

**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"/>		230717.60
(b) Cash on Hand at Beginning of Reporting Period.....	230717.60	
(c) Total Receipts (from Line 19)	2225.00	2225.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	232942.60	232942.60
7. Total Disbursements (from Line 31).....	96835.34	96835.34
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	136107.26	136107.26
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	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: 01 / 01 / 2014 To: 03 / 31 / 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	2225.00	2225.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	2225.00	2225.00
(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)	2225.00	2225.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total 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))..... ▶	2225.00	2225.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	2225.00	2225.00

DETAILED SUMMARY PAGE
of Disbursements

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	15046.33	15046.33
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	15046.33	15046.33
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1020.00	1020.00
24. Independent Expenditures (use Schedule E)	80294.01	80294.01
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	475.00	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)).....	475.00	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)) ..	96835.34	96835.34
32. 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

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

**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. Bopp, Coleson, & Bostrom

Mailing Address 1 South 6th St

City State Zip Code
Terre Haute IN 47807

Purpose of Disbursement
legal fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 29 / 2014

Transaction ID : SB21B.14026

Amount of Each Disbursement this Period

1408.00

Full Name (Last, First, Middle Initial)

B. Bopp, Coleson, & Bostrom

Mailing Address 1 South 6th St

City State Zip Code
Terre Haute IN 47807

Purpose of Disbursement
legal fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 11 / 2014

Transaction ID : SB21B.14030

Amount of Each Disbursement this Period

1580.00

Full Name (Last, First, Middle Initial)

C. Columbia Bank

Mailing Address 4260 River Rd N

City State Zip Code
Keizer OR 97303

Purpose of Disbursement
bank fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 31 / 2014

Transaction ID : SB21B.14043

Amount of Each Disbursement this Period

213.48

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

3201.48

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

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

Full Name (Last, First, Middle Initial)

A. Columbia Bank

Mailing Address 4260 River Rd N

City Keizer State OR Zip Code 97303

Purpose of Disbursement
bank fees

001

Candidate Name

Category/
Type

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
02		28		2014

Transaction ID : SB21B.14084

Amount of Each Disbursement this Period

57.64

Full Name (Last, First, Middle Initial)

B. Common Ground

Mailing Address PO Box 8170

City Salem State OR Zip Code 97303

Purpose of Disbursement
e-communications

001

Candidate Name

Category/
Type

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
03		24		2014

Transaction ID : SB21B.14082

Amount of Each Disbursement this Period

545.00

Full Name (Last, First, Middle Initial)

C. Gateway Communications, Inc

Mailing Address 16805 NE Mason Court

City Portland State OR Zip Code 97230

Purpose of Disbursement
fund raising

003

Candidate Name

Category/
Type

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
01		07		2014

Transaction ID : SB21B.14020

Amount of Each Disbursement this Period

7325.20

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

7927.84

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

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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 State AS Zip Code 85086-5538

Purpose of Disbursement
website

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 06 / 2014

Transaction ID : SB21B.14078

Amount of Each Disbursement this Period

837.50

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
payroll

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 28 / 2014

Transaction ID : SB21B.14076

Amount of Each Disbursement this Period

1375.62

Full Name (Last, First, Middle Initial)

C. Jonathan M Heynen

Mailing Address 750 McMullen Creek Road

City Selma State OR Zip Code 97538

Purpose of Disbursement
payroll

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 28 / 2014

Transaction ID : SB21B.14076.0

Amount of Each Disbursement this Period

1375.62

[MEMO ITEM]

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

2213.12

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

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

Full Name (Last, First, Middle Initial)

A. Oregon Right to Life Ed. Foundation

Mailing Address 4335 River Road N

City Salem State OR Zip Code 97303

Purpose of Disbursement
rent

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.14029

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Regence Bluecross Blueshield of Oregon

Mailing Address PO Box 91128

City Seattle State WA Zip Code 98111

Purpose of Disbursement
medical benefits

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.14032

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Uffelman Insurance

Mailing Address 285 NE Santiam Blvd

City Mill City State OR Zip Code 97360

Purpose of Disbursement
insurance

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.14080

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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

