05/20/2009 18:47

Image# 29992132220

## FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORIW 3X	For Othe	er Than An	Authorize	d Committe	ee		Office Use	Only	
NAME OF COMMITTEE (in full)		MAILING LAE OR PRINT		ample:If typing er the lines	, type	•			
Right to Life/Oregon PAC									
ADDRESS (number and street)	4335 R	iver Road N		_	1 1 1 1				
Check if different than previously reported. (ACC)	Salem					OR	973	303   _   _   _	
2. FEC IDENTIFICATION NUI	MBER 🖫	·	CITY 🛕		:	STATE	Z	IPCODE A	A.
C00141572			3. IS THIS REPORT		NEW N) <b>OR</b>	X	AMENDED (A)		
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  X April 15 Quarterly Report(0)  July 15 Quarterly Report(0)  October 15 Quarterly Report(0)  January 31 Quarterly Report(0)  July 31 Mid-Year Report(Non-elective Year Only) (MY)  Termination Report(TER)	(c) (22) (23) (E) (d)	12-Day PRE-Electic Report for the state of t	Election on	)	12C)	Gener	f (30R)	Jan Run n the State of	220 (M11) n-Election r Only) 220 (M12) n-Election r Only) 31 (YE) noff (12R)
5. Covering Period 0				through	03	3 1	2009		
I certify that I have examined this Type or Print Name of Treasurer		to the best of n Gayle Atteberry	ny knowledge	and belief it is	true, correct	and comple	te.		
Signature of Treasurer Electron  NOTE: Submission of false, error	onically Filed	-	yle Atteberry	uhiect the pers			5 19	200	
Office Use	oncous, or III		nation may st	abject tile pelst	on signing (III	i report to	1	FORM 3	

FE6AN026

## **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name Right to Life/Oregon PAC

FEC Form 3X (Rev. 02/2003)

F	Report Covering the Period: From:	01 2009	To: 0 3 3 1 2 0 0 9
	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 Ž009		58271.59
	(b) Cash on Hand at Begining of Reporting Period	58271.59	
	(c) Total Receipts (from Line 19)	46181.00	46181.00
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	104452.59	104452.59
7.	Total Disbursements (from Line 31)	35616.70	35616.70
8.	Cash on Hand at Close of		
	Reporting Period (subtract Line 7 from Line 6(d))	68835.89	68835.89
9.	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations owed 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

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name Right to Life/Oregon PAC

Report Covering the Period:

м м 0 1

From:

01

<sup>Y</sup> 2009

0 3

<sup>D</sup> 3 1

<sup>Y</sup> 2009

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:     (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	46181.00	46181.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	46181.00	46181.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	46181.00	46181.00
Transfers From Affiliated/Other     Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received     Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)  6. Refunds of Contributions Made	0.00	0.00
to Federal candidates and Other Political Committees	0.00	0.00
7. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
8. 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
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	46181.00	46181.00
Total Federal Receipts     (subtract Line 18(c) from Line 19)	46181.00	46181.00

### **DETAILED SUMMARY PAGE**

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures:  (a) Shared Federal/Non-Federal		
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share		
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	35566.70	35566.70
Expenditures(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii) and (b))	35566.70	35566.70
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to		
Federal Candidates/Committeesand Other Political Committees	0.00	0.00
Independent Expenditure (use Schedule E)	0.00	0.00
Coordinated Expenditures Made by Party	0.00	0.00
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other	0.00	0.00
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
Other Disbursements	50.00	50.00
Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
(i) I cacrai chare	2.22	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	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))		
Total Disbursements (add Lines 21(c), 22,	05040.70	05040.70
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	35616.70	35616.70
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	35616.70	35616.70

## **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Fotal Contributions (other than loans) from Line 11(d), page 3)	46181.00	46181.00
_	Fotal Contribution Refunds from Line 28(d))	0.00	0.00
	Net Contributions (other than loans) (subtract Line 34 from Line 33)	46181.00	46181.00
	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	35566.70	35566.70
	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
	Net Operating Expenditures (subtract Line 37 from Line 36)	35566.70	35566.70

FE6AN026

Form/Schedule: F3XA

Transaction ID:

The State of Oregon allows a \$50 per indiv tax credit per year for PAC donations. None of the donations which Right to Life/Oregon PAC received in the 2009 April quarterly report were over \$200 per indiv & none accumulated to over \$200 for the calendar year. Memo Mailnet Services on 01/05/09 belongs to check #406 to Jane Groff for updating database. Memo items on 3/4 belong to check # 425 to Oregon Right to Life for wages, payroll taxes and health benefits. The memo item to AT&T Mobility belongs to check # 428 to Lois Anderson.

