



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Holding Onto Oregon's Priorities

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		32205.96
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	11576.05									
(c) Total Receipts (from Line 19) .....	89300.00	99480.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	100876.05	131685.96								
7. Total Disbursements (from Line 31) .....	57224.66	88034.57								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	43651.39	43651.39								
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									

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  
Holding Onto Oregon's Priorities

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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) .....	66800.00	76800.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	66800.00	76800.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	22500.00	22500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	89300.00	99300.00
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	180.00
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 Transfer (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)) .....	89300.00	99480.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	89300.00	99480.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared 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.....	5974.66	14134.57
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	5974.66	14134.57
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	42500.00	64000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	8750.00	9900.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	57224.66	88034.57
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	57224.66	88034.57

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	89300.00	99300.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	89300.00	99300.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	5974.66	14134.57
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	180.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	5974.66	13954.57

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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)  
Holding Onto Oregon's Priorities

**A.** Full Name (Last, First, Middle Initial)  
Norman L. Brenden

Mailing Address 12344 Paradise Alley Rd.

City State Zip Code  
Siverton OR 97381

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Holiday Retirement Corp. Executive Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 07 / 2006

Transaction ID: SA11A1.4820

Amount of Each Receipt this Period  
5000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
William R. Brereton

Mailing Address 2307 Queens Way

City State Zip Code  
Naples FL 34112

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
The Brereton Group, LLC Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 18 / 2006

Transaction ID: SA11A1.4821

Amount of Each Receipt this Period  
800.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Barton G. Colson

Mailing Address P.O. Box 14111

City State Zip Code  
Salem OR 97309

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Holiday Retirement Corp. COO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 24 / 2006

Transaction ID: SA11A1.4822

Amount of Each Receipt this Period  
5000.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	10800.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Holding Onto Oregon's Priorities

Full Name (Last, First, Middle Initial) <b>A. Bonnie Colson</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 6	
Mailing Address P.O. Box 14111		Transaction ID: SA11A1.4823	
City Salem	State OR	Zip Code 97309	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Holiday Interiors	Occupation Interior Decorator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) <b>B. William Colson</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 6	
Mailing Address P.O. Box 14111		Transaction ID: SA11A1.4824	
City Salem	State OR	Zip Code 97309	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Holiday Retirement Corp.	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) <b>C. Gus Comiskey, Jr.</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6	
Mailing Address Three Riverway Suite 1350		Transaction ID: SA11A1.4825	
City Houston	State TX	Zip Code 77056	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Clark Consulting	Occupation Senior V.P., Managing Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	11000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Holding Onto Oregon's Priorities

**A.** Full Name (Last, First, Middle Initial)  
Michael Corry

Mailing Address 28 Daniel Road

City State Zip Code  
Ladue MO 63124

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
The Todd Organization Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2006

Transaction ID: SA11A1.4900

Amount of Each Receipt this Period  
1000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Amy Holmwood

Mailing Address 4318 Rosedale Ave

City State Zip Code  
Bethesda MD 20814-4751

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Potomac Partners Insurance sales

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 18 / 2006

Transaction ID: SA11A1.4826

Amount of Each Receipt this Period  
2000.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Celia Meese

Mailing Address 88 Granite St.

City State Zip Code  
Ashland OR 97520

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 20 / 2006

Transaction ID: SA11A1.4827

Amount of Each Receipt this Period  
5000.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	8000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Holding Onto Oregon's Priorities

**A.** Full Name (Last, First, Middle Initial)  
Jed Meese

Mailing Address 88 Granite St.