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

Full Name (Last, First, Middle Initial)

A. JOSEPH M ALFECHE

Mailing Address 15001 NE DAVIS CT

City PORTLAND State OR Zip Code 97230

Purpose of Disbursement
EARMARKED JASON CONGER US SENATE

011

Candidate Name

JASON CONGER FOR US SENATE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	1	4

Transaction ID : SB23.14004

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. HAL BAYLEY

Mailing Address 5301 SUMMERLINN WAY

City WEST LINN State OR Zip Code 97068

Purpose of Disbursement
EARMARKED JASON CONGER US SENATE

011

Candidate Name

JASON CONGER FOR US SENATE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	1	4

Transaction ID : SB23.14007

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. JOHN BENNETT

Mailing Address 22231 S CENTRAL POINT RD

City OREGON CITY State OR Zip Code 97045

Purpose of Disbursement
EARMARKED JASON CONGER US SENATE

011

Candidate Name

JASON CONGER FOR US SENATE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	1	4

Transaction ID : SB23.14006

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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[MEMO ITEM]

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

0	0	0	0	0	0	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

0	0	0	0	0	0	0	0	0	0
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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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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

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

Full Name (Last, First, Middle Initial)

A. LONNIE W BUNFILL

Mailing Address 15331 SW CLIFFORD CT

City State Zip Code
SHERWOOD OR 97140

Purpose of Disbursement
EARMARKED JASON CONGER US SENATE

011

Candidate Name
JASON CONGER FOR US SENATE

Category/
Type

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 03 / 2014

Transaction ID : **SB23.14000**

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. KEN HOLDEN

Mailing Address 87779 LA PORTE DR

City State Zip Code
EUGENE OR 97402

Purpose of Disbursement
EARMARKED JASON CONGER US SENATE

011

Candidate Name
JASON CONGER FOR US SENATE

Category/
Type

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 03 / 2014

Transaction ID : **SB23.14008**

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. BETTY JACKSON

Mailing Address 3816 EVEREST LOOP

City State Zip Code
EUGENE OR 97402

Purpose of Disbursement
EARMARKED JASON CONGER US SENATE

011

Candidate Name
JASON CONGER FOR US SENATE

Category/
Type

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 03 / 2014

Transaction ID : **SB23.14017**

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

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

0.00

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)

Grid for line numbers 21b through 30b with checkboxes, where 23 is checked.

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

Full Name (Last, First, Middle Initial)

A. JASON CONGER FOR US SENATE

Mailing Address PO BOX 2058

City BEND State OR Zip Code 97709

Purpose of Disbursement earmarked donations

011

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement

MM/DD/YYYY date field showing 01/03/2014

Transaction ID : SB23.13997

Amount of Each Disbursement this Period

Amount field showing 1020.00

Full Name (Last, First, Middle Initial)

B. DENNIS W MEILI

Mailing Address PO BOX 42203

City EUGENE State OR Zip Code 97404

Purpose of Disbursement EARMARKED JASON CONGER US SENATE

011

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement

MM/DD/YYYY date field showing 01/03/2014

Transaction ID : SB23.14010

Amount of Each Disbursement this Period

Amount field showing 100.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. LYNN D MIDKIFF

Mailing Address 15266 S MAPLE HILL DR

City MOLLALA State OR Zip Code 97038

Purpose of Disbursement EARMARKED JASON CONGER US SENATE

011

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement

MM/DD/YYYY date field showing 01/03/2014

Transaction ID : SB23.14009

Amount of Each Disbursement this Period

Amount field showing 100.00

[MEMO ITEM]

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

Amount field showing 1020.00

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

Amount field showing 1020.00

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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

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

Full Name (Last, First, Middle Initial)

