

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

Holding Onto Oregon's Priorities

ADDRESS (number and street) PO Box 3314
 Check if different than previously reported. (ACC)
 Portland OR 97208

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIPCODE

C00392738

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

4. **TYPE OF REPORT** (Choose One)
 (a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
 (b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
 (c) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
 Election on _____ in the State of _____
 (d) 30-Day **Post**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
 Election on _____ in the State of _____

5. Covering Period 01 01 2011 through 06 30 2011

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

Type or Print Name of Treasurer Ms. Melissa Kardon

Signature of Treasurer Electronically Filed by Ms. Melissa Kardon Date 07 28 2011

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

Office Use Only

FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Holding Onto Oregon's Priorities

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		27880.79
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	27880.79									
(c) Total Receipts (from Line 19)	44600.00	44600.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	72480.79	72480.79								
7. Total Disbursements (from Line 31)	69324.41	69324.41								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	3156.38	3156.38								
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
Holding Onto Oregon's Priorities

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

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	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	6100.00	6100.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	6100.00	6100.00
12. Transfers From Affiliated/Other Party Committees	38500.00	38500.00
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 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))	44600.00	44600.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	44600.00	44600.00

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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.....	28324.41	28324.41
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	28324.41	28324.41
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	22500.00	22500.00
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.....	18500.00	18500.00
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))..	69324.41	69324.41
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	69324.41	69324.41

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)	6100.00	6100.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6100.00	6100.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	28324.41	28324.41
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	28324.41	28324.41

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
NATIONAL EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE

Mailing Address 1125 EXECUTIVE CIRCLE

City State Zip Code
IRVING TX 75038

FEC ID number of contributing federal political committee. C C00140061

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 1 1

Transaction ID: SA11C.6534

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
THE REGENCE GROUP BLUEPAC

Mailing Address 330 9TH ST. SE

City State Zip Code
WASHINGTON DC 20003

FEC ID number of contributing federal political committee. C C00252684

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 1 1

Transaction ID: SA11C.6533

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
TONKON TORP PAC

Mailing Address 888 SW Fifth Avenue
Suite 1600

City State Zip Code
Portland OR 97204

FEC ID number of contributing federal political committee. C C00428912

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 2 4 / 2 0 1 1

Transaction ID: SA11C.6514

Amount of Each Receipt this Period
1100.00

SUBTOTAL of Receipts This Page (optional) 6100.00

TOTAL This Period (last page this line number only) 6100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 23
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input checked="" 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

A.	Full Name (Last, First, Middle Initial) WYDEN FOR OREGON		Date of Receipt
	Mailing Address 2911 NE HANCOCK STREET		<input type="text" value="03"/> / <input type="text" value="07"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	PORTLAND	OR	97212
	FEC ID number of contributing federal political committee.		<input type="text" value="C000436998"/>
Name of Employer		Occupation	Transaction ID: SA12.6483
Receipt For:		Amount of Each Receipt this Period	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="15000.00"/>	
		Transfer	

B.	Full Name (Last, First, Middle Initial) WYDEN FOR OREGON		Date of Receipt
	Mailing Address 2911 NE HANCOCK STREET		<input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	PORTLAND	OR	97212
	FEC ID number of contributing federal political committee.		<input type="text" value="C000436998"/>
Name of Employer		Occupation	Transaction ID: SA12.6536
Receipt For:		Amount of Each Receipt this Period	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="19500.00"/>	
		Transfer	

C.	Full Name (Last, First, Middle Initial) Cow Creek Band of Umpqua Tribe of Indians		Date of Receipt
	Mailing Address 2371 N.E. Stephens St. Suite 100		<input type="text" value="06"/> / <input type="text" value="22"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Roseburg	OR	97470
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: SA12.6536.0
Receipt For:		Amount of Each Receipt this Period	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="5000.00"/>	
		[MEMO ITEM]	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="19500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 23

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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

A.

Full Name (Last, First, Middle Initial)
WYDEN FOR OREGON

Mailing Address 2911 NE HANCOCK STREET

City State Zip Code
PORTLAND OR 97212

FEC ID number of contributing federal political committee. **C** C00436998

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
38500.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 30 / 2011

Transaction ID: SA12.6537

Amount of Each Receipt this Period

19000.00

Transfer

B.