City Ashland State OR Zip Code 97520

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
09 / 20 / 2006

Transaction ID: SA11A1.4828

Amount of Each Receipt this Period  
5000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
David Mills

Mailing Address 945 Bsck Ranch Road

City Santa Cruz State CA Zip Code 95060

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Professor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
09 / 30 / 2006

Transaction ID: SA11A1.4896

Amount of Each Receipt this Period  
5000.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Stephanie Mills

Mailing Address 945 Back Ranch Road

City Santa Cruz State CA Zip Code 95060

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
09 / 30 / 2006

Transaction ID: SA11A1.4898

Amount of Each Receipt this Period  
5000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 15000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Holding Onto Oregon's Priorities

**A.** Full Name (Last, First, Middle Initial)  
Michael P. Schulhof

Mailing Address 375 Park Avenue  
Suite 1506

City State Zip Code  
New York NY 10152

FEC ID number of contributing federal political committee. **C**

Name of Employer: Global Technology Investments  
Occupation: CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 07 / 2006

Transaction ID: SA11A1.4829

Amount of Each Receipt this Period  
5000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Paula Schulhof

Mailing Address 375 Park Avenue  
Suite 1506

City State Zip Code  
New York NY 10152

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Occupation: Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 07 / 2006

Transaction ID: SA11A1.4842

Amount of Each Receipt this Period  
5000.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Carrie St. Laurent

Mailing Address 224 Knight Drive

City State Zip Code  
San Rafael CA 94901

FEC ID number of contributing federal political committee. **C**

Name of Employer: None  
Occupation: Volunteer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 26 / 2006

Transaction ID: SA11A1.4830

Amount of Each Receipt this Period  
5000.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	15000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Holding Onto Oregon's Priorities

**A.** Full Name (Last, First, Middle Initial)  
Lorraine St. Laurent

Mailing Address 88 Montford Avenue

City Millvalley State CA Zip Code 94941

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Landscape Artist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
08 / 26 / 2006

Transaction ID: SA11A1.4831

Amount of Each Receipt this Period  
5000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Roger Sutton

Mailing Address 1002 Jefferson Wood Lane

City Greensboro State NC Zip Code 27410

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
09 / 18 / 2006

Transaction ID: SA11A1.4832

Amount of Each Receipt this Period  
1000.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
William Walters

Mailing Address 1685 Hunting Creek Drive

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C**

Name of Employer Acute Long Term Hospital Assn Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
07 / 19 / 2006

Transaction ID: SA11A1.4833

Amount of Each Receipt this Period  
1000.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	7000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	66800.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 28
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Holding Onto Oregon's Priorities

Full Name (Last, First, Middle Initial) <b>A. AMERICA'S HEALTH INSURANCE PLANS PAC (AHIP PAC)</b>		Date of Receipt MM / DD / YYYY 08 / 07 / 2006
Mailing Address 601 Penn. Avenue NW #500 South Bldg.		<b>Transaction ID: SA11C.4834</b>
City WASHINGTON State DC Zip Code 20004	FEC ID number of contributing federal political committee. <b>C C00106740</b>	Amount of Each Receipt this Period 2500.00
Name of Employer Occupation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution
Aggregate Year-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) <b>B. Express Scripts PAC</b>		Date of Receipt MM / DD / YYYY 07 / 21 / 2006
Mailing Address 601 Pennsylvania Ave, NW Suite 740 - South Building		<b>Transaction ID: SA11C.4835</b>
City Washington State DC Zip Code 20004	FEC ID number of contributing federal political committee. <b>C C00365072</b>	Amount of Each Receipt this Period 2500.00
Name of Employer Occupation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution
Aggregate Year-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) <b>C. Federation of American Hospitals PAC</b>		Date of Receipt MM / DD / YYYY 07 / 21 / 2006
Mailing Address 801 Pennsylvania Ave, NW Suite 245		<b>Transaction ID: SA11C.4836</b>
City Washington State DC Zip Code 20004-2604	FEC ID number of contributing federal political committee. <b>C C00002261</b>	Amount of Each Receipt this Period 1000.00
Name of Employer Occupation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution
Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	6000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 28
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Holding Onto Oregon's Priorities