A. DANIEL F NEWBOLD

Mailing Address 30303 MAPLE DR

City JUNCTION CITY State OR Zip Code 97448

Purpose of Disbursement
EARMARKED JASON CONGER US SENATE

011

Candidate Name

JASON CONGER FOR US SENATE

Category/
Type

Office Sought:
 House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	1	4

Transaction ID : **SB23.14011**

Amount of Each Disbursement this Period

5	0	0	0
---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. BRIAN J OLSEN

Mailing Address 27480 S BARLOW RD

City CANBY State OR Zip Code 97013

Purpose of Disbursement
EARMARKED JASON CONGER US SENATE

011

Candidate Name

JASON CONGER FOR US SENATE

Category/
Type

Office Sought:
 House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	1	4

Transaction ID : **SB23.14012**

Amount of Each Disbursement this Period

1	0	0	0
---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. TODD J POWERS

Mailing Address PO BOX 315

City BANDON State OR Zip Code 97411

Purpose of Disbursement
EARMARKED JASON CONGER US SENATE

011

Candidate Name

JASON CONGER FOR US SENATE

Category/
Type

Office Sought:
 House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	1	4

Transaction ID : **SB23.14013**

Amount of Each Disbursement this Period

1	0	0	0
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[MEMO ITEM]

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

0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

0	0	0	0
---	---	---	---

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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. LARRY PRICE

Mailing Address 1681 HIGHWAY 201

City ADRIAN State OR Zip Code 97901

Purpose of Disbursement
EARMARKED JASON CONGER US SENATE

011

Candidate Name
JASON CONGER FOR US SENATE

Category/
Type

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	1	4

Transaction ID : **SB23.14018**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. PETER M PULIS

Mailing Address 432 GARDEN GROVE DR

City ROSEBURG State OR Zip Code 97471

Purpose of Disbursement
EARMARKED JASON CONGER US SENATE

011

Candidate Name
JASON CONGER FOR US SENATE

Category/
Type

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	1	4

Transaction ID : **SB23.14014**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. DWIGHT K SMITH

Mailing Address 9440 S GRIBBLE RD

City CANBY State OR Zip Code 97013

Purpose of Disbursement
EARMARKED JASON CONGER US SENATE

011

Candidate Name
JASON CONGER FOR US SENATE

Category/
Type

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	1	4

Transaction ID : **SB23.14015**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

[MEMO ITEM]

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

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

0	0	0	0	0	0	0	0	0	0
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0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 15 OF 24

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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. SUSAN A SMITH

Mailing Address 13795 SW MARTINGALE CT

City State Zip Code
BEAVERTON OR 97008

Purpose of Disbursement
earmarked jason conger us senate

011

Candidate Name

JASON CONGER FOR US SENATE

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For: 2014

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 03 / 2014

Transaction ID : SB23.13998

Amount of Each Disbursement this Period

20.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. KEVIN WOLF

Mailing Address 3800 SW RODLUN RD

City State Zip Code
GRESHAM OR 97080

Purpose of Disbursement
EARMARKED JASON CONGER US SENATE

011

Candidate Name

JASON CONGER FOR US SENATE

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For: 2014

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 03 / 2014

Transaction ID : SB23.14016

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

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)..... ►

0.00

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

1020.00

**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 Mrs. Gayle Atteberry		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 01 / 2014	
Mailing Address 87366 Dukhobar Rd		Amount 21909.00	
City Eugene	State OR	Zip Code 97402	Transaction ID : SE.14111
Purpose of Expenditure radio ads in support of jason conger		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 31 / 2014
Name of Federal Candidate JASON CONGER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OR
Calendar Year-To-Date Per Election for Office Sought 80268.80		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Design4 Advertising		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address 106 N. Collins St		Amount 4200.00	
City Plant City	State FL	Zip Code 33563	Transaction ID : SE.14048
Purpose of Expenditure WEB VIDEO IN SUPPORT OF JASON CONGER		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 02 / 24 / 2014
Name of Federal Candidate JASON CONGER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OR
Calendar Year-To-Date Per Election for Office Sought 4298.90		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(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 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 **06 / 24 / 2014**

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFH`ZG7 <98I @ `CF`-H9A-N5HCB

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:

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: Design4 Advertising
Mailing Address: 106 N. Collins St
City: Plant City, State: FL, Zip Code: 33563
Purpose of Expenditure: VIDEO PRODUCTION IN SUPPORT OF JASON CONGER
Category/Type: 004
Date of Public Distribution/Dissemination: 04/01/2014
Amount: 475.00
Transaction ID: SE.14066
Date of Disbursement or Obligation: 03/26/2014
Name of Federal Candidate: JASON CONGER
Support: [X]
Office Sought: Senate
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought: 54773.90

Full Name of Payee: KNLR
Mailing Address: 30 E. BRIDGEFERED BLVD
City: BEND, State: OR, Zip Code: 97702
Purpose of Expenditure: RADIO ADS IN SUPPORT OF JASON CONGER
Category/Type: 004
Date of Public Distribution/Dissemination: 04/01/2014
Amount: 1755.00
Transaction ID: SE.14058
Date of Disbursement or Obligation: 03/28/2014
Name of Federal Candidate: JASON CONGER
Support: [X]
Office Sought: Senate
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought: 58359.80

(a) SUBTOTAL of Itemized Independent Expenditures: 2230.00
(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: 06/24/2014
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 KYKN	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 01 / 2014
Mailing Address 4205 Cherry Ave	Amount 1800.00
City Keizer State OR Zip Code 97303	Transaction ID : SE.14056 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 03 / 28 / 2014
Purpose of Expenditure radio ads IN SUPPORT OF JASON CONGER	Category/Type 004
Name of Federal Candidate JASON CONGER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: OR
Calendar Year-To-Date Per Election for Office Sought 56604.80	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Oregon Right to Life	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 28 / 2014
Mailing Address 4335 River Road N	Amount 98.76
City Salem State OR Zip Code 97303	Transaction ID : SE.14050 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 28 / 2014
Purpose of Expenditure POSTAGE FOR RECEIPTS IN SUPPORT OF JASON CONGER	Category/Type 001
Name of Federal Candidate JASON CONGER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: OR
Calendar Year-To-Date Per Election for Office Sought 98.90	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1898.76
(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 M / D D D / Y Y Y Y Y Y
06 / 24 / 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 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
RESONATE
Mailing Address
11720 PLAZA AMERICA DR
3RD FLOOR
City
RESTON State
VA Zip Code
20190
Purpose of Expenditure
ADVERTISING IN SUPPORT OF JASON CONGER
Category/Type
004
Name of Federal Candidate
JASON CONGER
Support
Office Sought:
House
Senate
State: OR
Calendar Year-To-Date
Per Election for Office Sought
54298.90

Date of Public Distribution/Dissemination
04 / 01 / 2014
Amount
50000.00
Transaction ID : SE.14051
Date of Disbursement or Obligation
03 / 24 / 2014
Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
Rise Graphic Design
Mailing Address
2095 church St Se
City
Salem State
OK Zip Code
97302
Purpose of Expenditure
voter guide IN SUPPORT OF JAMES BUCHAL
Category/Type
006
Name of Federal Candidate
JAMES LAURENCE BUCHAL
Support
Office Sought:
House
Senate
State: OR
Calendar Year-To-Date
Per Election for Office Sought
1.69

Date of Public Distribution/Dissemination
04 / 21 / 2014
Amount
1.69
Transaction ID : SE.14086
Date of Disbursement or Obligation
03 / 27 / 2014
Disbursement For:
Primary
General
Other (specify)

(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 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
06 / 24 / 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 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Rise Graphic Design
Mailing Address
2095 church St Se
City
Salem State
OK Zip Code
97302
Purpose of Expenditure
VOTER GUIDE IN SUPPORT OF JASON CONGER
Category/
Type
006

Date of Public Distribution/Dissemination
04 / 21 / 2014
Amount
16.30
Transaction ID : SE.14089
Date of Disbursement or Obligation
03 / 27 / 2014

Name of Federal Candidate
JASON CONGER
Support
Office Sought:
House
Senate
State:
OR
Calendar Year-To-Date
Per Election for Office Sought
54790.20

Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
Rise Graphic Design
Mailing Address
2095 church St Se
City
Salem State
OK Zip Code
97302
Purpose of Expenditure
VOTER GUIDE IN SUPPORT OF DENNIS LINTHICUM
Category/
Type
006