Full Name (Last, First, Middle Initial)
Ed King

Mailing Address 30414 Le Bleu Road

City State Zip Code
Eugene OR 97405-9218

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

Name of Employer Occupation
King Estates Winery Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 28 / 2011

Transaction ID: SA12.6537.0

Amount of Each Receipt this Period

5000.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Jodee King

Mailing Address 30414 Le Bleu Road

City State Zip Code
Eugene OR 97405

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

Name of Employer Occupation
King Estates Winery Vintner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 28 / 2011

Transaction ID: SA12.6537.1

Amount of Each Receipt this Period

5000.00

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) ▶

19000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 23
	(check only one)
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input checked="" type="checkbox"/> 12
	<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

A.	Full Name (Last, First, Middle Initial) Lillian Chapman		Date of Receipt
	Mailing Address 615 SW Burlingame Terrace		<input type="text" value="06"/> / <input type="text" value="28"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Portland	OR	97201
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer None		Occupation Homemaker	Transaction ID: SA12.6537.2 Amount of Each Receipt this Period <input type="text" value="5000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	
[MEMO ITEM]			

B.	Full Name (Last, First, Middle Initial) Matt Chapman		Date of Receipt
	Mailing Address 615 SW Burlingame Terrace		<input type="text" value="06"/> / <input type="text" value="28"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Portland	OR	97201
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Centrisoft Corporation		Occupation Chairman & CEO	Transaction ID: SA12.6537.3 Amount of Each Receipt this Period <input type="text" value="5000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	
[MEMO ITEM]			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="0.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="38500.00"/>

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 10 / 23

<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

<p>A. Full Name (Last, First, Middle Initial) ADP</p> <p>Mailing Address 4099 SE International Way Suite 203</p> <p>City Milwaukie State OR Zip Code 97222</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.6495</p> <p>Date of Disbursement 01 / 31 / 2011</p> <p>Amount of Each Disbursement this Period 1626.19</p> <p>001 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) ADP</p> <p>Mailing Address 4099 SE International Way Suite 203</p> <p>City Milwaukie State OR Zip Code 97222</p> <p>Purpose of Disbursement Payroll Processing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.6496</p> <p>Date of Disbursement 01 / 31 / 2011</p> <p>Amount of Each Disbursement this Period 88.61</p> <p>001 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) ADP</p> <p>Mailing Address 4099 SE International Way Suite 203</p> <p>City Milwaukie State OR Zip Code 97222</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.6491</p> <p>Date of Disbursement 02 / 28 / 2011</p> <p>Amount of Each Disbursement this Period 1621.39</p> <p>001 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3336.19

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)
Holding Onto Oregon's Priorities

A.	Full Name (Last, First, Middle Initial) ADP	Transaction ID: SB21B.6492 Date of Disbursement
	Mailing Address 4099 SE International Way Suite 203	<input type="text" value="02"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Milwaukie State OR Zip Code 97222	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Processing Fees Candidate Name	<input type="text" value="88.61"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	001 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) ADP	Transaction ID: SB21B.6486 Date of Disbursement
	Mailing Address 4099 SE International Way Suite 203	<input type="text" value="03"/> <input type="text" value="31"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Milwaukie State OR Zip Code 97222	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Taxes Candidate Name	<input type="text" value="1595.79"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	001 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) ADP	Transaction ID: SB21B.6487 Date of Disbursement
	Mailing Address 4099 SE International Way Suite 203	<input type="text" value="03"/> <input type="text" value="31"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Milwaukie State OR Zip Code 97222	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Processing Fees Candidate Name	<input type="text" value="88.61"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	001 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1773.01"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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 12 / 23

<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

A.	Full Name (Last, First, Middle Initial) ADP 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) ▼	Transaction ID: SB21B.6520 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 1 1 Amount of Each Disbursement this Period 14.53
B.	Full Name (Last, First, Middle Initial) ADP 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) ▼	Transaction ID: SB21B.6531 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 1 1 Amount of Each Disbursement this Period 1595.79
C.	Full Name (Last, First, Middle Initial) ADP Mailing Address 4099 SE International Way Suite 203 City Milwaukie State OR Zip Code 97222 Purpose of Disbursement Payroll Processing 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) ▼	Transaction ID: SB21B.6532 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 1 1 Amount of Each Disbursement this Period 88.61