C.

SCHEDULE B (FEC Form 3X)		OR LIN			R:			PA	AGE	7 / 2	)					
ITEMIZED DISBURSEMENTS		ategory of the Summary Page		Ì	_	Á	22 28a		23 28b		24 28c		25 29	20	6 0b	
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name														5		
NAME OF COMMITTEE (In Full) Right to Life/Oregon PAC																
Full Name (Last, First, Middle Initial) Adams & Company  Mailing Address PO Box 17727			Transaction ID: SB21B.800 Date of Disbursement  M M M D D D D Y Y Y O D D D D D D D D D D D D										001 0 0 0 9	) <sup>Y</sup>		
	State	Zip Code				Amount of Each Disbursement this Period										
Salem																
Purpose of Disbursement PAC organizational consultant Candidate Name	01 egory/							1/	50.00		_					
Office Sought: House Disburse Senate President State: District:	Office Sought:  Senate President  Disbursement For: Primary General Other (specify)															
Full Name (Last, First, Middle Initial) AllStar Tents and Party Rental  Mailing Address 2180 65th Ave SE						Date o		sburs				0 ŏ 9	) <sup>Y</sup>	_		
•	State OR	Zip Code 97317					Amou	nt o	f Each	ı D	isburse	emen	t this f	Period	_	
Purpose of Disbursement Rent tents and tables for rally	011	9/5//	001								63.75					
Candidate Name			Ca	ate	egory/ /pe											
Office Sought: House Disburse Senate President	ment For: Primary Other (spec	General														
State: District: Full Name (Last, First, Middle Initial)							Trono	o o ti	on ID	_	CD01	D 00	157		_	
Ms Lois Anderson							Date o		sburs	em				Υ		
Mailing Address 1220 Jays Dr N							0 3			) 4		2	0 0 5	)		
Keizer	State OR	Zip Code 97303					Amou	nt o	f Each	ı D	isburse	-			1	
Purpose of Disbursement Salary				0	01			-	-	-	-	20	00.00		ı	
Candidate Name			Ca	ate	egory/ vpe			۰.								
Office Sought: House Disburser Senate President	ment For: Primary Other (spec	General					[MEM	υI	i EM]	I						
State: District:		•														
SUBTOTAL of Disbursements This Page (optional)					. •							22	13.75			

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	E NUMBER: PAGE 8/20										
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b										
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name													
NAME OF COMMITTEE (In Full) Right to Life/Oregon PAC													
Full Name (Last, First, Middle Initial) AT&T Mobility  Mailing Address PO Box 30459			Transaction ID: SB21B.8067 Date of Disbursement  M M / D D D / Y Y Y O Y Y Y O O O O										
City Los Angeles		Amount of Each Disbursement this Period											
Purpose of Disbursement Telephone	001	71.95											
Candidate Name		Category/ Type	[MEMO ITEM]										
Office Sought: House Disburse Senate President State: District:	President Other (specify) ▼												
Full Name (Last, First, Middle Initial) Gateway Communications			Transaction ID: SB21B.8005 Date of Disbursement										
Mailing Address 14107 NE Airport Way			01 0 6 7 2 0 0 9										
•	State Zip Code OR 97230		Amount of Each Disbursement this Period										
Purpose of Disbursement Budgetary & financial services Candidate Name		001	1100.00										
	ment For:	Category/ Type											
Office Sought: House Disburse Senate President State: District:	Primary General Other (specify)												
Full Name (Last, First, Middle Initial) Gateway Communications			Transaction ID: SB21B.8026 Date of Disbursement										
Mailing Address 14107 NE Airport Way			01 07 7 2009										
City Portland	State Zip Code OR 97230		Amount of Each Disbursement this Period										
Purpose of Disbursement Fundraising costs	001	22072.75											
Candidate Name		Category/ Type											
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)												
State: District:													
SUBTOTAL of Disbursements This Page (optional)	<u></u>	<b>b</b>	23172.75										

