SUBTOTAL of Itemized Independent Expenditure	ıres			•			123.48
(	(b) SUBTOTAL of Unitemized Independent Expend	ditures			·· •		7	
					-		7	
(	(c) TOTAL Independent Expenditures				·· •		7	
١	Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	date or authorized						
	Mrs. Gayle Atteberry	[Electron	ically Filed]	Date	, M 11	M / D 25		14
	Signature		_					

Signature

SCHEDULE E (FEC Form 3X) TEMIZED INDEPENDENT EXPENDITURES		D. O
TEMIZED INDEPENDENT EXPENDITURES		PAGE 10 OF 16 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Right to Life/Oregon PAC		C C00141572
Check if 24-hour report 48-hour report New report	oort Amends report	t filed on
Full Name of Payee Eagle Mailing Service		Date of Public Distribution/Dissemination
Mailing Address 4907 Indian School Rd NE		10 10 2014
4307 Indian School Na NE		Amount
City State	Zip Code	92.61
Salem OK	97305	Transaction ID : SE.14359  Date of Disbursement or Obligation
Purpose of Expenditure mailing of voter guide	Category/ Type 006	10 27 2014
Name of Federal Candidate	Support	Office Sought: X House District: 05
TOOTIE SMITH	Oppose	President Senate State: OR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:  Primary
Full Name of Payee		Date of Public Distribution/Dissemination
Eagle Mailing Service		10 10 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4907 Indian School Rd NE		Amount
City State	Zip Code	30.87
Salem OK	97305	Transaction ID : SE.14360  Date of Disbursement or Obligation
Purpose of Expenditure mailing of voter guide	Category/ Type 006	10 D D V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support	Office Sought:
GREGORY P WALDEN	Oppose	President Senate State: OR
Calendar Year-To-Date Per Election for Office Sought	159.83	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		123.48
(b) SUBTOTAL of Unitemized Independent Expenditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures		<b>&gt;</b>
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Mrs. Gayle Atteberry [Electron	nically Filed]	11 25 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

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

TEMIZED INDEPEN	DENT EXPENDITURES	<b>;</b>					PAGE 11 FOR LINE 2	OF 16 24 OF FORM 3X
NAME OF COMMITTEE (						FEC I	DENTIFICATI	ON NUMBER ▼
Right to Life/Oreg	on PAC					С	C00141572	
Check if 24-hour repo	ort 48-hour report	New repo	ort Amend	ds report	t filed on	и и и	D = D /	Y TY TY
Full Name of Payee					Date	of Public	c Distribution	/Dissemination
Eagle Mailing Se	vice				_ [	10	10	2014
Mailing Address 4907	7 Indian School Rd NE				Amou	unt		
City		State	Zip Code					92.61
Salem		OK	97305				D: SE.14361 ursement or 0	Obligation
Purpose of Expenditur mailing of voter guide	е		Category/ Type	006	] [	10	27	2014
Name of Federal Can	didate		X Supp	port	Office Sough	ht:	X House	District: 01
WILLIAM JASON YAT	ES		Орр		Presid	_	Senate	State: OR
Calendar Year-To- Per Election for C		7 7	727.89		Disbursemer 2014 (		Primary pecify) ►	/ X General
Full Name of Payee	<del></del>				Date	of Publi	c Distribution	/Dissemination
Eagle Web Pre	\$\$ 				_ [	10	10	2014
Mailing Address PO I	Box 12009				Amo	unt		
City		State	Zip Code					44.31
Salem		OR	97309				D: SE.14362 ursement or	Obligation
Purpose of Expenditure printing of voter guide			Category/ Type	006	] [	10	21	2014
Name of Federal Can	didate		X Sup	port	Office Soug	ht:	X House	District:03
JAMES LAURENCE E	UCHAL		Орр	oose	Presid	dent	Senate	State: OR
Calendar Year-To Per Election for 0		, , ,	128.96		Disburseme 2014	nt For: Other (sp	Primary	y X General
(a) SUBTOTAL of Item	ized Independent Expenditure	'es			· [	1 1	1 1 7	136.92
(b) SUBTOTAL of Unit	emized Independent Expendi	itures			· [	1 7		
(c) TOTAL Independen	t Expenditures				· [			
with, or at the request	y I certify that the independe or suggestion of, any candida olitical party committee or its	ate or authorized						
Mrs. Gayle	Atteberry	[Electron	nically Filed]	Date	11 /	25	/ Y 201	4
Signature								