SUBTOTAL of Disbursements This Page (optional)	1698.93
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)
Holding Onto Oregon's Priorities

A.	Full Name (Last, First, Middle Initial) ADP	Transaction ID: SB21B.6540 Date of Disbursement
	Mailing Address 4099 SE International Way Suite 203	<input type="text" value="05"/> <input type="text" value="31"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Milwaukie State OR Zip Code 97222	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Processing	<input type="text" value="88.61"/>
	Candidate Name	<input type="text" value="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.	Full Name (Last, First, Middle Initial) ADP	Transaction ID: SB21B.6541 Date of Disbursement
	Mailing Address 4099 SE International Way Suite 203	<input type="text" value="05"/> <input type="text" value="31"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Milwaukie State OR Zip Code 97222	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Taxes	<input type="text" value="1595.79"/>
	Candidate Name	<input type="text" value="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) ▼

C.	Full Name (Last, First, Middle Initial) AT&T Mobility	Transaction ID: SB21B.6488 Date of Disbursement
	Mailing Address PO Box 536216	<input type="text" value="03"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Atlanta State GA Zip Code 30353-6216	Amount of Each Disbursement this Period
	Purpose of Disbursement Telephone Service	<input type="text" value="489.66"/>
	Candidate Name	<input type="text" value="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)	<input type="text" value="2174.06"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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

A.	Full Name (Last, First, Middle Initial) AT&T Mobility	Transaction ID: SB21B.6519 Date of Disbursement
	Mailing Address PO Box 536216	<input type="text" value="05"/> <input type="text" value="04"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Atlanta State GA Zip Code 30353-6216	Amount of Each Disbursement this Period
	Purpose of Disbursement Telephone Service	<input type="text" value="134.02"/>
	Candidate Name	<input type="text" value="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.	Full Name (Last, First, Middle Initial) AT&T Mobility	Transaction ID: SB21B.6523 Date of Disbursement
	Mailing Address PO Box 536216	<input type="text" value="05"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Atlanta State GA Zip Code 30353-6216	Amount of Each Disbursement this Period
	Purpose of Disbursement Telephone Service	<input type="text" value="136.95"/>
	Candidate Name	<input type="text" value="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) ▼

C.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: SB21B.6497 Date of Disbursement
	Mailing Address PO Box 53132	<input type="text" value="03"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Phoenix State AZ Zip Code 85072	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Payment	<input type="text" value="168.95"/>
	Candidate Name	<input type="text" value="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)	<input type="text" value="439.92"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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

A.	Full Name (Last, First, Middle Initial) Bank of America Mailing Address PO Box 53132 City Phoenix State AZ Zip Code 85072 Purpose of Disbursement Credit Card Payment 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) ▼	Transaction ID: SB21B.6516 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 1 1	Amount of Each Disbursement this Period 59.13
B.	Full Name (Last, First, Middle Initial) Bank of America Mailing Address PO Box 53132 City Phoenix State AZ Zip Code 85072 Purpose of Disbursement Credit Card 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) ▼	Transaction ID: SB21B.6516.1 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 1 1	Amount of Each Disbursement this Period 4.14 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Bank of America Mailing Address PO Box 53132 City Phoenix State AZ Zip Code 85072 Purpose of Disbursement Credit Card Payment 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) ▼	Transaction ID: SB21B.6526 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 1 1	Amount of Each Disbursement this Period 54.99

SUBTOTAL of Disbursements This Page (optional) ▶	114.12
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)

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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

A.	Full Name (Last, First, Middle Initial) Qwest Communications	Transaction ID: SB21B.6526.0 Date of Disbursement																			
	Mailing Address 310 SW Park Avenue	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>5</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	4		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	4		2	0	1	1												
	City Portland State OR Zip Code 97205	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Internet Service	<table border="1"><tr><td>54.99</td></tr></table>	54.99																		
54.99																					
	Candidate Name	<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
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) ▼																			

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: SB21B.6543 Date of Disbursement																			
	Mailing Address PO Box 53132	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	2		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	2		2	0	1	1												
	City Phoenix State AZ Zip Code 85072	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Credit Card	<table border="1"><tr><td>54.99</td></tr></table>	54.99																		
54.99																					
	Candidate Name	<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
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) ▼																			

