

**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

Right to Life/Oregon PAC

ADDRESS (number and street)

4335 River Road N

☐Check if different
than previously
reported. (ACC)

Salem

OR

97303

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00141572

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

07

01

2006

through

09

30

2006

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

Type or Print Name of Treasurer

Mrs. Gayle Atteberry

Signature of Treasurer

Electronically Filed by Mrs. Gayle Atteberry

Date

10

12

2006

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. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Right to Life/Oregon PAC

Report Covering the Period:

From:

M	M		D	D		Y	Y	Y	Y
0	7		0	1		2	0	0	6

To:

M	M		D	D		Y	Y	Y	Y
0	9		3	0		2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		146938.24
(b) Cash on Hand at Beginning of Reporting Period	156409.36	
(c) Total Receipts (from Line 19)	410.00	43605.85
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	156819.36	190544.09
7. Total Disbursements (from Line 31)	106958.41	140683.14
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	49860.95	49860.95
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)	207.11	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name
Right to Life/Oregon PAC

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	0.00	0.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	410.00	43605.85
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	410.00	43605.85
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡	410.00	43605.85
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total 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))	410.00	43605.85
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	410.00	43605.85

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	41940.45	41940.45
(i) Federal Share.....		
(ii) Non-Federal Share.....	41940.47	41940.47
(b) Other Federal Operating Expenditures.....	23077.49	56685.53
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	106958.41	140566.45
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	116.69
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.....	0.00	0.00
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))..	106958.41	140683.14
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	65017.94	98742.67

DETAILED SUMMARY PAGE

of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	410.00	43605.85
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	410.00	43605.85
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	65017.94	98625.98
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	65017.94	98625.98

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)
Right to Life/Oregon PAC

A. Full Name (Last, First, Middle Initial) Ms Lois Anderson		Transaction ID: SB21B.6997 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 9 / 2 0 0 6</div> </div>
Mailing Address 1220 Jays Dr N		Amount of Each Disbursement this Period <div>53.60</div>
City Keizer State OR Zip Code 97303		
Purpose of Disbursement Telephone	<div>001</div> Category/Type	
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. Full Name (Last, First, Middle Initial) Ms Lois Anderson		Transaction ID: SB21B.7005 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 1 / 2 0 0 6</div> </div>
Mailing Address 1220 Jays Dr N		Amount of Each Disbursement this Period <div>1950.00</div>
City Keizer State OR Zip Code 97303		
Purpose of Disbursement Wages	<div>001</div> Category/Type	
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) ▼	
C. Full Name (Last, First, Middle Initial) Ms Lois Anderson		Transaction ID: SB21B.7032 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 3 1 / 2 0 0 6</div> </div>
Mailing Address 1220 Jays Dr N		Amount of Each Disbursement this Period <div>1950.00</div>
City Keizer State OR Zip Code 97303		
Purpose of Disbursement Wages	<div>001</div> Category/Type	
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) ▼	
SUBTOTAL of Disbursements This Page (optional)		<div>53.60</div>
TOTAL This Period (last page this line number only)		<div></div>

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)
Right to Life/Oregon PAC

A. Full Name (Last, First, Middle Initial) Mrs. Gayle Atteberry		Transaction ID: SB21B.7007 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 1 / 2 0 0 6</div> </div>
Mailing Address 87366 Dukhobar Rd		Amount of Each Disbursement this Period <div>837.50</div> [MEMO ITEM]
City Eugene State OR Zip Code 97402		
Purpose of Disbursement Wages		
Candidate Name		
<div> <div>Office Sought:</div> <div> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </div> <div> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </div> </div>		
State: District:		
B. Full Name (Last, First, Middle Initial) Mrs. Gayle Atteberry		Transaction ID: SB21B.7034 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 3 1 / 2 0 0 6</div> </div>
Mailing Address 87366 Dukhobar Rd		Amount of Each Disbursement this Period <div>837.50</div> [MEMO ITEM]
City Eugene State OR Zip Code 97402		
Purpose of Disbursement Wages		
Candidate Name		
<div> <div>Office Sought:</div> <div> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </div> <div> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </div> </div>		
State: District:		
C. Full Name (Last, First, Middle Initial) Comcast		Transaction ID: SB21B.7056 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 5 / 2 0 0 6</div> </div>
Mailing Address 9605 SW Nimbus Ave		Amount of Each Disbursement this Period <div>95.00</div>
City Beaverton State OR Zip Code 97008-7198		
Purpose of Disbursement Internet		
Candidate Name		
<div> <div>Office Sought:</div> <div> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </div> <div> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </div> </div>		
State: District:		