## S

Mrs. Gayle Atteberry

Signature

	CHEDULE E (FEC Form 3X)		
ΓE	EMIZED INDEPENDENT EXPENDITURES		PAGE 12 OF 16 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
F	Right to Life/Oregon PAC		C C00141572
Cł	neck if 24-hour report 48-hour report New report	ort Amends repo	ort filed on
	Full Name of Payee Eagle Web Press		Date of Public Distribution/Dissemination
			10 10 / 2014
	Mailing Address PO Box 12009		Amount
	City State	Zip Code	132.93
	Salem OR	97309	Transaction ID : SE.14363  Date of Disbursement or Obligation
	Purpose of Expenditure printing of voter guide	Category/ Type 006	10 / 21 / 2014
	Name of Federal Candidate	X Support	Office Sought: House District: 04
	ARTHUR BROUHARD Art ROBINSON	Oppose	President Senate State: OR
	Calendar Year-To-Date Per Election for Office Sought	138.48	Disbursement For:  Primary  General 2014  Other (specify) ▶
	Full Name of Payee  Eagle Web Press		Date of Public Distribution/Dissemination
	Mailing Address PO Box 12009		10 10 7 2014
			Amount
	City State Salem OR	Zip Code 97309	132.93 Transaction ID : SE.14364
	Purpose of Expenditure	1	Date of Disbursement or Obligation
	printing of voter guide	Category/ Type 006	10 21 2014
	Name of Federal Candidate	X Support	Office Sought: House District: 05
	TOOTIE SMITH	Oppose	President Senate State: OR
	Calendar Year-To-Date Per Election for Office Sought	386.88	Disbursement For:  Primary  General 2014  Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		265.86
	(b) SUBTOTAL of Unitemized Independent Expenditures		
	(c) TOTAL Independent Expenditures		<b>•</b>
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		

[Electronically Filed]

Date

2014

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

1 =	EMIZED INDEPENDENT EXPENDITURES			FOR LINE 24 OF FORM 3X		
	ME OF COMMITTEE (In Full) Light to Life/Oregon PAC			FEC IDENTIFICATION NUMBER ▼  C C00141572		
Check if 24-hour report 48-hour report New report Amends report filed on						
T	Full Name of Payee Eagle Web Press		Date	e of Public Distribution/Dissemination		
	Mailing Address PO Box 12009		Am	ount		
Ì	City State Salem OR	Zip Code 97309		44.31 saction ID : SE.14365 e of Disbursement or Obligation		
Ì	Purpose of Expenditure printing of voter guide	Category/ Type 006		10 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	Name of Federal Candidate GREGORY P WALDEN	Support Oppose	Office Sou	right: House District: 02  sident Senate State: OR		
	Calendar Year-To-Date Per Election for Office Sought	128.96	Disbursem 2014	nent For:  Primary		
	Full Name of Payee Eagle Web Press  Mailing Address PO Box 12009			te of Public Distribution/Dissemination  10		
	City State Salem OR	Zip Code 97309	I	132.93 saction ID : SE.14366 te of Disbursement or Obligation		
	Purpose of Expenditure printing of voter guide	Category/ Type 006		10 21 7 2014		
	Name of Federal Candidate WILLIAM JASON YATES	Support Oppose		sident Senate State: OR		
	Calendar Year-To-Date Per Election for Office Sought	635.28	Disbursem 2014	Other (specify)		
	(a) SUBTOTAL of Itemized Independent Expenditures(b) SUBTOTAL of Unitemized Independent Expenditures			177.24		
	(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.						
		ically Filed] Date	, 11	25 2014		
	Signature					

## S

Mrs. Gayle Atteberry

Signature

	LE E (FEC Form 3X)								
TEMIZED II	NDEPENDENT EXPENDITU	RES				PAGE 14	OF 10 24 OF FORM	-	
NAME OF CO	MMITTEE (In Full)				EEC	IDENTIFICAT			
Right to L	ife/Oregon PAC						ON NOMBE		
					С	C00141572			
Check if	24-hour report 48-hour repor	New rep	ort Amends repo	ort filed on	M = M	/ D D /	Y	Y	
Full Name	of Payee y Communications			Dat		blic Distributior			
					10	10	2014	Y	
Mailing Ad	14107 NE Airport Way			Am	ount				
City		State	Zip Code				1.8	5	
Portland		OR	97230		Transaction ID : SE.14335  Date of Disbursement or Obligation  10 16 2			on	
Purpose o voter guid	f Expenditure e design		Category/ Type 004					Y	
Name of F	ederal Candidate		X Support	Office Sou	ght:	X House	District:0	03	
JAMES LA	AURENCE BUCHAL		Oppose	Pres	ident	Senate	State: O	<u>R</u>	
	dar Year-To-Date Election for Office Sought		84.65	Disbursem 2014		: Primar	y X Gen	neral	
Full Name				Dat	e of Pu	blic Distribution	n/Dissemination	on	
	ay Communications				M M 10	10	2014	Y	
Mailing Ac	14107 NE Airport Way			Am	ount			_	
City		State	Zip Code				5.55	5	
Portland		OR	97230			oction ID : SE.14336 of Disbursement or Obligation			
Purpose of voter guid	of Expenditure le design		Category/ Type 004		10	16	2014		
Name of I	Federal Candidate		Support	Office Sou	ight:	X House	District:	04	
ART ROB	INSON		Oppose	Pres	sident	Senate	State:C	DR	
	ndar Year-To-Date Election for Office Sought		5.55	Disbursem 2014		: Primar (specify) ►	y X Ger	neral	
(a) SUBTOTAL of Itemized Independent Expenditures						$\Box$			
(b) SUBTOTAL of Unitemized Independent Expenditures					_			П	
						7		_	
(c) TOTAL	Independent Expenditures			•		, ,			
with, or at t	lty of perjury I certify that the inde he request or suggestion of, any c littee) any political party committee	andidate or authorized							