C.	Full Name (Last, First, Middle Initial) Qwest Communications	Transaction ID: SB21B.6543.0 Date of Disbursement																			
	Mailing Address 310 SW Park Avenue	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	2		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	2		2	0	1	1												
	City Portland State OR Zip Code 97205	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Telephone	<table border="1"><tr><td>54.99</td></tr></table>	54.99																		
54.99																					
	Candidate Name	<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
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) ▼																			

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>54.99</td></tr></table>	54.99
54.99		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

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)
Holding Onto Oregon's Priorities

A. Full Name (Last, First, Middle Initial) Emerge Oregon <hr/> Mailing Address P.O. Box 40132 <hr/> City Portland State OR Zip Code 97240 <hr/> Purpose of Disbursement Event Tickets Candidate Name <hr/> 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) ▼	Transaction ID: SB21B.6489 Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2011
	Amount of Each Disbursement this Period 2500.00 Category/Type: 001
B. Full Name (Last, First, Middle Initial) Ms. Melissa Kardon <hr/> Mailing Address 2911 NE Hancock <hr/> City Portland State OR Zip Code 97212 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> 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) ▼	Transaction ID: SB21B.6494 Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2011
	Amount of Each Disbursement this Period 2587.17 Category/Type: 001
C. Full Name (Last, First, Middle Initial) Ms. Melissa Kardon <hr/> Mailing Address 2911 NE Hancock <hr/> City Portland State OR Zip Code 97212 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> 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) ▼	Transaction ID: SB21B.6490 Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2011
	Amount of Each Disbursement this Period 2587.17 Category/Type: 001

SUBTOTAL of Disbursements This Page (optional) ▶

7674.34

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

A.	Full Name (Last, First, Middle Initial) Ms. Melissa Kardon Mailing Address 2911 NE Hancock City Portland State OR Zip Code 97212 Purpose of Disbursement Salary 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) ▼	Transaction ID: SB21B.6485 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 1 1	Amount of Each Disbursement this Period 2587.17
B.	Full Name (Last, First, Middle Initial) Ms. Melissa Kardon Mailing Address 2911 NE Hancock City Portland State OR Zip Code 97212 Purpose of Disbursement Salary 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) ▼	Transaction ID: SB21B.6530 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 1 1	Amount of Each Disbursement this Period 2587.17
C.	Full Name (Last, First, Middle Initial) Ms. Melissa Kardon Mailing Address 2911 NE Hancock City Portland State OR Zip Code 97212 Purpose of Disbursement Salary 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) ▼	Transaction ID: SB21B.6539 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 1 1	Amount of Each Disbursement this Period 2587.17

SUBTOTAL of Disbursements This Page (optional)	7761.51
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

A.	Full Name (Last, First, Middle Initial) Multnomah County Democrats	Transaction ID: SB21B.6510 Date of Disbursement
	Mailing Address PO Box 6596	<input type="text" value="02"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Portland State OR Zip Code 97228	Amount of Each Disbursement this Period
	Purpose of Disbursement Event Tickets	<input type="text" value="375.00"/>
	Candidate Name	<input type="text" value="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.	Full Name (Last, First, Middle Initial) NARAL Prochoice Oregon	Transaction ID: SB21B.6528 Date of Disbursement
	Mailing Address 310 Southwest 4th Ave	<input type="text" value="04"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Portland State OR Zip Code 97204-2345	Amount of Each Disbursement this Period
	Purpose of Disbursement Event Tickets	<input type="text" value="375.00"/>
	Candidate Name	<input type="text" value="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) ▼

C.	Full Name (Last, First, Middle Initial) NGP Software, Inc.	Transaction ID: SB21B.6493 Date of Disbursement
	Mailing Address 1101 Vermont Avenue, NW Suite 710	<input type="text" value="03"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement Database Maintenance	<input type="text" value="600.00"/>
	Candidate Name	<input type="text" value="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)	<input type="text" value="1350.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