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SCHEDULE B (FEC Form 3X)		arate schedule(s)			OR LIN			R:		PA	GE	9 / 2	)	$\Box$				
ITEMIZED DISBURSEMENTS		category of the Summary Page	-	×	_	Á	22 28a	П	23 28b	24 28c		25 29	$\boldsymbol{\sqcup}$	26 30b				
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name																		
NAME OF COMMITTEE (In Full) Right to Life/Oregon PAC																		
Full Name (Last, First, Middle Initial) Gateway Communications  Mailing Address 14107 NE Airport Way			Transaction ID: SB21B.8 Date of Disbursement										B.8050 ´ Ž 0 Ď 9 Š					
City	State OR	Zip Code 97230				Amount of Each Disbursement this Period												
Purpose of Disbursement Budgetary & financial services Candidate Name	01 egory/						11	00.00		_								
Office Sought: House Disburse Senate President State: District:	-																	
Full Name (Last, First, Middle Initial) Ms Jane Groff  Mailing Address 6399 Crampton Dr N	Transaction ID: SB21B.8058 Date of Disbursement  M M M / D D D / Y Y Y O Y O O									Y								
•	State OR	Zip Code 97303					Amou	nt o	f Each	Disburse	men	t this f	Period	_				
Purpose of Disbursement Salary				O(	01	2125.00								_				
Candidate Name					egory/ vpe	[MEMO ITEM]												
Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spe	General cify) ▼					-		-									
Full Name (Last, First, Middle Initial) Ms Mary Groff									on ID:	SB21I	3.80	)59						
Mailing Address 4576 Janice Ave NE							0 <sup>M</sup> 3	М	0	4	Ź	o ŏ s	Y					
Salem	State OR	Zip Code 97305					Amou	nt o	f Each	Disburse	-	t this 6		_ 7				
Purpose of Disbursement Salary Candidate Name	01 egory/							50.50		_								
Office Sought: House Disburse Senate President	pe	-	[MEM	O I	TEM]													
State: District:	Other (spe	y/ <b>▼</b>												_				
SUBTOTAL of Disbursements This Page (optional) .					. •						11	00.00						

		3 (FEC Form 3X SBURSEMENTS	′ Use s	eparate schedule(s) ch category of the		LINE NUMBER: ck only one)	one)			
			Detail	ed Summary Page	2	1b 22 2 7 28a	28b 28	3c 29		
		ed from such Reports and poses, other than using t								
	NAME OF COMM Right to Life/O	MITTEE (In Full)								
	Full Name (Last, Health Net, Inc	First, Middle Initial)					ction ID: SB2 Disbursement	21B.8062		
N	Mailing Address	PO Box 10198				0 3 M	04	y žoó	9 <sup>Y</sup>	
	City Van Nuys		State CA	Zip Code 91410-0198		Amount	of Each Disbu			
	Purpose of Disbu Employee health				004	7 L.		889.9	98	
_	Candidate Name	Derients			001 Category Type					
	Office Sought:	Senate President	Disbursement Fo Primary Other (		7.5-3	[MEMO	ITEM]			
	State:	District:								
	-ull Name (Last, Mailnet Service	First, Middle Initial) es				Date of	ction ID: SB2 Disbursement			
N	Mailing Address	800 Crescent Cent	tre Drive Ste 4	150		0 1 M	05	žoŏ	9 <sup>Y</sup>	
	City Franklin		State TN	Zip Code 37067		Amount	of Each Disbu	rsement this	Perio	
	Purpose of Disbu Jpdate database	rsement			001	7 L.		178.6	3	
C	Candidate Name				Category Type					
	Office Sought: State:	House Description of Description    Senate President    District:	Disbursement Fo Primary Other (			[MEMO	, I I EMI			
F	Full Name (Last,	First, Middle Initial)					ction ID: SB2 Disbursement	21B.8009		
N	Mailing Address	PO Box 14800				0 1 M	08	žoŏ	9 <sup>Y</sup>	
	City Salem		State OR	Zip Code 97309		Amount	of Each Disbu			
	Purpose of Disbu State payroll taxes				001	7 -		6.9	91	
C	Candidate Name				Category Type		ITEM			
Ċ	Office Sought:	House C Senate President	Disbursement Fo			[MEMO	, i i Eivij			
5	State:	District:		-F-341/ <b>▲</b>						
		<b>.</b>						0.0	-	

