Image# 14961333106 PAGE 1 / 24

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

			Office Use Only
NAME OF TO COMMITTEE (in full)	YPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
Right to Life/Oregon PA	С		1
ADDRESS (number and street)	4335 River Road N		
Check if different			
than previously reported. (ACC)	Salem		OR 97303 -
2. FEC IDENTIFICATION NUM	MBER ▼	CITY A	STATE ▲ ZIP CODE ▲
C C00141572	3.	IS THIS NEW (N)	OR × AMENDED (A)
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	reb 20 (M2) May 20	(M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	N	Mar 20 (M3) Jun 20 ((Non-Election Year Only)
April 15 Quarterly Report (Q1)		pr 20 (M4) Jul 20 (M	M7) Oct 20 (M10) Jan 31 (YE)
July 15 Quarterly Report (Q2)	(C) 12-Day PRE-Election	Primary (12P)	General (12G) Runoff (12R)
October 15 Quarterly Report (Q3)	Report for the:	Convention (12C)	Special (12S)
January 31 Year-End Report (YE)		otion on	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	()	Runoff (30R) Special (30S)
Termination Report (TER)		etion on	in the State of
5. Covering Period 01	01 Y Y 2014		3 31 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. Ga	ayle Atteberry	[Electronically Filed]	Date 06 24 2014
NOTE: Submission of false, erroneo	us, or incomplete informa	tion may subject the person sign	ing 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 DISRUPSEMENTS

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Right to Life/Oregon PAC 2014 03 2014 Report Covering the Period: 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 230717.60 January 1, 2014 (b) Cash on Hand at 230717.60 Beginning of Reporting Period..... 2225.00 2225.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 232942.60 232942.60 6(a) and 6(c) for Column B)..... 96835.34 96835.34 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 136107.26 136107.26 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	0.00	0.00
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	2225.00	2225.00
(iii) TOTAL (add	7, 7, 122,00	
Lines 11(a)(i) and (ii)▶	2225.00	2225.00
(I) P. III I P. I Q. III	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 Contributions (add Lines	7	7
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	2225.00	2225.00
Transfers From Affiliated/Other		
Party Committees	0.00	0.00
_	0.00	
All Loans Received	0.00	0.00
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)	0.00	0.00
(Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made		
to Federal Candidates and Other	0.00	0.00
Political Committees 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
(1311 23133313 13)		7
(b) Levin Funds (from Schedule H5)	0.00	0.00
(b) Leviii i unus (nom ochedule rio)		7
(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))▶	2225.00	2225.00
Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	2225.00	2225.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	Total This Period		
. Operating Expenditures: — (a) Allocated Federal/Non-Federal		Calendar Year-to-Date	
Activity (from Schedule H4)			
(i) Federal Share	0.00	0.00	
(ii) Non-Federal Share	0.00	0.00	
(b) Other Federal Operating			
Expenditures	15046.33	15046.33	
(c) Total Operating Expenditures			
(add 21(a)(i), (a)(ii), and (b))▶	15046.33	15046.33	
. Transfers to Affiliated/Other Party	0.00	0.00	
Committees	0.00	0.00	
Federal Candidates/Committees and Other Political Committees	1020.00	1020.00	
. Independent Expenditures	90204.04	90204 04	
(use Schedule E)	80294.01	80294.01	
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00	
(use ochedule 1)		0.55	
i. Loan Repayments Made	0.00	0.00	
	0.00	0.00	
. Loans Made	0.00	0.00	
(a) Individuals/Persons Other Than Political Committees	475.00	475.00	
Than I officer committees	470.00		
(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))▶	475.00	475.00	
Other Disbursements	0.00	0.00	
E			
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	0.00	0.00	
With Federal Funds(c) Total Federal Election Activity (add	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00	
	7		
. Total Disbursements (add Lines 21(c), 22,			
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	96835.34	96835.34	
. Total Federal Disbursements	,		
. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)			
from Line 31)	96835.34	96835.34	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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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)	2225.00	2225.00
4. Total Contribution Refunds (from Line 28(d))	475.00	475.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1750.00	1750.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	15046.33	15046.33
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	15046.33	15046.33