SUBTOTAL of Disbursements This Page (optional) ►

95.00

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

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

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

FOR LINE NUMBER:
(check only one)

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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)
Right to Life/Oregon PAC

Full Name (Last, First, Middle Initial)

A. Gateway Communications

Mailing Address 14107 NE Airport Way

City Portland State OR Zip Code 97230

Purpose of Disbursement
Budgetary & financial services

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.7043

Date of Disbursement

09 / 01 / 2006

Amount of Each Disbursement this Period

1100.00

Full Name (Last, First, Middle Initial)

B. Ms Jane Groff

Mailing Address 4576 Janice Ave NE

City Salem State OR Zip Code 97305

Purpose of Disbursement
E-mail matching

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.6998

Date of Disbursement

07 / 21 / 2006

Amount of Each Disbursement this Period

551.18

Full Name (Last, First, Middle Initial)

C. Ms Jane Groff

Mailing Address 4576 Janice Ave NE

City Salem State OR Zip Code 97305

Purpose of Disbursement
Wages

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.7009

Date of Disbursement

07 / 31 / 2006

Amount of Each Disbursement this Period

1126.25

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

1651.18

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)

Right to Life/Oregon PAC

Full Name (Last, First, Middle Initial)

A. Ms Jane Groff

Mailing Address 4576 Janice Ave NE

City Salem State OR Zip Code 97305

Purpose of Disbursement
Computer

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.7021

Date of Disbursement

08 / 23 / 2006

Amount of Each Disbursement this Period

834.98

Full Name (Last, First, Middle Initial)

B. Ms Jane Groff

Mailing Address 4576 Janice Ave NE

City Salem State OR Zip Code 97305

Purpose of Disbursement
Wages

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.7036

Date of Disbursement

08 / 31 / 2006

Amount of Each Disbursement this Period

1126.25

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Michelle Knopp

Mailing Address 8310 E Burnside

City Portland State OR Zip Code 97216

Purpose of Disbursement
Mileage

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.7002

Date of Disbursement

07 / 31 / 2006

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional)

1084.98

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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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)
Right to Life/Oregon PAC

A. Full Name (Last, First, Middle Initial) Michelle Knopp		Transaction ID: SB21B.7006 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 1 / 2 0 0 6</div> </div>	
Mailing Address 8310 E Burnside		Amount of Each Disbursement this Period <div>1950.00</div>	
City Portland State OR Zip Code 97216	Purpose of Disbursement Wages Candidate Name	<div>001</div> Category/ Type	[MEMO ITEM]
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. Michelle Knopp		Transaction ID: SB21B.7033 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 3 1 / 2 0 0 6</div> </div>	
Mailing Address 8310 E Burnside		Amount of Each Disbursement this Period <div>1950.00</div>	
City Portland State OR Zip Code 97216	Purpose of Disbursement Wages Candidate Name	<div>001</div> Category/ Type	[MEMO ITEM]
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) C. Mrs. Chantelle Nelson		Transaction ID: SB21B.7010 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 1 / 2 0 0 6</div> </div>	
Mailing Address 4138 Sunnyview Rd NE Apt 96		Amount of Each Disbursement this Period <div>1320.50</div>	
City Salem State OR Zip Code 97305	Purpose of Disbursement Wages Candidate Name	<div>001</div> Category/ Type	[MEMO ITEM]
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) ►

0.00

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

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

Use separate schedule(s)
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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)
Right to Life/Oregon PAC