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR (chec		NUMBE	R:	PA	AGE 11	/ 20							
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21	b [	22 28a	23 28b	24 28c	25 29								
Any Information copied from such Reports and Stater or for commercial purposes, other than using the name		d by any per	son fo	or the pu	rpose of s	oliciting c	ontributio	ns							
NAME OF COMMITTEE (In Full) Right to Life/Oregon PAC															
Full Name (Last, First, Middle Initial) Oregon Department of Revenue  Mailing Address PO Box 14800				Date	saction ID of Disburs	_	3.8061 ´ ž o č	) 9 <sup>Y</sup>							
City Salem	State Zip Code OR 97309			Amount of Each Disbursement this Period											
Purpose of Disbursement State Payroll Taxes Candidate Name					94.	75									
Office Sought: House Disburse Senate President State: District:		[MEM	IO ITEM]	I											
Full Name (Last, First, Middle Initial) Oregon Right to Life  Mailing Address 4335 River Road N		Transaction ID: SB21B.8006 Date of Disbursement  M M / D B / Y Y Y O D 9													
City Salem	State Zip Code OR 97303			Amount of Each Disbursement this Period											
Purpose of Disbursement Wages, payroll taxes Candidate Name		001 Category Type		359.26											
Office Sought:  House Senate President State:  Disburse	ement For:  Primary General  Other (specify)	Турс													
Full Name (Last, First, Middle Initial) Oregon Right to Life				Date	saction ID of Disburs	ement									
Mailing Address 4335 River Road N				0 <sup>M</sup> 1	M / D	8	źoč	9							
City Salem	State Zip Code OR 97303			Amou	ınt of Each	Disburse									
Purpose of Disbursement Postage Candidate Name		001 Category		L.			101.	04							
Senate President	ement For: Primary General Other (specify)	Type													
State: District:  SUBTOTAL of Disbursements This Page (optional)			<u> </u>				460.9	90							

В.

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SCHEDULE B (FEC Form 3X)	FOR LINE	NUMBER:		PA	AGE	12 / 2	20		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check onl							
	Detailed Summary Page	X 21b 27	$\frac{22}{28a}$	23 28b	24 28c	Н	25 29	-	26 30b
Any Information copied from such Reports and Stateme	ents may not be sold or used l					ontrik		 S	1 000
or for commercial purposes, other than using the name									
NAME OF COMMITTEE (In Full)									
Right to Life/Oregon PAC									
Full Name (Last, First, Middle Initial)			Transact			3.80	43		
Oregon Right to Life			Date of D			, , ,		V	
Mailing Address 4335 River Road N			01	<sup>′</sup> 2	6 /	ž	0 0 9	)	
,	State Zip Code		Amount o	of Each	Disburse	men	t this I	Perio	od
Salem Purpose of Disbursement	OR 97303					1	01.64	1	
postage		001				-			
Candidate Name		Category/							
Office Sought: House Disburser	ment For:	Туре							
Senate Sought.	Primary General								
President	Other (specify)								
State: District:									
Full Name (Last, First, Middle Initial) Oregon Right to Life			Transact Date of D		_	3.79	99		
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Mailing Address 4335 River Road N			0 1		0		0 0 3	7	
,	State Zip Code OR 97303		Amount o	of Each	Disburse	men	t this I	Perio	od
Purpose of Disbursement	37303						43.26	3	
Postage		001							
Candidate Name		Category/ Type							
Office Sought: House Disburse	ment For:	71							
Senate	Primary General								
State: President State:	Other (specify) ▼								
Full Name (Last, First, Middle Initial)			Transact	ion ID:	SB211	3.80	44		
Oregon Right to Life			Date of D						
Mailing Address 4335 River Road N			0 <sup>M</sup> 2 M	<sup>′</sup> 0	9 /	ž	0 0 8	) Y	
	State Zip Code OR 97303		Amount o	of Each	Disburse	men	t this f	Perio	od
Purpose of Disbursement	07000						89.59	)	
Postage		001							
Candidate Name		Category/ Type							
Office Sought: House Disburse	ment For:	76-							
Senate	Primary General								
State: President State:	Other (specify) ▼								
2.50.00									$\overline{}$
SUBTOTAL of Disbursements This Page (optional)		······ <u>}</u>				23	34.49	) 	_
TOTAL This Period (last page this line number only)							-		