[Electronically Filed]

Date

2014

## S

Mrs. Gayle Atteberry

Signature

CHEDULE E (FEC Form 3X)				
TEMIZED INDEPENDENT EXPENDITUR	ES			PAGE 15 OF 16 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEG	C IDENTIFICATION NUMBER ▼
Right to Life/Oregon PAC			C	C00141572
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Gateway Communications			Date of Po	ublic Distribution/Dissemination
Mailing Address 14107 NE Airport Way			10 Amount	10 2014
			Amount	
City Portland	State OR	Zip Code 97230		5.55 n ID : SE.14337 isbursement or Obligation
Purpose of Expenditure voter guide design		Category/ Type 004	Date of D	
Name of Federal Candidate		Support	Office Sought:	House District: 05
TOOTIE SMITH		Oppose	President	Senate State: OR
Calendar Year-To-Date Per Election for Office Sought		253.95	Disbursement Fo	r: Primary X General (specify) ▶
Full Name of Payee			Date of P	ublic Distribution/Dissemination
Gateway Communications  Mailing Address  14407 NE Airport Way			10 <sup>M</sup>	10 / 2014
14107 NE Airport Way			Amount	
City	State	Zip Code		5.55
Portland  Durnoon of Expanditure	OR	97230		n ÍD : SE.14339 isbursement or Obligation
Purpose of Expenditure voter guide design		Category/ Type 004	10	16 / 2014
Name of Federal Candidate		X Support	Office Sought:	House District: 01
WILLIAM JASON YATES		Oppose	President	Senate State: OR
Calendar Year-To-Date Per Election for Office Sought		502.35	Disbursement Fo	or: Primary X General
				(
(a) SUBTOTAL of Itemized Independent Expendent	ditures		•	11.10
(b) SUBTOTAL of Unitemized Independent Expe	enditures		•	7 7
(c) TOTAL Independent Expenditures			<b>.</b>	7 7 7
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee o	ndidate or authorized			

[Electronically Filed]

Date

2014

Signature

## S

SCHEDULE E (FEC Form 3X)				
TEMIZED INDEPENDENT EXPENDITURES	PAGE 16 OF 16 FOR LINE 24 OF FORM 3X			
	FEC IDENTIFICATION NUMBER ▼			
Right to Life/Oregon PAC	C C00141572			
Check if 24-hour report 48-hour report New report Amends report filed on	M / D D / Y D Y D Y			
Gateway Communications	Public Distribution/Dissemination			
	0 10 2014			
Amount	t			
· · · · · · · · · · · · · · · · · · ·	1.85  Transaction ID : SE.14338  Date of Disbursement or Obligation			
	0 17 / 2014			
Name of Federal Candidate Support Office Sought:	House District:02			
GREGORY P WALDEN Oppose Presiden	nt Senate State: OR			
Calendar Year-To-Date Per Election for Office Sought  Disbursement 2014  Oth	For: Primary X General ner (specify) ▶			
Full Name of Payee Date of	Public Distribution/Dissemination			
M M	M / D D / Y Y Y Y			
Mailing Address Amount				
City State Zip Code				
	Disbursement or Obligation			
Purpose of Expenditure  Category/ Type	M / D D / Y B Y B Y			
Name of Federal Candidate Support Office Sought:	House District:			
Oppose Presider	nt Senate State:			
Calendar Year-To-Date Per Election for Office Sought  Disbursement Oth	For: Primary General ner (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures	1.85			
(b) SUBTOTAL of Unitemized Independent Expenditures	7 1 7 1 7			
(c) TOTAL Independent Expenditures	847.33			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in co with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the party committee) any political party committee or its agent.				
Mrs. Gayle Atteberry	D D / Y Y Y			

[Electronically Filed]

Date

2014