Full Name (Last, First, Middle Initial) <b>A. KINDRED HEALTHCARE INC. POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 27 / 2006
Mailing Address 680 South Fourth Avenue ONE VENCOR PLACE		Transaction ID: SA11C.4837
City State Zip Code Louisville KY 40202	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00242271	Contribution	
Name of Employer Occupation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) <b>B. NAT'L ASSN OF PSYCHIATRIC HEALTH SYSTEMS PAC (NAPHS/PAC)</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2006
Mailing Address 701 13TH STREET NW SUITE 950		Transaction ID: SA11C.4838
City State Zip Code WASHINGTON DC 20005	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00107136	Contribution	
Name of Employer Occupation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) <b>C. NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006
Mailing Address 2901 Telestar Court		Transaction ID: SA11C.4902
City State Zip Code Falls Church VA 22042	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00005249	Contribution	
Name of Employer Occupation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 5000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	9000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 28
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Holding Onto Oregon's Priorities

Full Name (Last, First, Middle Initial) <b>A. PACIFIC LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006
Mailing Address 700 Newport Center Drive		<b>Transaction ID: SA11C.4839</b>
City State Zip Code Newport Beach CA 92660	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C C00068528</b>	Contribution	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 2500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Regence Group BluePac</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 21 / 2006
Mailing Address 1020 North Fairfax St 5th Floor		<b>Transaction ID: SA11C.4840</b>
City State Zip Code Alexandria VA 22314	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C C00252684</b>	Contribution	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 5000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	7500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	22500.00

# 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)

PAGE 15 / 28

<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)  
Holding Onto Oregon's Priorities

<b>A. ADP</b> Full Name (Last, First, Middle Initial) Mailing Address 4099 SE International Way Suite 203 City Milwaukie State OR Zip Code 97222 Purpose of Disbursement Payroll Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB21B.4872</b> Date of Disbursement 07 / 17 / 2006 Amount of Each Disbursement this Period 15.57 001 Category/ Type
--	--	---

<b>B. ADP</b> Full Name (Last, First, Middle Initial) Mailing Address 4099 SE International Way Suite 203 City Milwaukie State OR Zip Code 97222 Purpose of Disbursement Payroll Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB21B.4874</b> Date of Disbursement 07 / 31 / 2006 Amount of Each Disbursement this Period 225.69 001 Category/ Type
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<b>C. ADP</b> Full Name (Last, First, Middle Initial) Mailing Address 4099 SE International Way Suite 203 City Milwaukie State OR Zip Code 97222 Purpose of Disbursement Payroll Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB21B.4875</b> Date of Disbursement 07 / 31 / 2006 Amount of Each Disbursement this Period 75.90 001 Category/ Type
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	317.16
<b>TOTAL</b> 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)

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<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)  
Holding Onto Oregon's Priorities

<b>A. ADP</b> Full Name (Last, First, Middle Initial) Mailing Address 4099 SE International Way Suite 203 City Milwaukie State OR Zip Code 97222 Purpose of Disbursement Payroll Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB21B.4882</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6 Amount of Each Disbursement this Period 73.90 001 Category/ Type
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<b>B. ADP</b> Full Name (Last, First, Middle Initial) Mailing Address 4099 SE International Way Suite 203 City Milwaukie State OR Zip Code 97222 Purpose of Disbursement Payroll Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB21B.4883</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6 Amount of Each Disbursement this Period 387.01 001 Category/ Type
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<b>C. ADP</b> Full Name (Last, First, Middle Initial) Mailing Address 4099 SE International Way Suite 203 City Milwaukie State OR Zip Code 97222 Purpose of Disbursement Payroll fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB21B.4903</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 6 Amount of Each Disbursement this Period 75.68 001 Category/ Type
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	536.59
<b>TOTAL</b> 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)

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<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)  
Holding Onto Oregon's Priorities

<b>A. ADP</b> Full Name (Last, First, Middle Initial) Mailing Address 4099 SE International Way Suite 203 City Milwaukie State OR Zip Code 97222 Purpose of Disbursement Payroll taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB21B.4904 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 09 / 28 / 2006 <b>Amount of Each Disbursement this Period:</b> 654.78 Category/Type: 001
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<b>B. Bank of America</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 53132 City Phoenix State AZ Zip Code 85072 Purpose of Disbursement Bank Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB21B.4876 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 07 / 31 / 2006 <b>Amount of Each Disbursement this Period:</b> 3.00 Category/Type: 001
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<b>C. Bank of America</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 53132 City Phoenix State AZ Zip Code 85072 Purpose of Disbursement Bank Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB21B.4884 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 08 / 31 / 2006 <b>Amount of Each Disbursement this Period:</b> 3.00 Category/Type: 001
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	660.78
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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)