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SCHEDULE B (FEC Form 3X)	Use sepa				R LINE NUMBER: PAGE 13 / 20 ck only one)											
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			Щ		27	$\coprod$	28a		28b	Ĺ	28c		29		30b	
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam														S		
NAME OF COMMITTEE (In Full)																
Right to Life/Oregon PAC																
Full Name (Last, First, Middle Initial)											SB21E	3.80	)45			
Oregon Right to Life							Date	of Di м				, · · v	, ,	V		
Mailing Address 4335 River Road N							0 2	IVI	1	1 7		2	o ŏ	9 '		
City Salem	State OR	Zip Code 97303					Amou	nt o	f Each	ı D	isburse	men	t this	Perio	od	
Purpose of Disbursement												_1	29.84	4		
Consolidated analysis bank charges				001												
Candidate Name				itego Type	-											
Office Sought: House Disburse Senate President	office Sought:															
State: District:																
Full Name (Last, First, Middle Initial) Oregon Right to Life	Full Name (Last, First, Middle Initial) Oregon Right to Life								on ID isburs		SB21E nent	3.80	)46			
Mailing Address 4335 River Road N				02 19 7 2009												
City Salem	State OR	Zip Code 97303					Amou	nt o	f Each	ı D	Disburse	men	t this	Perio	od	
Purpose of Disbursement Postage Machine use			001				L.						5.38	3		
Candidate Name			Са	itego Type	ory/											
Senate President	ement For: Primary Other (spe	General ecify) ▼														
State: District:																
Full Name (Last, First, Middle Initial) Oregon Right to Life							Trans Date of		isburs	en		3.80	)54			
Mailing Address 4335 River Road N							0 <sup>M</sup> 3	М	<sup>/</sup> D	) 3	3 / Y	ž	o ŏ	9 <sup>Y</sup>		
City	State	Zip Code					Amou	nt o	f Each	ı C	isburse	men	t this	Perio	od	
Salem	OR	97303										1	66.60	ŝ		
Purpose of Disbursement Office supplies			001			-	-	-				00.0	0			
Candidate Name			Ca	itego Type	ory/											
Office Sought: House Disburse Senate President	ement For: Primary Other (spe	General														
State: District:		· 														
SUBTOTAL of Disbursements This Page (optional)												3	01.88	3		

C.

SCHEDULE B (FEC Form 3X)			e schedule(s)	FOR LINE			NUMBER:			PAGE 14 / 20			
ITEMIZED	DISBURSEMENTS	for each cate Detailed Sun		1-	X 21b 27		22 28a		23 28b	24 28c	F	25 29	26 30b
	copied from such Reports and Sial purposes, other than using the												5
1	COMMITTEE (In Full) ife/Oregon PAC												
	Last, First, Middle Initial) ight to Life ress 4335 River Road N						Date o		isburse	SB21 ement		056 2 o ŏ s	$\mathbf{e}^{Y}$
City Salem			p Code 7303				Amou	nt o	f Each	Disburs	emer	nt this I	Period
Purpose of	Disbursement yroll taxes, health benefits Name	011 3		Cat	001 tegory/				•		56	47.31	
Office Soug	ht: House Disk Senate President District:	oursement For: Primary Other (specify	General		<i>.</i> .								
,	Last, First, Middle Initial) ight to Life lress 4335 River Road N						Date o		isburse	SB21 ement		065 É o ŏ s	) Y
City Salem			p Code 7303				Amou	nt o	f Each	Disburs	emer	nt this I	Period
Purpose of Postage Candidate N	Disbursement Name			Cat	001 legory/				•			11.17	7
Office Soug	ht: House Dist	oursement For: Primary Other (specify	General		уре								
Full Name (	Last, First, Middle Initial) ight to Life Ed. Foundation						Date o	of D	isburs				
Mailing Add	ress 4335 River Road N						0 <sup>M</sup> 1	М	<sup>′</sup>	6 /	Ý	o ŏ s	$9^{Y}$
City Salem			p Code 7303				Amou	nt o	f Each	Disburs		t this I	
Purpose of rent Candidate N	Disbursement  Name		[	Cat	001 egory/ ype							00.07	
Office Soug	Senate President	oursement For: Primary Other (specify	General  ) ▼										
State:	District:  of Disbursements This Page (optic	nal)			▶				•		60	25.15	5
	same man ago (optio	,						_			_		