S 17

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 6 OF 24
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(orleast orling		
	Detailed Summary Page	X 21b	22	23 24 25 26
[27	28a	28b 28c 29 30k
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full)				
Right to Life/Oregon PAC				
Full Name (Last, First, Middle Initial)				
A. Bopp, Coleson, & Bostrom			Date of Di	isbursement
Mailing Address 1 South 6th St			01	29 2014
•	state Zip Code		Transact	tion ID : SB21B.14026
Terre Haute	IN 47807		Transact	101115 . 05215.14020
Purpose of Disbursement legal fees		001	Amount of	Each Disbursement this Period
Candidate Name		Category/ Type		1408.00
	nent For: Primary General Other (specify)			
State: District:				
Full Name (Last, First, Middle Initial)				
B. Bopp, Coleson, & Bostrom			Date of Di	isbursement
Mailing Address 1 South 6th St			02	11 2014
City S Terre Haute	itate Zip Code IN 47807		Transact	tion ID : SB21B.14030
Purpose of Disbursement legal fees		001	Amount of	Each Disbursement this Period
Candidate Name		Category/ Type		1580.00
Office Sought: House Disbursen	nent For:	туре		
Senate	Primary General			
President State: District:	Other (specify) ▼			
Full Name (Last, First, Middle Initial)			5 . (5)	
C. Columbia Bank			Date of Di	sbursement
Mailing Address 4260 River Rd N			01	31 2014
City	state Zip Code			
	OR 97303		Transact	tion ID : SB21B.14043
Purpose of Disbursement				
bank fees		001	Amount of	Each Disbursement this Period
Candidate Name		Category/ Type		213.48
Office Sought: House Disbursen		71		
	Primary General			
State: District:	Other (specify) ▼			
Side Biotifot.				
SUBTOTAL of Disbursements This Page (optional)		·····•		3201.48