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<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)  
Holding Onto Oregon's Priorities

Full Name (Last, First, Middle Initial) <b>A. Bank of America</b>		<b>Transaction ID: SB21B.4887</b>	
Mailing Address PO Box 53132		Date of Disbursement MM / DD / YYYY 09 / 12 / 2006	
City Phoenix	State AZ	Zip Code 85072	Amount of Each Disbursement this Period 15.17
Purpose of Disbursement Credit card payment		001 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Bank of America</b>		<b>Transaction ID: SB21B.4891</b>	
Mailing Address PO Box 53132		Date of Disbursement MM / DD / YYYY 09 / 26 / 2006	
City Phoenix	State AZ	Zip Code 85072	Amount of Each Disbursement this Period 36.16
Purpose of Disbursement Credit card payment		001 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Bank of America</b>		<b>Transaction ID: SB21B.4891.1</b>	
Mailing Address PO Box 53132		Date of Disbursement MM / DD / YYYY 09 / 10 / 2006	
City Phoenix	State AZ	Zip Code 85072	Amount of Each Disbursement this Period 15.00
Purpose of Disbursement Bank fee		001 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	51.33
<b>TOTAL</b> 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)

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<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)  
Holding Onto Oregon's Priorities

Full Name (Last, First, Middle Initial) <b>A. Bank of America</b>		<b>Transaction ID:</b> SB21B.4891.2 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address PO Box 53132		Amount of Each Disbursement this Period 1.50
City Phoenix State AZ Zip Code 85072	<b>[MEMO ITEM]</b>	
Purpose of Disbursement Bank fee Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Bank of America</b>		<b>Transaction ID:</b> SB21B.4906 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6
Mailing Address PO Box 53132		Amount of Each Disbursement this Period 3.00
City Phoenix State AZ Zip Code 85072	<b>[MEMO ITEM]</b>	
Purpose of Disbursement Bank fee Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Ms. Melissa Kardon</b>		<b>Transaction ID:</b> SB21B.4870 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 0 6
Mailing Address 2911 NE Hancock		Amount of Each Disbursement this Period 19.82
City Portland State OR Zip Code 97212	<b>[MEMO ITEM]</b>	
Purpose of Disbursement Reimbursement for Internet Service Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	22.82
<b>TOTAL</b> 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)

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<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)  
Holding Onto Oregon's Priorities

Full Name (Last, First, Middle Initial) <b>A. Ms. Melissa Kardon</b>		<b>Transaction ID: SB21B.4873</b> Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2006
Mailing Address 2911 NE Hancock		Amount of Each Disbursement this Period 874.63
City Portland State OR Zip Code 97212	Purpose of Disbursement Salary Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Ms. Melissa Kardon</b>		<b>Transaction ID: SB21B.4877</b> Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2006
Mailing Address 2911 NE Hancock		Amount of Each Disbursement this Period 19.71
City Portland State OR Zip Code 97212	Purpose of Disbursement Reimbursement for Internet Service Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Ms. Melissa Kardon</b>		<b>Transaction ID: SB21B.4879</b> Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2006
Mailing Address 2911 NE Hancock		Amount of Each Disbursement this Period 15.60
City Portland State OR Zip Code 97212	Purpose of Disbursement Reimbursement for Postage Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	909.94
<b>TOTAL</b> 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)

PAGE 21 / 28

<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)  
Holding Onto Oregon's Priorities