A. Full Name (Last, First, Middle Initial) Mrs. Chantelle Nelson		Transaction ID: SB21B.7037 Date of Disbursement <div> <div>08</div> <div>31</div> <div>2006</div> </div>	
Mailing Address 4138 Sunnyview Rd NE Apt 96		Amount of Each Disbursement this Period <div>47.50</div>	
City Salem State OR Zip Code 97305	[MEMO ITEM]		
Purpose of Disbursement Wages 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. Full Name (Last, First, Middle Initial) Oregon Department of Revenue		Transaction ID: SB21B.7018 Date of Disbursement <div> <div>07</div> <div>31</div> <div>2006</div> </div>	
Mailing Address PO Box 14800		Amount of Each Disbursement this Period <div>125.30</div>	
City Salem State OR Zip Code 97309	[MEMO ITEM]		
Purpose of Disbursement State payroll taxes 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) ▼
C. Full Name (Last, First, Middle Initial) Oregon Department of Revenue		Transaction ID: SB21B.7042 Date of Disbursement <div> <div>08</div> <div>31</div> <div>2006</div> </div>	
Mailing Address PO Box 14800		Amount of Each Disbursement this Period <div>109.43</div>	
City Salem State OR Zip Code 97309	[MEMO ITEM]		
Purpose of Disbursement State payroll taxes 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)		<div>0.00</div>	
TOTAL This Period (last page this line number only)		<div></div>	

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)
Right to Life/Oregon PAC

Full Name (Last, First, Middle Initial)

A. Oregon Right to Life

Mailing Address 4335 River Road N

City Salem State OR Zip Code 97303

Purpose of Disbursement
Wages, payroll taxes, health benefits

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.7004

Date of Disbursement

07 / 31 / 2006

Amount of Each Disbursement this Period

10479.38

Full Name (Last, First, Middle Initial)

B. Oregon Right to Life

Mailing Address 4335 River Road N

City Salem State OR Zip Code 97303

Purpose of Disbursement
Wages, payroll taxes, employee benefits

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.7031

Date of Disbursement

08 / 31 / 2006

Amount of Each Disbursement this Period

9248.81

Full Name (Last, First, Middle Initial)

C. Oregon Right to Life Ed. Foundation

Mailing Address 4335 River Road N

City Salem State OR Zip Code 97303

Purpose of Disbursement
Rent

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.7020

Date of Disbursement

08 / 01 / 2006

Amount of Each Disbursement this Period

366.67

SUBTOTAL of Disbursements This Page (optional)

20094.86

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)

PAGE 13 / 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)
Right to Life/Oregon PAC

A. Full Name (Last, First, Middle Initial) Pacificare		Transaction ID: SB21B.7016 Date of Disbursement <div> <div>07</div> <div>31</div> <div>2006</div> </div>	
Mailing Address PO Box 3007			
City Hillsboro	State OR	Zip Code 97123	
Purpose of Disbursement Employee health benefits		<div>001</div> Category/ Type	
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) ▼		
		[MEMO ITEM]	
B. Full Name (Last, First, Middle Initial) Pacificare		Transaction ID: SB21B.7040 Date of Disbursement <div> <div>08</div> <div>31</div> <div>2006</div> </div>	
Mailing Address PO Box 3007			
City Hillsboro	State OR	Zip Code 97123	
Purpose of Disbursement Employee benefits--health insurance		<div>001</div> Category/ Type	
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) ▼		
		[MEMO ITEM]	
C. Full Name (Last, First, Middle Initial) Mrs. Mary C. Parsons		Transaction ID: SB21B.7014 Date of Disbursement <div> <div>07</div> <div>31</div> <div>2006</div> </div>	
Mailing Address 1675 Ewald Ave SE			
City Salem	State OR	Zip Code 97302	
Purpose of Disbursement Wages		<div>001</div> Category/ Type	
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) ▼		
		[MEMO ITEM]	

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 14 / 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)
Right to Life/Oregon PAC

Full Name (Last, First, Middle Initial)