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	NAME OF COMMITTEE (In Full)												
$ \rangle$	Right to Life/Oregon PAC												
	ragin to Elic/Orogon 170												
_	Full Name (Last, First, Middle Initial)					_							
Α.	Columbia Bank					Date o	of Disk	burse	ment				
	Mailing Address 4260 River Rd N					02	/	28	_		Y Y 2014	■ Y	
	Thailing / taareee 4200 NIVEL Na IV					UZ.			,		2014		
	City	State	Zip Code			Trong	tic	n ID	. CD	21B.14	004		
	Keizer	OR	97303			IIalis	saciic	טו ווכ	. 30	Z I D. 14	004		
	Purpose of Disbursement bank fees			001		Атона	t of E	Each	Dich	urseme	nt thic	Dori	od
	Candidate Name				الب	Amoun	IL OI L	_acii	וטפוט	ui seille	111 11115	ren	Ju
				Catego Type						(1)	5	7.64	
	Office Sought: House Disbursen	nent For:		71-			,	/					
	Senate	Primary	General										
		Other (spe	ecify) 🔻										
_	State: District:												
В.	Full Name (Last, First, Middle Initial)					Date o	f Diel	hurea	mani	+			
٥.	Common Ground					M M	_	D			Y	V	
	Mailing Address PO Box 8170					03		2	_		2014		
													J
	,	State OR	Zip Code 97303			Trans	sactio	on ID	: SB	21B.14	082		
	Purpose of Disbursement		97303										
	e-communications			001		Amoun	t of E	Each	Disb	urseme	nt this	Peri	od
	Candidate Name			Catego	ry/						-	4E 00	
				Туре				,	_	7	54	45.00	
	Office Sought: House Disbursen Senate		Canaral										
		Primary Other (spe	General										
	State: District:	Other (spe	,city) \blacktriangledown										
_	Full Name (Last, First, Middle Initial)												
C.	,					Date o	f Dist	burse	ment	ſ			
						M = M	/	D	D .		Y	Υ	
	Mailing Address 16805 NE Mason Court					01		07	7		2014		
	City	State	Zip Code										
		OR	97230			Trans	sactio	on ID	: SB	21B.14	020		
	Purpose of Disbursement				\neg								
	fund raising			003		Amoun	t of E	Each	Disb	urseme	nt this	Peri	od
	Candidate Name			Catego							732	25.20	П
	Office Sought: House Disbursen	nent For:		Туре	;			,	_	7			Ш
		Primary	General										
	President	Other (spe	ecify) 🔻										
	State: District:												
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١	SUBTOTAL of Disbursements This Page (optional)				•			,	_		792	7.84	
Ī,	TOTAL This Period (last page this line number only)												
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Use separate schedule(s) for each category of the Detailed Summary Page Some Disbursements Condidate Name Category
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contribution 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. Diana Nashif Mailing Address 35805 N. 27th Ave City Phoenix As State Zip Code Phoenix Purpose of Disbursement Website Candidate Name Detailed Summary Page 27 28a 28b 28c 29 29 Transaction ID: SB21B.14078 Amount of Each Disbursement this Proceed in the purpose of soliciting contribution or for committee to solicit contributions from such committ
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contribution 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. Diana Nashif Mailing Address 35805 N. 27th Ave City Phoenix AS State Zip Code Phoenix Purpose of Disbursement website Candidate Name Category/ Amount of Each Disbursement this Polymore and address of any political committee to solicit contributions from such comm
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. Diana Nashif Mailing Address 35805 N. 27th Ave City Phoenix Purpose of Disbursement website Candidate Name On the name and address of any political committee to solicit contributions from such contributions from such contribu
NAME OF COMMITTEE (In Full) Right to Life/Oregon PAC Full Name (Last, First, Middle Initial) A. Diana Nashif Mailing Address 35805 N. 27th Ave City Phoenix Purpose of Disbursement Website Candidate Name NAME OF COMMITTEE (In Full) Right to Life/Oregon PAC Date of Disbursement Date of Disbursement Transaction ID: SB21B.14078 Amount of Each Disbursement this Page 1877
Right to Life/Oregon PAC Full Name (Last, First, Middle Initial) A. Diana Nashif Mailing Address 35805 N. 27th Ave City Phoenix AS Purpose of Disbursement website Candidate Name Right to Life/Oregon PAC Full Name (Last, First, Middle Initial) Date of Disbursement Transaction ID: SB21B.14078 Amount of Each Disbursement this Page 1877
A. Diana Nashif Mailing Address 35805 N. 27th Ave City State Zip Code Phoenix AS 85086-5538 Purpose of Disbursement website Candidate Name Date of Disbursement Transaction ID : SB21B.14078 Amount of Each Disbursement this Poor Category/
Mailing Address 35805 N. 27th Ave City State Zip Code Phoenix AS 85086-5538 Purpose of Disbursement website 001 Candidate Name Category/ Category/ Category/
Mailing Address 35805 N. 27th Ave City State Zip Code Phoenix AS 85086-5538 Purpose of Disbursement website 001 Candidate Name 001 Category/ Category/
Phoenix AS 85086-5538 Purpose of Disbursement website 001 Candidate Name Category/ Category/ Transaction ID: SB21B.14078 Amount of Each Disbursement this Poor Category/
Phoenix AS 85086-5538 Purpose of Disbursement website Candidate Name AS 85086-5538 Out Amount of Each Disbursement this Potential Category/
website 001 Amount of Each Disbursement this Pontantial Name Category/
Category/ 837
Office Sought: House Disbursement For:
Senate Primary General
President Other (specify) ▼
State: District:
Full Name (Last, First, Middle Initial) B. Oregon Right to Life Date of Disbursement
Oregon Right to Life
Mailing Address 4335 River Road N 02 28 2014
City State Zip Code Transaction ID : SB21B.14076 Salem OR 97303 Transaction ID : SB21B.14076
Purpose of Disbursement payroll 001 Amount of Each Disbursement this Po
Candidate Name Category/
Type 1373.
Office Sought: House Disbursement For:
Senate Primary General President Other (specify) ▼
State: District:
Full Name (Last, First, Middle Initial)
C. Jonathan M Heynen
M M / D D / Y Y Y Y
Mailing Address 750 McMullen Creek Road 02 28 2014
City State Zip Code Transaction ID : SB21B.14076.0
Selma OR 97538
Purpose of Disbursement payroll 003 Amount of Each Disbursement this P
Candidate Name
Category/ Type 1375.0
Office Sought: House Disbursement For: [MEMO ITEM]
Senate Primary General
☐ President ☐ Other (specify) ▼ State: District:
State: District:
SUBTOTAL of Disbursements This Page (optional)
TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3X)		FOR LINE N	NUMBER: PAGE 9 OF						
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	ck only one)						
	Detailed Summary Page	X 21b 27	22 23 24 25 28c 29						
[
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									
Full Name (Last, First, Middle Initial)									
A. Oregon Right to Life Ed. Foundation	on		Date of Disbursement						
Mailing Address 4335 River Road N			02 03 2014						
City	State Zip Code		Transaction ID : SB21B.14029						
Salem	OR 97303		Transaction ib . 3D21B.14023						
Purpose of Disbursement rent		001	Amount of Each Disbursement this Perio						
Candidate Name	1	Category/ Type	500.00						
Office Sought: House Disburser	ment For:	туре							
Senate	Primary General								
President	Other (specify) ▼								
State: District:									
Full Name (Last, First, Middle Initial)	_		D						
B. Regence Bluecross Blueshield of C	Oregon		Date of Disbursement						
Mailing Address PO Box 91128			01 24 2014						
City	State Zip Code								
Seattle	WA 98111		Transaction ID : SB21B.14032						
Purpose of Disbursement medical benefits									
Candidate Name		001	Amount of Each Disbursement this Perio						
Candidate Name		Category/ Type	576.50						
Office Sought: House Disburser	ment For:								
Senate	Primary General								
President	Other (specify) ▼								
State: District:									
Full Name (Last, First, Middle Initial) C. Uffelman Insurance			Date of Disbursement						
of Offernan insurance			M M / D D / Y Y Y Y						
Mailing Address 285 NE Santiam Blvd			03 10 2014						
•	State Zip Code		Transaction ID : SB21B.14080						
	OR 97360								
Purpose of Disbursement insurance		001							
Candidate Name			Amount of Each Disbursement this Perio						
		Category/ Type	210.87						
Office Sought: House Disburser	nent For:								
Senate	Primary General								
President	Other (specify) ▼								
State: District:									
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SUBTOTAL of Disbursements This Page (optional)		·····	1287.37						