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		NUMBER:	PA	PAGE 15/20				
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	y one) 22 23 28a 28b	24 28c	25 29	26 30b			
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam		ed by any person f	for the purpose of	soliciting co	ontribution				
NAME OF COMMITTEE (In Full)	,,								
Right to Life/Oregon PAC									
Full Name (Last, First, Middle Initial) Oregon Right to Life Ed. Foundation			Transaction II Date of Disbur	rsement					
Mailing Address 4335 River Road N			03						
City Salem	State Zip Code OR 97303		Amount of Eac	ch Disburse					
Purpose of Disbursement Rent		001			366.6				
Candidate Name		Category/ Type							
Senate President	ement For: Primary General Other (specify)								
State: District:									
Full Name (Last, First, Middle Initial) Select Impressions			Transaction II Date of Disbur	rsement					
Mailing Address 2215 Claxter Rd NE			$\begin{bmatrix} \begin{smallmatrix} M & M & M \\ O & 1 & M \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ O & T \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & O & O & 9 \end{bmatrix} $						
City Salem	State Zip Code OR 97303		Amount of Eac	ch Disburse	ement this	Period			
Purpose of Disbursement printing		001			291.50	0			
Candidate Name		Category/ Type							
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify)								
State: District:									
Full Name (Last, First, Middle Initial) Select Impressions			Transaction II Date of Disbur	rsement					
Mailing Address 2215 Claxter Rd NE			01 /	26	ŽOĎ	9 <sup>Y</sup>			
City Salem	State Zip Code OR 97303		Amount of Eac	ch Disburse	ment this	Period			
Purpose of Disbursement Printing		001	184.00			)			
Candidate Name		Category/ Type							
Office Sought:    House   Disburse     Senate   President     State: District:	ement For: Primary General Other (specify)								
					842.17	7			
SUBTOTAL of Disbursements This Page (optional)		<u></u>							
TOTAL This Period (last page this line number only)									

В.

C.

SCHEDULE B (FEC Form 3X)  Use separate schedule(s)	FOR LINE	NUMBER: PAGE 16 / 20				
ITEMIZED DISBURSEMENTS for each category of the	(check onl					
Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b				
Any Information copied from such Reports and Statements may not be sold or used by						
or for commercial purposes, other than using the name and address of any political c						
NAME OF COMMITTEE (In Full)						
Right to Life/Oregon PAC						
Full Name (Last, First, Middle Initial) Select Impressions		Transaction ID: SB21B.8030 Date of Disbursement				
		02 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Mailing Address 2215 Claxter Rd NE		02 02 2009				
CityStateZip CodeSalemOR97303		Amount of Each Disbursement this Period				
Purpose of Disbursement Printing	001	289.50				
Candidate Name	Category/ Type					
Office Sought:    House   Disbursement For:     Senate   Primary   General     President   Other (specify) ▼						
State: District:						
Full Name (Last, First, Middle Initial) Chelsey A. Taylor		Transaction ID: SB21B.8007 Date of Disbursement				
Mailing Address 5011 Elizabeth St N		$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 1 \end{smallmatrix} \end{bmatrix} \ \begin{smallmatrix} D & D & D \\ O & 8 \end{smallmatrix} \ \begin{smallmatrix} Y & \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} $				
City State Zip Code Keizer OR 97303		Amount of Each Disbursement this Period				
Purpose of Disbursement Wages	001	324.90				
Candidate Name	Category/ Type	(MEMO ITEM)				
Office Sought:    House		[MEMO ITEM]				
Full Name (Last, First, Middle Initial) Uffelman Insurance		Transaction ID: SB21B.8055 Date of Disbursement				
Mailing Address 285 NE Santiam Blvd		03 7 0 3 7 2 0 0 9				
City State Zip Code Mill City OR 97360		Amount of Each Disbursement this Period				
Purpose of Disbursement Directors' Insurance	001	203.87				
Candidate Name	Category/ Type					
Office Sought:  Senate  President  State:  Disbursement For:  Primary  Other (specify) ▼  Other (specify) ▼						
SUBTOTAL of Disbursements This Page (optional)	<b>&gt;</b>	493.37				
TOTAL This Period (last page this line number only)						

В.