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Melissa Kardon		<b>Transaction ID:</b> SB21B.4880 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6	
Mailing Address 2911 NE Hancock		<b>Amount of Each Disbursement this Period</b> 1252.77	
City Portland State OR Zip Code 97212	Purpose of Disbursement Salary Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Melissa Kardon		<b>Transaction ID:</b> SB21B.4885 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6	
Mailing Address 2911 NE Hancock		<b>Amount of Each Disbursement this Period</b> 455.90	
City Portland State OR Zip Code 97212	Purpose of Disbursement Salary Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Melissa Kardon		<b>Transaction ID:</b> SB21B.4886 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6	
Mailing Address 2911 NE Hancock		<b>Amount of Each Disbursement this Period</b> 16.99	
City Portland State OR Zip Code 97212	Purpose of Disbursement Reimbursement for Internet Service Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**SUBTOTAL** of Disbursements This Page (optional) ..... ► 1725.66

**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)

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<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)  
Holding Onto Oregon's Priorities

Full Name (Last, First, Middle Initial) <b>A. Ms. Melissa Kardon</b>		<b>Transaction ID: SB21B.4905</b> Date of Disbursement 09 / 28 / 2006	
Mailing Address 2911 NE Hancock		Amount of Each Disbursement this Period 1624.02	
City Portland State OR Zip Code 97212	Purpose of Disbursement Salary Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Verizon</b>		<b>Transaction ID: SB21B.4871</b> Date of Disbursement 07 / 12 / 2006	
Mailing Address P.O. Box 19707		Amount of Each Disbursement this Period 42.12	
City Irvine State CA Zip Code 92623-9707	Purpose of Disbursement Telephone Service Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Verizon</b>		<b>Transaction ID: SB21B.4878</b> Date of Disbursement 08 / 19 / 2006	
Mailing Address P.O. Box 19707		Amount of Each Disbursement this Period 42.12	
City Irvine State CA Zip Code 92623-9707	Purpose of Disbursement Telephone Service Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1708.26
<b>TOTAL</b> 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)

PAGE 23 / 28

<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)  
Holding Onto Oregon's Priorities

Full Name (Last, First, Middle Initial) <b>A. Verizon</b>		<b>Transaction ID: SB21B.4888</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 6	
Mailing Address P.O. Box 19707		Amount of Each Disbursement this Period 42.12	
City Irvine State CA Zip Code 92623-9707	Purpose of Disbursement Telephone Service Candidate Name Category/Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>42.12</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>5974.66</b>

**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)

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<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)  
Holding Onto Oregon's Priorities

Full Name (Last, First, Middle Initial) <b>A. Cardin For Senate</b>		<b>Transaction ID:</b> SB23.4865 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 100 E. Pratt Street 26th Floor		Amount of Each Disbursement this Period 5000.00
City Baltimore State MD Zip Code 21202		
Purpose of Disbursement Political Contribution	011 Category/ Type	
Candidate Name BENJAMIN L CARDIN		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 03	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. DEFAZIO FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.4853 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6
Mailing Address PO Box 1316		Amount of Each Disbursement this Period 2500.00
City Springfield State OR Zip Code 97477		
Purpose of Disbursement Political Contribution	011 Category/ Type	
Candidate Name PETER A DEFAZIO		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 04	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF SHERROD BROWN</b>		<b>Transaction ID:</b> SB23.4867 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 2280 KRESGE DRIVE Suite 800		Amount of Each Disbursement this Period 5000.00
City AMHERST State OH Zip Code 44001		
Purpose of Disbursement Political Contribution	011 Category/ Type	
Candidate Name SHERROD BROWN		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 00	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	12500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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)

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<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)  
Holding Onto Oregon's Priorities

Full Name (Last, First, Middle Initial) <b>A. HAROLD FORD JR FOR TENNESSEE</b>		<b>Transaction ID: SB23.4859</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 5120 BARRY ROAD SUITE 1300		Amount of Each Disbursement this Period 5000.00
City MEMPHIS State TN Zip Code 38117		
Purpose of Disbursement Political Contribution Candidate Name HAROLD FORD JR FOR TENNESSEE		011 Category/Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TN District: 00		