A. Mrs. Mary C. Parsons

Mailing Address 1675 Ewald Ave SE

City Salem State OR Zip Code 97302

Purpose of Disbursement
Wages

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.7039

Date of Disbursement

08 / 31 / 2006

Amount of Each Disbursement this Period

458.22

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Ms Bernetta Simpson

Mailing Address 190 37th Ave SE

City Salem State OR Zip Code 97301

Purpose of Disbursement
Wages

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.7013

Date of Disbursement

07 / 31 / 2006

Amount of Each Disbursement this Period

760.82

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Ms Bernetta Simpson

Mailing Address 190 37th Ave SE

City Salem State OR Zip Code 97301

Purpose of Disbursement
Wages

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.7038

Date of Disbursement

08 / 31 / 2006

Amount of Each Disbursement this Period

913.41

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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)
Right to Life/Oregon PAC

A. US Bank Full Name (Last, First, Middle Initial) Mailing Address Center & Lancaster City Salem State OR Zip Code 97301 Purpose of Disbursement Federal 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.7017 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 6 Amount of Each Disbursement this Period 675.02 [MEMO ITEM]
B. US Bank Full Name (Last, First, Middle Initial) Mailing Address Center & Lancaster City Salem State OR Zip Code 97301 Purpose of Disbursement Federal 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.7041 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 582.59 [MEMO ITEM]
C. US Post Office Full Name (Last, First, Middle Initial) Mailing Address 1050 25th St SE City Salem State OR Zip Code 97301 Purpose of Disbursement Postage 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.7001 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 7 / 2 0 0 6 Amount of Each Disbursement this Period 22.87

SUBTOTAL of Disbursements This Page (optional)

22.87

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)

PAGE 16 / 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)

Right to Life/Oregon PAC

Full Name (Last, First, Middle Initial)

A. Ms Theresa Vandecoevering

Mailing Address 2160 Trade St SE

City
Salem

State
OR

Zip Code
97301

Purpose of Disbursement
Wages

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.7008

Date of Disbursement

07 / 31 / 2006

Amount of Each Disbursement this Period

758.85

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Ms Theresa Vandecoevering

Mailing Address 2160 Trade St SE

City
Salem

State
OR

Zip Code
97301

Purpose of Disbursement
Wages

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.7035

Date of Disbursement

08 / 31 / 2006

Amount of Each Disbursement this Period

721.44

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

23002.49

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 17 / 28

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Design Point

Nature of Debt (Purpose):
Design Voter Guide

Mailing Address 1462 Commercial NE

City State ZIP Code
Salem OR 97303

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.7076

Amount Incurred This Period

45.81

Payment This Period

0.00

Outstanding Balance at Close of This Period

45.81

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Western Oregon Web Press

Nature of Debt (Purpose):
Print Voter Guide

Mailing Address 439 SW Second Street

City State ZIP Code
Corvallis OR 97333-4445

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.7075

Amount Incurred This Period

161.30

Payment This Period

0.00

Outstanding Balance at Close of This Period

161.30

1) **SUBTOTALS** This Period This Page (optional).....

207.11

2) **TOTALS** This Period (last page this line number only).....

207.11

3) **TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

METHOD OF ALLOCATION FOR:

- **SHARED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **SHARED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES** (State, District and Local Party Committees Only)
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE)**(Seperate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

Right to Life/Oregon PAC

USE ONLY ONE SECTION, A or B**A. State and Local Party Committees****Fixed Percentage (select one)**

- _____ Presidential-Only Election Year (28% Federal)
- _____ Presidential and Senate Election Year (36% Federal)
- _____ Senate-Only Election Year (21% Federal)
- _____ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees**Flat Minimum Federal Percentage**If the committee will allocate using the flat minimum percentage of 50% federal funds, check ☒**or**

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %Nonfederal..... %

This ratio applies to (check all that apply):

 Administrative ☒ Generic Voter Drive ☒ Public Communications Referencing Party Only ☐

SCHEDULE H4 (FEC Form 3X) **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 19 / 28

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Right to Life/Oregon PAC

A. Full Name (Last, First, Middle Initial)
 Gateway Communications

Mailing Address

14107 NE Airport Way

City	State	Zip Code
Portland	OR	97230

005

Purpose of Disbursement:
 Voter Identification

Category/
Type

Activity or Event Identifier:
 Voter Drive()