A. Full Name (Last, First, Middle Initial)
Oregon League of Conservation Voters

Mailing Address 320 SW Stark
Suite 415

City Portland State OR Zip Code 97204

Purpose of Disbursement

Event Tickets

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.6509

Date of Disbursement

02 / 12 / 2011

Amount of Each Disbursement this Period

1250.00

B. Full Name (Last, First, Middle Initial)
Verizon

Mailing Address P.O. Box 19707

City Irvine State CA Zip Code 92623-9707

Purpose of Disbursement

Telephone Service

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.6524

Date of Disbursement

05 / 19 / 2011

Amount of Each Disbursement this Period

50.05

C. Full Name (Last, First, Middle Initial)
Verizon

Mailing Address P.O. Box 19707

City Irvine State CA Zip Code 92623-9707

Purpose of Disbursement

Telephone Service

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.6542

Date of Disbursement

06 / 22 / 2011

Amount of Each Disbursement this Period

45.05

SUBTOTAL of Disbursements This Page (optional) ▶

1345.10

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

27722.17

**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

A. Full Name (Last, First, Middle Initial) BILL NELSON FOR U S SENATE Mailing Address 972 W WHITMIRE DRIVE City MELBOURNE State FL Zip Code 32935 Purpose of Disbursement Candidate Name BILL NELSON FOR U S SENATE Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.6548 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 1 1
	Amount of Each Disbursement this Period 5000.00
	011 Category/ Type

B. Full Name (Last, First, Middle Initial) FRIENDS OF SHERROD BROWN Mailing Address 2280 KRESGE DRIVE Suite 800 City AMHERST State OH Zip Code 44001 Purpose of Disbursement Candidate Name SHERROD BROWN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 13	Transaction ID: SB23.6550 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 1 1
	Amount of Each Disbursement this Period 5000.00
	011 Category/ Type

C. Full Name (Last, First, Middle Initial) MCCASKILL FOR MISSOURI 2012 Mailing Address 700 13TH STREET NW SUITE 600 City WASHINGTON State DC Zip Code 20005 Purpose of Disbursement Candidate Name MCCASKILL FOR MISSOURI 2012 Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.6546 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 1 1
	Amount of Each Disbursement this Period 5000.00
	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	15000.00
TOTAL 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)

PAGE 22 / 23

<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

A.

Full Name (Last, First, Middle Initial)
MONTANANS FOR TESTER

Mailing Address PO BOX 1248

City State Zip Code
BIG SANDY MT 59520

Purpose of Disbursement

011
Category/
Type

Candidate Name
JON TESTER

Office Sought: House Senate President
State: MT District: 00
Disbursement For: 2012
 Primary General
 Other (specify) ▼

Transaction ID: SB23.6551

Date of Disbursement

06 / 29 / 2011

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)
WHITEHOUSE FOR SENATE

Mailing Address P.O. BOX 40280

City State Zip Code
PROVIDENCE RI 02940

Purpose of Disbursement

011
Category/
Type

Candidate Name
SHELDON II WHITEHOUSE

Office Sought: House Senate President
State: RI District: 00
Disbursement For: 2012
 Primary General
 Other (specify) ▼

Transaction ID: SB23.6552

Date of Disbursement

06 / 29 / 2011

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL 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)

<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

<p>A. Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Committee</p> <p>Mailing Address P.O. Box 96047</p> <p>City Washington State DC Zip Code 20077-7245</p> <p>Purpose of Disbursement Transfer</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.6508</p> <p>Date of Disbursement</p> <p><input type="text" value="02"/> <input type="text" value="23"/> / <input type="text" value="20"/> <input type="text" value="11"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="15000.00"/></p> <p>Category/Type: <input type="text" value="008"/></p>
<p>B. Full Name (Last, First, Middle Initial) Friends of Val Hoyle</p> <p>Mailing Address 3110 West 14th Ave</p> <p>City Eugene State OR Zip Code 97402</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.6506</p> <p>Date of Disbursement</p> <p><input type="text" value="01"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="11"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Category/Type: <input type="text" value="011"/></p>
<p>C. Full Name (Last, First, Middle Initial) Future PAC</p> <p>Mailing Address c/o 921 SW Washington Street Suite 810</p> <p>City Portland State OR Zip Code 97205</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.6507</p> <p>Date of Disbursement</p> <p><input type="text" value="01"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="11"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2500.00"/></p> <p>Category/Type: <input type="text" value="011"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="18500.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="18500.00"/>