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IT	EMIZED DISBURSEMENTS		category of the	(ch		only	′					_		
			Summary Page			21b	22	×	23	24	¹ L	25		26
						27	28a		28b	28	3c	29		30b
Ar	ny information copied from such Reports and Stater	ments may	not be sold or use	d by	any	perso	n for the	e purp	ose c	f solic	iting c	ontribu	utions	
or	for commercial purposes, other than using the nan	ne and add	ress of any politica	al com	mitte	e to	solicit co	ontrib	utions	from	such o	commi	tee.	
$\overline{\ }$	NAME OF COMMITTEE (In Full)													
	Right to Life/Oregon PAC													
	right to Elie/Oregon 1710													
	Full Name (Last, First, Middle Initial)													
Α.	JOSEPH M ALFECHE						Date of	of Dis	burse	ment				
	0002111111712120112						M	VI /	D	D /	V	Y Y	V	
	Mailing Address 15001 NE DAVIS CT						01	" '	03			2014	.	
	City	State	Zip Code				_							
	PORTLAND	OR	97230				Tran	sacti	on ID	: SB23	3.1400	4		
	Purpose of Disbursement					_								
	EARMARKED JASON CONGER US SENATE			0	11	ш	Amou	nt of	Each	Disbur	semer	nt this	Period	t
	Candidate Name			Coto	aon	,,		-	-	_	-	_	_	7
	JASON CONGER FOR US SENAT	ΓF		Cate Tv	gory pe	'	Ι.					5	0.00	
		ment For:	2014	.,	Ρο		FR4=84	0 ITE	. 841		,			
	Senate	Primary	General				[MEM	OIIE	: IVI]					
	President	Other (spe												
	State: District:	Other (ope	Olly) \											
	Full Name (Last, First, Middle Initial)													
В.							Date of	of Dic	hurco	mont				
٥.	HAL BAYLEY						Date	UI DIS	buise	ment				
	Moiling Address 5004 OUNINED INDIANA					-	M = 1	VI /	D 0	- '		Y Y	Y	
	Mailing Address 5301 SUMMERLINN WAY						01	-	0:	3		2014	_	
	City	State	Zip Code			-								
	WEST LINN	OR	97068				Tran	sacti	on ID	: SB2	3.1400)7		
	Purpose of Disbursement		37000			_								
	EARMARKED JASON CONGER US SENATE			0	11	71	Amou	nt of	Each	Disbur	semer	nt this	Period	ł
	Candidate Name			_	-	-	Amount of Each Disburseme							
	JASON CONGER FOR US SENAT	TF		Cate	gory pe	'	١.		_			_ 5	0.00	
				1 9	pe				,		7			
		Primary	General				[MEM	O ITE	EM]					
	President													
		Other (spe	City)											
	State: District:					\dashv								
_	Full Name (Last, First, Middle Initial)													
Ċ.	JOHN BENNETT								burse	ment				
	OOTHA DENIALTI						Date of	טו טופ					Υ	
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	Mailing Address 22231 S CENTRAL POINT RD								03			2014		
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	Mailing Address 22231 S CENTRAL POINT RD City	State	Zip Code				01	/	00			2014		
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	Mailing Address 22231 S CENTRAL POINT RD City S OREGON CITY Purpose of Disbursement EARMARKED JASON CONGER US SENATE Candidate Name	OR		Cate	gory		01	ısacti	on ID	: SB2 :	3.1400	2014 06 nt this	Period	d
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/	Right to Life/Oregon PAC				
	Full Name (Last, First, Middle Initial)				
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		OR 97709		Transaction ID : SB23.13997	
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В.	DENNIS W MEILI			Date of Disbursement	
	Mailing Address PO BOX 42203			01 03 2014	
	,	State Zip Code OR 97404		Transaction ID : SB23.14010	
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U.	LYNN D MIDKIFF			Date of Disbursement	
	Mailing Address 15266 S MAPLE HILL DR			01 03 2014	
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A. DANIEL F NEWBOLD			Man / D D / Y Y Y Y						
Mailing Address 30303 MAPLE DR			01 03 2014						
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Mailing Address 27480 S BARLOW RD			01 03 2014						
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B. PETER M PULIS			Date of Disbursement
Mailing Address 432 GARDEN GROVE DR			01 03 2014
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Candidate Name JASON CONGER FOR US SENATE Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) City State Category/ Type Mailing Address City State City State Category/ Type Date of Disbursement Category/ Type Amount of Each Disbursement this Period Category/ Type Office Sought: House Senate Primary Category/ Type Office Sought: House Senate Primary Category/ Type Office Sought: Office Sought: State: District: Suppose of Disbursement For: Senate Primary General Other (specify) ▼ Suppose of Disbursement This Page (optional)		OR 97080			
JASON CONGER FOR US SENATE Office Sought:	EARMARKED JASON CONGER US SENATE		011	Amount of Each Di	sbursement this Period
Office Sought: House Purpose of Disbursement Candidate Name Office Sought: House President Candidate Name Office Sought: Port of Disbursement For: 2014 Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ State: District: Category/ Type Office Sought: House Primary General Other (specify) ▼ Substate: District: Substate: District: Other (specify) ▼ Substate: District: □ Other (specify) ▼					50.00
Senate Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Disbursement Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) State: District: Substortal of Disbursements This Page (optional)			Type		
State: District: Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Candidate Name Office Sought: House Disbursement For: Senate Primary General Other (specify) State: District: Substoctate Substoctate Substoctate Other (specify) Substoctate Other (specify) Other (specify)				[МЕМО ІТЕМ]	
Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) State: District: Subtrotal of Disbursements This Page (optional)	President	Other (specify) ▼			
Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Primary General Other (specify) ▼ State: District: Subtrotal of Disbursement This Page (optional)					
Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President State: District: SUBTOTAL of Disbursements This Page (optional)	•			Date of Disburseme	ent
City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) State: District: Substruct Substruct Substruct Substruct State: Disbursements This Page (optional)					_
Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) ▼ Subtotal of Disbursements This Page (optional)	Mailing Address				
Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Subtrotal of Disbursements This Page (optional)	City	State Zip Code			
Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼ Subtrotal of Disbursements This Page (optional)	Purpose of Disbursement				
Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼ Subtrotal of Disbursements This Page (optional)	Candidate Name				
SUBTOTAL of Disbursements This Page (optional)	Senate President	Primary General			
SUBTUTAL OF DISDUISEMENTS THIS Page (Optional)	State. District.				
	SUBTOTAL of Disbursements This Page (optional)				0.00
					4000.00