Type of Allocated Activity:

☐ Administrative ☐ Fundraising ☐ Exempt

☒ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

25318.32

Date

M	M
0	9

 /

D	D
1	1

 /

Y	Y	Y	Y
2	0	0	6

Transaction ID: H4.7049

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

12659.16

12659.16

25318.32

B. Full Name (Last, First, Middle Initial)
 Oregon Right to Life

Mailing Address

4335 River Road N

City	State	Zip Code
Salem	OR	97303

001

Purpose of Disbursement:
 Postage, printing, equipment, supplies

Category/
Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt

☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

766.00

Date

M	M
0	7

 /

D	D
3	1

 /

Y	Y	Y	Y
2	0	0	6

Transaction ID: H4.7024

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

383.00

383.00

766.00

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

Mailing Address

9605 SW Nimbus Ave

City	State	Zip Code
Beaverton	OR	97008-7198

001

Purpose of Disbursement:
 Internet

Category/
Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt

☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

861.00

Date

M	M
0	8

 /

D	D
2	9

 /

Y	Y	Y	Y
2	0	0	6

Transaction ID: H4.7025

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

47.50

47.50

95.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

13089.66

13089.66

26179.32

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 20 / 28

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Right to Life/Oregon PAC

A. Full Name (Last, First, Middle Initial)
Oregon Telecom

Mailing Address
PO Box 4333

City State Zip Code
Salem OR 97302

001

Purpose of Disbursement:
Telephone
Category/
Type
Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

966.75

Date

M	M
0	8

 /

D	D
2	9

 /

Y	Y	Y	Y
2	0	0	6

Transaction ID: H4.7026

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

52.88

52.87

105.75

B. Full Name (Last, First, Middle Initial)
Oregon Right to Life

Mailing Address
4335 River Road N

City State Zip Code
Salem OR 97303

001

Purpose of Disbursement:
Postage, printing, equipment, supplies
Category/
Type
Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1732.75

Date

M	M
0	8

 /

D	D
3	1

 /

Y	Y	Y	Y
2	0	0	6

Transaction ID: H4.7027

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

383.00

383.00

766.00

C. Full Name (Last, First, Middle Initial)
Michelle Knopp

Mailing Address
8310 E Burnside

City State Zip Code
Portland OR 97216

002

Purpose of Disbursement:
Mileage reimbursement
Category/
Type
Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1982.75

Date

M	M
0	8

 /

D	D
3	1

 /

Y	Y	Y	Y
2	0	0	6

Transaction ID: H4.7028

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

125.00

125.00

250.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

560.88

560.87

1121.75

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X) **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 21 / 28

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Right to Life/Oregon PAC

A. Full Name (Last, First, Middle Initial)
 Oregon Right to Life Ed. Foundation

Mailing Address

4335 River Road N

City	State	Zip Code
Salem	OR	97303

001

Purpose of Disbursement:
 Rent

Category/
Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

2349.42

Date

M	M
0	9

 /

D	D
0	1

 /

Y	Y	Y	Y
2	0	0	6

Transaction ID: H4.7029

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

183.33

183.34

366.67

B. Full Name (Last, First, Middle Initial)
 Gateway Communications

Mailing Address

14107 NE Airport Way

City	State	Zip Code
Portland	OR	97230

005

Purpose of Disbursement:
 Voter Identification

Category/
Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

46925.42

Date

M	M
0	9

 /

D	D
1	4

 /

Y	Y	Y	Y
2	0	0	6

Transaction ID: H4.7051

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

22288.00

22288.00

44576.00

C. Full Name (Last, First, Middle Initial)
 Ms Lois Anderson

Mailing Address

1220 Jays Dr N

City	State	Zip Code
Keizer	OR	97303

001

Purpose of Disbursement:
 Telephone

Category/
Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

46974.39

Date

M	M
0	9

 /

D	D
2	0

 /

Y	Y	Y	Y
2	0	0	6

Transaction ID: H4.7052

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

24.48

24.49

48.97

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

22495.81

22495.83

44991.64

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X) **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 22 / 28