Full Name (Last, First, Middle Initial) <b>B. Hooley for Congress</b>		<b>Transaction ID: SB23.4851</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6
Mailing Address P.O. Box 2050		Amount of Each Disbursement this Period 5000.00
City Salem State OR Zip Code 97308		
Purpose of Disbursement Political Contribution Candidate Name DARLENE HOOLEY		011 Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OR District: 05		

Full Name (Last, First, Middle Initial) <b>C. Jim Webb for U.S. Senate</b>		<b>Transaction ID: SB23.4863</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address P.O. Box 17427		Amount of Each Disbursement this Period 5000.00
City Arlington State VA Zip Code 22216		
Purpose of Disbursement Political Contribution Candidate Name JAMES H JR MR WEBB		011 Category/Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: VA District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	15000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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)  
Holding Onto Oregon's Priorities

<b>A. KLOBUCHAR FOR MINNESOTA</b> Full Name (Last, First, Middle Initial) KLOBUCHAR FOR MINNESOTA Mailing Address PO BOX 4146 PO BOX 4146 City ST PAUL State MN Zip Code 55104 Purpose of Disbursement Political Contribution Candidate Name AMY KLOBUCHAR Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB23.4855</b> Date of Disbursement 09 / 20 / 2006 Amount of Each Disbursement this Period 5000.00 011 Category/ Type
--	--	--

<b>B. MONTANANS FOR TESTER</b> Full Name (Last, First, Middle Initial) MONTANANS FOR TESTER Mailing Address PO BOX 1248 City BIG SANDY State MT Zip Code 59520 Purpose of Disbursement Political Contribution Candidate Name JON TESTER Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 00 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB23.4857</b> Date of Disbursement 09 / 20 / 2006 Amount of Each Disbursement this Period 5000.00 011 Category/ Type
--	--	--

<b>C. WHITEHOUSE 06</b> Full Name (Last, First, Middle Initial) WHITEHOUSE 06 Mailing Address PO BOX 40280 City PROVIDENCE State RI Zip Code 02940 Purpose of Disbursement Political Contribution Candidate Name SHELDON II WHITEHOUSE Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 00 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB23.4861</b> Date of Disbursement 09 / 20 / 2006 Amount of Each Disbursement this Period 5000.00 011 Category/ Type
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<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>15000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>42500.00</b>

# 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)

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<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Holding Onto Oregon's Priorities

Full Name (Last, First, Middle Initial) <b>A. Jeff Merkley for State Representative</b>		<b>Transaction ID: SB29.4929</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6
Mailing Address P.O. Box 33192		Amount of Each Disbursement this Period 500.00
City Portland State OR Zip Code 97292	Purpose of Disbursement Political contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Lane County Democrats</b>		<b>Transaction ID: SB29.4909</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 6
Mailing Address P.O. Box 11138		Amount of Each Disbursement this Period 250.00
City Eugene State OR Zip Code 97440-3338	Purpose of Disbursement Event tickets Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	007 Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Oregonians For Clem</b>		<b>Transaction ID: SB29.4930</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6
Mailing Address P.O. Box 987		Amount of Each Disbursement this Period 1000.00
City Salem State OR Zip Code 97308	Purpose of Disbursement Political contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1750.00
<b>TOTAL</b> 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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Holding Onto Oregon's Priorities

Full Name (Last, First, Middle Initial) <b>A. Paul Evans 2006</b>		<b>Transaction ID: SB29.4931</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 4 / 2 0 0 6
Mailing Address P.O. Box 2244		Amount of Each Disbursement this Period 1000.00
City Salem State OR Zip Code 97308	Purpose of Disbursement Political contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Paul Evans 2006</b>		<b>Transaction ID: SB29.4932</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 6
Mailing Address P.O. Box 2244		Amount of Each Disbursement this Period 1000.00
City Salem State OR Zip Code 97308	Purpose of Disbursement Political contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Senate Democratic Leadership Fund</b>		<b>Transaction ID: SB29.4933</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 6
Mailing Address P.O. Box 5271		Amount of Each Disbursement this Period 5000.00
City Portland State OR Zip Code 97208	Purpose of Disbursement Political contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	8750.00