Signature

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	CHEDULE E (FEC Form 3X) EMIZED INDEPENDENT EXPENDITURES		PAGE 16 OF 24
_			FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full) Right to Life/Oregon PAC		FEC IDENTIFICATION NUMBER ▼
_	right to Life/Oregon FAC		C C00141572
CI	neck if 24-hour report 48-hour report New report	Amends repor	t filed on
	Full Name of Payee Mrs. Gayle Atteberry		Date of Public Distribution/Dissemination
	Mailing Address 87366 Dukhobar Rd		04 01 2014 Amount
	I '	p Code 7402	21909.00
	9****		Transaction ID : SE.14111 Date of Disbursement or Obligation
	Purpose of Expenditure radio ads in support of jason conger	Category/ Type 004	03 / 31 / 2014
	Name of Federal Candidate	X Support	Office Sought: House District:
	JASON CONGER	Oppose	President X Senate State: OR
	Calendar Year-To-Date Per Election for Office Sought	80268.80	Disbursement For: X Primary General 2014 Other (specify) ▶
	Full Name of Payee	<u>'</u>	Date of Public Distribution/Dissemination
	Design4 Advertising		M = M / D = D / Y = Y = Y
	Mailing Address 106 N. Collins St		Amount
	City State Zi	p Code	4200.00
	I .	3563	Transaction ID : SE.14048 Date of Disbursement or Obligation
	Purpose of Expenditure WEB VIDEO IN SUPPORT OF JASON CONGER	Category/ Type	02 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	X Support	Office Sought: House District:
	JASON CONGER	Oppose	President Senate State: OR
	Calendar Year-To-Date Per Election for Office Sought	4298.90	Disbursement For:
		·	
	(a) SUBTOTAL of Itemized Independent Expenditures		26109.00
	(b) SUBTOTAL of Unitemized Independent Expenditures		·
	(c) TOTAL Independent Expenditures		
	Under penalty of perjury I certify that the independent expenditures repwith, or at the request or suggestion of, any candidate or authorized coparty committee) any political party committee or its agent.		
	Mrs. Gayle Atteberry		M = M / D = D / Y = Y = Y

[Electronically Filed]