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Right to Life/Oregon PAC

A. Full Name (Last, First, Middle Initial)

Ms Jane Groff

Mailing Address

4576 Janice Ave NE

City State Zip Code

Salem OR 97305

001

Purpose of Disbursement:

Computer

Category/
Type

Activity or Event Identifier:

Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

48134.39

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	2	/	2	0	0	6

Transaction ID: H4.7053

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

580.00

580.00

1160.00

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

Ms Lois Anderson

Mailing Address

1220 Jays Dr N

City State Zip Code

Keizer OR 97303

002

Purpose of Disbursement:

Fuel for meetings

Category/
Type

Activity or Event Identifier:

Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

48185.55

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	5	/	2	0	0	6

Transaction ID: H4.7054

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

25.58

25.58

51.16

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

Ms Jane Groff

Mailing Address

4576 Janice Ave NE

City State Zip Code

Salem OR 97305

001

Purpose of Disbursement:

Wages

Category/
Type

Activity or Event Identifier:

Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	7	/	2	0	0	6

Transaction ID: H4.7063

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

563.13

563.12

1126.25

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

605.58

605.58

1211.16

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X) **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Right to Life/Oregon PAC

A. Full Name (Last, First, Middle Initial)
 Gateway Communications

Mailing Address

14107 NE Airport Way

City	State	Zip Code
Portland	OR	97230

001

Purpose of Disbursement:
 Telephone updates

Category/
Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

50445.87

Date

M	M
0	9

 /

D	D
2	8

 /

Y	Y	Y	Y
2	0	0	6

Transaction ID: H4.7057

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

1130.16

1130.16

2260.32

B. Full Name (Last, First, Middle Initial)
 Oregon Right to Life

Mailing Address

4335 River Road N

City	State	Zip Code
Salem	OR	97303

001

Purpose of Disbursement:
 Wages, payroll taxes, employee benefits

Category/
Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

58562.60

Date

M	M
0	9

 /

D	D
2	9

 /

Y	Y	Y	Y
2	0	0	6

Transaction ID: H4.7058

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

4058.36

4058.37

8116.73

C. Full Name (Last, First, Middle Initial)
 Ms Lois Anderson

Mailing Address

1220 Jays Dr N

City	State	Zip Code
Keizer	OR	97303

001

Purpose of Disbursement:
 Wages

Category/
Type

Activity or Event Identifier:
 Administrative

[MEMO ITEM]

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date

M	M
0	9

 /

D	D
2	9

 /

Y	Y	Y	Y
2	0	0	6

Transaction ID: H4.7059

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

975.00

0.00

975.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

5188.52

5188.53

10377.05

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 24 / 28

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Right to Life/Oregon PAC

A. Full Name (Last, First, Middle Initial)
Michelle Knopp

Mailing Address
8310 E Burnside

City State Zip Code
Portland OR 97216

001

Purpose of Disbursement:
Wages

Category/
Type

Activity or Event Identifier:
Administrative

[MEMO ITEM]

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 09 / 29 / 2006

Transaction ID: H4.7060

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

975.00

975.00

1950.00

B. Full Name (Last, First, Middle Initial)
Mrs. Gayle Atteberry

Mailing Address
87366 Dukhobar Rd

City State Zip Code
Eugene OR 97402

001

Purpose of Disbursement:
Wages

Category/
Type

Activity or Event Identifier:
Administrative

[MEMO ITEM]

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 09 / 29 / 2006

Transaction ID: H4.7061

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

418.75

418.75

837.50

C. Full Name (Last, First, Middle Initial)
Mrs. Chantelle Nelson

Mailing Address
4138 Sunnyview Rd NE Apt 96

City State Zip Code
Salem OR 97305

001

Purpose of Disbursement:
Wages

Category/
Type

Activity or Event Identifier:
Administrative

[MEMO ITEM]

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date 09 / 29 / 2006

Transaction ID: H4.7064

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

16.82

16.81

33.63

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

0.00

0.00

0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X) **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 25 / 28