Date of Public Distribution/Dissemination
04 / 21 / 2014
Amount
1.69
Transaction ID : SE.14090
Date of Disbursement or Obligation
03 / 27 / 2014

Name of Federal Candidate
DENNIS BRADLEY LINTHICUM
Support
Office Sought:
House
Senate
State:
OR
Calendar Year-To-Date
Per Election for Office Sought
1.69

Disbursement For:
Primary
General
Other (specify)

(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 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
06 / 24 / 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 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Rise Graphic Design
Mailing Address 2095 church St Se
City Salem State OK Zip Code 97302
Purpose of Expenditure VOTER GUIDE IN SUPPORT OF DELINDA MORGAN
Category/Type 006
Name of Federal Candidate DELINDA MORGAN
Support
Office Sought: House District: 01
State: OR
Calendar Year-To-Date Per Election for Office Sought 5.07
Disbursement For: Primary
2014

Full Name of Payee Rise Graphic Design
Mailing Address 2095 church St Se
City Salem State OK Zip Code 97302
Purpose of Expenditure VOTER GUIDE IN SUPPORT OF ART ROBINSON
Category/Type 006
Name of Federal Candidate ART ROBINSON
Support
Office Sought: House District: 04
State: OR
Calendar Year-To-Date Per Election for Office Sought 5.07
Disbursement For: Primary
2014

(a) SUBTOTAL of Itemized Independent Expenditures 10.14
(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 Ateberry [Electronically Filed] Date 06 / 24 / 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 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Rise Graphic Design
Mailing Address
2095 church St Se
City
Salem State
OK Zip Code
97302
Purpose of Expenditure
VOTER GUIDE IN SUPPORT OF TOOTIE SMITH
Category/
Type
006
Name of Federal Candidate
TOOTIE SMITH
Support
Office Sought:
House District:
05
State:
OR
Calendar Year-To-Date
Per Election for Office Sought
5.07

Date of Public Distribution/Dissemination
04 / 21 / 2014
Amount
5.07
Transaction ID : SE.14096
Date of Disbursement or Obligation
03 / 27 / 2014
Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
Rise Graphic Design
Mailing Address
2095 church St Se
City
Salem State
OK Zip Code
97302
Purpose of Expenditure
VOTER GUIDE IN SUPPORT OF GREGORY WALDEN
Category/
Type
006
Name of Federal Candidate
GREGORY P WALDEN
Support
Office Sought:
House District:
02
State:
OR
Calendar Year-To-Date
Per Election for Office Sought
3.38

Date of Public Distribution/Dissemination
04 / 21 / 2014
Amount
1.69
Transaction ID : SE.14101
Date of Disbursement or Obligation
03 / 27 / 2014
Disbursement For:
Primary
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 6.76
(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 Ateberry
[Electronically Filed]
Date
06 / 24 / 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 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Rise Graphic Design
Mailing Address
2095 church St Se
City
Salem State
OK Zip Code
97302
Purpose of Expenditure
voter guide IN OPPOSITION TO MONICA WEHBY
Category/
Type
006
Name of Federal Candidate
MONICA WEHBY
Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
54804.80

Date of Public Distribution/Dissemination
04 / 21 / 2014
Amount
14.60
Transaction ID : SE.14102
Date of Disbursement or Obligation
03 / 27 / 2014
Office Sought:
House
Senate
State: OR
Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
Rise Graphic Design
Mailing Address
2095 church St Se
City
Salem State
OK Zip Code
97302
Purpose of Expenditure
VOTER GUIDE IN SUPPORT OF JASON YATES
Category/
Type
006
Name of Federal Candidate
WILLIAM JASON YATES
Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
10.14

Date of Public Distribution/Dissemination
04 / 21 / 2014
Amount
5.07
Transaction ID : SE.14104
Date of Disbursement or Obligation
03 / 27 / 2014
Office Sought:
House
Senate
State: OR
Disbursement For:
Primary
General
Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 19.67, (b) SUBTOTAL of Unitemized Independent Expenditures, (c) 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 Ateberry
[Electronically Filed]
Date
06 / 24 / 2014
Signature