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Date

24

2014

Image# 14961333122 PAGE 17 / 24

: 97 A = G7 9 @ 5 B9 CI G'H9 LHF9 @ 5 H98 'HC'5 F9 DCFHZ G7 < 98 I @ 'CF' ± H9 A ± N5 H± CB

Form/Schedule: SE Transaction ID: SE.14111

March 27, 2014 paid by credit card \$1440.00 to Bi-Coastal Media, 1500 Valley River Drive, Suite 350, Eugene OR 97401. March 28, 2014 paid by credit card \$7722.00 to Clear Channel Broadcasting Inc. 13333 SE 68th Parkway, Tigard, OR 97224. March 28, 2014 paid by credit card \$6496.00 to Alpha Broadcasting, 1211 SW 5th AVe, 6th Floor, Portland, OR 97204. March 28, 2014 paid by credit card \$672.00 to Combined Communications, PO Box 5037 Bend, OR 97708. March 31, 2014 paid by credit card \$2489.00 to KFIS-FM Salem, 6400 SE Lake Rd, Ste 350, Portland, OR 97222. March 31,2014 paid by credit card \$3100.00 to KPDQ-FM Salem, 6400 SE Lake Rd Ste 350, Portland, OR 97222.

Total Reimbursed by check # 1500 on 3/31/2014 is \$21,919.00. All radio ads were in support of Jason Conger.

Form/Schedule: Transaction ID:

HEDULE E (FEC Form 3X) MIZED INDEPENDENT EXPENDITUR	ES			PAGE 18 FOR LINE	OF 24 24 OF FORM 3X
ME OF COMMITTEE (In Full)			F	EC IDENTIFICAT	ION NUMBER ▼
ght to Life/Oregon PAC			[C C00141572	
ock if 24-hour report 48-hour report	New rep	port Amends rep	ort filed on	M / D D /	Y = Y = Y = Y
Full Name of Payee Design4 Advertising			Date of	Public Distribution	n/Dissemination
			O	4 01	2014
Mailing Address 106 N. Collins St			Amount		
City	State	Zip Code			475.00
Plant City	FL	33563		ion ID : SE.14066 Disbursement or	
Purpose of Expenditure VIDEO PRODUCTION IN SUPPORT OF JASON	N CONGER	Category/ Type 004	M 0		2014
Name of Federal Candidate		X Support	Office Sought:	House	District:
JASON CONGER		Oppose	Presiden	t X Senate	State: OR
Calendar Year-To-Date Per Election for Office Sought		54773.90	Disbursement 2014 Oth	For: Primar	
Full Name of Payee				Public Distribution	n/Dissemination
KNLR				M / D D D	2014
Mailing Address 30 E. BRIDGEFERED BLVD			Amount		
City	State	Zip Code			1755.00
BEND	OR	97702		ion ID : SE.14058 Disbursement or	3
Purpose of Expenditure RADIO ADS IN SUPPORTOF JASON CONGE	₹	Category/ Type 004		3 / 28	2014
Name of Federal Candidate			Office Sought:	House	Diatriat:
JASON CONGER		Oppose	Presiden	t X Senate	District:OR
Calendar Year-To-Date Per Election for Office Sought		58359.80	Disbursement 2014		ry General
Ter Election for Cines Cought	, , ,		Oth	er (specify) ►	
a) SUBTOTAL of Itemized Independent Expend	itures				2230.00
				7	
b) SUBTOTAL of Unitemized Independent Expe	enditures		··· •	7 7	
c) TOTAL Independent Expenditures					
C) TOTAL Independent Expenditures			··· }	-J- -J-	

Mrs. Gayle Atteberry	[Electronically Filed]	Date	06 /	24	2014
Signature					

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

PAGE	19	OF	24	
FOR LI	NE 24	OF FO	DRM 3X	1
				_
ENTIFI	CATIO	N NUM	BER ▼	1

	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 Amends report file	d on Mam / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
KYKN	04 01 / 2014
Mailing Address 4205 Cherry Ave	Amount
City State Zip Code	1800.00
Keizer OR 97303	Transaction ID : SE.14056 Date of Disbursement or Obligation
Purpose of Expenditure radio ads IN SUPPORT OF JASON CONGER Category/ Type 004	03 / 28 / 2014
Name of Federal Candidate Support Office	ce Sought: House District:
JASON CONGER Oppose	President State: OR
Calendar Year-To-Date Per Election for Office Sought Dist. 2014	oursement For:
Full Name of Payee	
Oregon Right to Life	Date of Public Distribution/Dissemination 01 28 2014
Mailing Address 4335 River Road N	Amount
City State Zip Code	98.76
Salem OR 97303	Transaction ID : SE.14050 Date of Disbursement or Obligation
Purpose of Expenditure POSTAGE FOR RECEIPTS IN SUPPORT OF JASON CONGER Category/ Type 001	01 28 2014
Name of Federal Candidate Support Office	ce Sought: House District:
JASON CONGER Oppose	President Senate State: OR
Calendar Year-To-Date Per Election for Office Sought Dist 201	bursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	1898.76
(b) SUBTOTAL of Unitemized Independent Expenditures	
() ===== () = (
(c) TOTAL Independent Expenditures	4 4
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Mrs. Gayle Atteberry [Electronically Filed] Date	06 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