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Right to Life/Oregon PAC

A. Full Name (Last, First, Middle Initial)

Mrs. Mary C. Parsons

Mailing Address

1675 Ewald Ave SE

City	State	Zip Code
Salem	OR	97302

001

Purpose of Disbursement:
WagesCategory/
TypeActivity or Event Identifier:
Administrative**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date

M	M
0	9

 /

D	D
2	9

 /

Y	Y	Y	Y
2	0	0	6

Transaction ID: H4.7065

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

190.20

190.21

380.41

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

PacifiCare

Mailing Address

PO Box 3007

City	State	Zip Code
Hillsboro	OR	97123

001

Purpose of Disbursement:
Employee benefitsCategory/
TypeActivity or Event Identifier:
Administrative**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date

M	M
0	9

 /

D	D
2	9

 /

Y	Y	Y	Y
2	0	0	6

Transaction ID: H4.7066

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

276.23

276.24

552.47

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

US Bank

Mailing Address

Center & Lancaster

City	State	Zip Code
Salem	OR	97301

001

Purpose of Disbursement:
Payroll taxesCategory/
TypeActivity or Event Identifier:
Administrative**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date

M	M
0	9

 /

D	D
2	9

 /

Y	Y	Y	Y
2	0	0	6

Transaction ID: H4.7067

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

257.22

257.23

514.45

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

0.00

0.00

0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X) **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 26 / 28

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Right to Life/Oregon PAC

A. Full Name (Last, First, Middle Initial)
 Oregon Department of Revenue

Mailing Address

PO Box 14800

City	State	Zip Code
Salem	OR	97309

001

Purpose of Disbursement:
 Payroll taxes

Category/
Type

Activity or Event Identifier:
 Administrative

[MEMO ITEM]

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date

M	M
0	9

 /

D	D
2	9

 /

Y	Y	Y	Y
2	0	0	6

Transaction ID: H4.7068

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

42.29

52.28

94.57

B. Full Name (Last, First, Middle Initial)
 Ms Theresa Vandecoeveing

Mailing Address

2160 Trade St SE

City	State	Zip Code
Salem	OR	97301

001

Purpose of Disbursement:
 Wages

Category/
Type

Activity or Event Identifier:
 Administrative

[MEMO ITEM]

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date

M	M
0	9

 /

D	D
2	9

 /

Y	Y	Y	Y
2	0	0	6

Transaction ID: H4.7072

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

338.73

338.72

677.45

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

0.00

0.00

0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

41940.45

41940.47

83880.92

Form/Schedule: **F3XN**

Transaction ID:

The State of Oregon allows a \$50 per individual tax credit per year for Political Action Committee donations. None of the donations which Right to Life/Oregon PAC received in the October 15 Quarterly for 2006 were over \$200 per individual and none accumulated to over \$200 for the calendar year. Schedule B expenditures for 'postage, printing, supplies, equip' were not expenditures for public communications. All memo items for July 31, 2006 belong to check # 116 for \$10,479.38--check was written to Oregon Right to Life for wages, employee benefits & payroll taxes. All Schedule H4 items for 'postage, printing, equipment, supplies' were not expenditures for public communications. All memo items for August 31, 2006 belong to check # 124 to Oregon Right to Life for wages, employee benefits & payroll taxes. All memo items for September 29, 2006 belong to check # 167 for \$8116.73 to Oregon Right to Life for wages, employee benefits & payroll taxes.

Form/Schedule: **SD10**

Transaction ID: **SD10.7076**

This is an Independent expense for Derrick Kitts CD # 1 \$10.18; Bruce Broussard CD # 3 \$ 4.09; Mike Erickson CD #5 \$15.27; and Jim Feldkamp CD # 4 \$ 15.27.

Image# 26960453228

Form/Schedule: **SD10** This is an Independent Expense for four candidates: Derrick Kitts CD # 1 \$35.84; Bruce Broussard CD # 3 \$17.-
Transaction ID: **SD10.7075** 92; Mike Erickson CD # 5 \$53.77; and Jim Feldkamp CD # 5 \$53.77.