S

Mrs. Gayle Atteberry

Signature

	CHEDULE E (FEC Form 3X)	
ΓE	EMIZED INDEPENDENT EXPENDITURES	PAGE 20 OF 24 FOR LINE 24 OF FORM 3X
V/	AME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
F	Right to Life/Oregon PAC	C C00141572
		G 000141372
Cł	neck if 24-hour report 48-hour report New report Amends report	filed on Man / Dab / Yayayay
	Full Name of Payee	Date of Public Distribution/Dissemination
	RESONATE	04 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 11720 PLAZA AMERICA DR	Amount
	3RD FLOOR	7 thous
	City State Zip Code	50000.00
	RESTON VA 20190	Transaction ID : SE.14051 Date of Disbursement or Obligation
	Purpose of Expenditure ADVERTISING IN SUPPORT OF JASON CONGER Category/ Type 004	03 / 24 / 2014
	Name of Federal Candidate Support	Office Sought: House District:
	JASON CONGER Oppose	President State: OR
		Disbursement For:
	Full Name of Payee	Date of Public Distribution/Dissemination
	Rise Graphic Design	04
	Mailing Address 2095 church St Se	Amount
	City State Zip Code	1.69
	Salem OK 97302	Transaction ID : SE.14086 Date of Disbursement or Obligation
	Purpose of Expenditure voter guide IN SUPPORT OF JAMES BUCHAL Category/ Type 006	03 / 27 / 2014
	Name of Federal Candidate Support	Office Sought: House District: 03
	JAMES LAURENCE BUCHAL Oppose	President Senate State: OR
		Disbursement For:
	(a) SUBTOTAL of Itemized Independent Expenditures	50001.69
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were nowith, or at the request or suggestion of, any candidate or authorized committee or agent of exparty committee) any political party committee or its agent.	

[Electronically Filed]

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Date

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2014

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

PAGE 21 OF 24 FOR LINE 24 OF FORM 3X
FEC IDENTIFICATION NUMBER ▼
C C00141572
M
of Public Distribution/Dissemination
04 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
int
16.30
oction ID : SE.14089 of Disbursement or Obligation
03 27 2014
nt: House District:
ent X Senate State: OR
nt For: X Primary General
Other (specify)
of Public Distribution/Dissemination
04 / 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ınt
1.69
action ID : SE.14090 of Disbursement or Obligation
03 / 27 / 2014
nt: X House District: 02
ent Senate State: OR
nt For: X Primary General
Other (specify)
17.99

Dight to Life/Organ DAC	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 = M / D = D / Y = Y = Y
Full Name of Payee	Date of Public Distribution/Dissemination
Rise Graphic Design	M M / D D / Y Y Y Y
Mailing Address	04 21 2014
2095 church St Se	Amount
City State Zip Code	16.30
	Transaction ID : SE.14089 Date of Disbursement or Obligation
Purpose of Expenditure VOTER GUIDE IN SUPPORT OF JASON CONGER Category/ Type 006	03 / 27 / 2014
Name of Federal Candidate Support Office	Sought: House District:
JASON CONGER Oppose	President Senate State: OR
Calendar Year-To-Date Per Election for Office Sought Disbu 2014	rsement For:
Full Name of Payee	Date of Public Distribution/Dissemination
Rise Graphic Design	04 21 2014
Mailing Address 2095 church St Se	Amount
City State Zip Code	1.69
	Transaction ID : SE.14090 Date of Disbursement or Obligation
Purpose of Expenditure VOTER GUIDE IN SUPPORT OF DENNIS LINTHICUM Category/ Type 006	03 / 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	Sought: X House District: 02
DENNIS BRADLEY LINTHICUM Oppose	President Senate State: OR
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	orsement For:
(a) SUBTOTAL of Itemized Independent Expenditures	17.99
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	•
Mrs. Gayle Atteberry [Electronically Filed] Date	6 24 2014
Signature	

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

PAGE	22	OF	24	
FOR L	INE 24	OF	FORM	ЗХ

	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 Amer	nds report filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Rise Graphic Design Mailing Address 2005 about \$4.50	04 / 21 / 2014
2095 church St Se	Amount
City State Zip Code	5.07
Salem OK 97302	Transaction ID : SE.14092 Date of Disbursement or Obligation
Purpose of Expenditure VOTER GUIDE IN SUPPORT OF DELINDA MORGAN Category/ Type	006 03 / 27 / 2014
Name of Federal Candidate	upport Office Sought: X House District: 01
DELINDA MORGAN Or	ppose President Senate State: OR
Calendar Year-To-Date Per Election for Office Sought 5.07	Disbursement For: Primary General 2014
	Other (specify) -
Full Name of Payee Rise Graphic Design	Date of Public Distribution/Dissemination
Mailing Address 2095 church St Se	04 21 2014 Amount
City State Zip Code	5.07
Salem OK 97302	Transaction ID : SE.14094 Date of Disbursement or Obligation
Purpose of Expenditure VOTER GUIDE IN SUPPORT OF ART ROBINSON Category/ Type	006 03 27 2014
Name of Federal Candidate	upport Office Sought: X House District: 04
ADT DODINGON	ppose President Senate State: OR
Calendar Year-To-Date Per Election for Office Sought 5.07	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported here with, or at the request or suggestion of, any candidate or authorized committee or party committee) any political party committee or its agent.	
Mrs. Gayle Atteberry [Electronically Filed]	Date 06 24 2014
Signature	

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

	PAGE 23 OF 24 FOR LINE 24 OF FORM 3X						
DENTIFICATION NUMBER ▼							
C00141572							

	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 Amends report filed	on Mam / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Rise Graphic Design	04 21 / 2014
Mailing Address 2095 church St Se	Amount
City State Zip Code	5.07
Salem OK 97302	Transaction ID : SE.14096 Date of Disbursement or Obligation
Purpose of Expenditure VOTER GUIDE IN SUPPORT OF TOOTIE SMITH Category/ Type 006	03 / 27 / 2014
Name of Federal Candidate Support Office	e Sought: X House District:05
TOOTIE SMITH Oppose	President Senate State: OR
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	
	Other (specify)
Full Name of Payee Rise Graphic Design	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2095 church St Se	Amount
City State Zip Code	1.69
Salem OK 97302	Transaction ID : SE.14101 Date of Disbursement or Obligation
Purpose of Expenditure VOTER GUIDE IN SUPPORT OF GREGORY WALDEN Category/ Type 006	03 / 27 / 2014
Name of Federal Candidate Support Office	e Sought: X House District: 02
GREGORY P WALDEN Oppose	President Senate State: OR
Calendar Year-To-Date Per Election for Office Sought Disbu	ursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	6.76
(b) 30BTOTAL of Officernized independent Expenditures	A72 A72 A72
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Mrs. Gayle Atteberry [Electronically Filed] Date	6 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

Check if

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

MIZED INDEPENDENT EXPENDITUR	ES				PAGE 24 FOR LINE	OF 24 24 OF FORM 3X			
ME OF COMMITTEE (In Full)				FEC	IDENTIFICATI	ON NUMBER ▼			
ight to Life/Oregon PAC				C C00141572					
ck if 24-hour report 48-hour report	New re	port Amends repo	rt filed	on M M	/ D D /	YYYY			
Full Name of Payee Rise Graphic Design				Date of Public Distribution/Dissemination					
Mailing Address 2095 church St Se				04 21 2014 Amount					
City	State	Zip Code				14.60			
Salem	OK	97302			ID: SE.14102 bursement or	Obligation			
Purpose of Expenditure voter guide IN OPPOSITION TO MONICA WEHE	3Y	Category/ Type 006		03	27	2014			
Name of Federal Candidate		Support	Office	Sought:	House	District:			
MONICA WEHBY		X Oppose		President	X Senate	State: OR			
Calendar Year-To-Date Per Election for Office Sought		54804.80	Disbu 2014		Primary	y General			
Full Name of Payee Rise Graphic Design				Date of Pul	blic Distribution	n/Dissemination 2014			
Mailing Address 2095 church St Se				Amount					
City	State	Zip Code				5.07			
Salem	OK	97302			ID : SE.14104 sbursement or				
Purpose of Expenditure VOTER GUIDE IN SUPPORT OF JASON YATE	S	Category/ Type 006		03	27	2014			
Name of Federal Candidate		X Support	Office	e Sought:	X House	District: 01			
WILLIAM JASON YATES		Oppose		President	Senate	State: OR			
Calendar Year-To-Date Per Election for Office Sought		10.14	Disbu 2014		•	y General			
	, , , , , , , , , , , , , , , , , , , ,			Other ((specify) ►				
s) SUBTOTAL of Itemized Independent Expend	itures		• •			19.67			
o) SUBTOTAL of Unitemized Independent Expe	nditures		. •		7 7				
e) TOTAL Independent Expenditures						80294.01			

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	06 /	24	/ [2014	
Signature							