## **SCHEDULE B (FEC Form 3X)**

Senate

District:

President

FOR LINE NUMBER: PAGE 17/20 Use separate schedule(s) (check only one) **ITEMIZED DISBURSEMENTS** for each category of the 21b 22 23 25 26 **Detailed Summary Page** 27 28a 28b 28c 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) Right to Life/Oregon PAC Full Name (Last, First, Middle Initial) Transaction ID: SB21B.8008 US Bank Date of Disbursement 0 8 o 1 2009 Mailing Address Center & Lancaster City State Zip Code Amount of Each Disbursement this Period Salem OR 97301 27.45 Purpose of Disbursement Federal payroll taxes 001 Candidate Name Category/ Type [MEMO ITEM] Office Sought: Disbursement For: House General Senate Primary President Other (specify) State: District: Full Name (Last, First, Middle Initial) Transaction ID: SB21B.8060 US Bank Date of Disbursement 0 4 0 3 2009 Mailing Address Center & Lancaster City State Zip Code Amount of Each Disbursement this Period 97301 Salem OR 187.08 Purpose of Disbursement Federal payroll taxes 001 Candidate Name Category/ Type [MEMO ITEM] Office Sought: House Disbursement For:

General

SUBTOTAL of Disbursements This Page (optional)	•	0.00
TOTAL This Period (last page this line number only)	<b>•</b>	34844.46

Primary

Other (specify)

State:

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	' Use separate		FOR LINE (check only 21b 27	NUMBER: PAGE 18 / 20 / one)  22 23 24 25 26 28a 28b 28c X 29 30b
	y Information copied from such Reports an for commercial purposes, other than using	,			' '
$\rangle$	NAME OF COMMITTEE (In Full) Right to Life/Oregon PAC				
	Full Name (Last, First, Middle Initial) Oregon Family Council PAC  Mailing Address PO Box 13367				Transaction ID: SB29.8016 Date of Disbursement  Onumber 1
	City Portland Purpose of Disbursement Check written to other; deposited to us Candidate Name		ip Code 17213	001 Category/ Type	Amount of Each Disbursement this Period 50.00
	Office Sought: House Senate President State: District:	Disbursement For: Primary Other (specify	General	-	

SUBTOTAL of Disbursements This Page (optional)	•	50.00
TOTAL This Period (last page this line number only)	<u> </u>	50.00

### PAGE 19 / 20 **SCHEDULE D (FEC Form 3X)** (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Right to Life/Oregon PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): AL KING FOR US SENATE COMMITTEE Rent tents and tables for rally Mailing Address PO BOX 331 City State ZIP Code **MERRILL** OR 97633 Outstanding Balance Beginning This Period Transaction ID: SD10.8033 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 463.75 463.75 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **Gateway Communications** Fundraising costs Mailing Address 14107 NE Airport Way ZIP Code State City Portland OR 97230 Outstanding Balance Beginning This Period Transaction ID: SD10.8023 22072.75 Amount Incurred This Period Outstanding Balance at Close of This Period Payment This Period 0.00 22072.75 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Select Impressions Printing Mailing Address 2215 Claxter Rd NE ZIP Code City State Salem 97303 OR Outstanding Balance Beginning This Period Transaction ID: SD10.8021 184.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 184.00 0.00 0.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only).....

3) TOTAL 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)

## **SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS**

(Use separate schedule(s) for each

PAGE 20 / 20 FOR LINE NUMBER: (check only one)

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

Excluding Loans	numbered line) X 10
NAME OF COMMITTEE (In Full) Right to Life/Oregon PAC	
night to Life/Oregon PAC	
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Select Impressions	Nature of Debt (Purpose): Printing
Mailing Address 2215 Claxter Rd NE	
City State ZIP Code Salem OR 97303	
Outstanding Balance Beginning This Period	Transaction ID: SD10.8022
291.50	
Amount Incurred This Period Payment This Period	Outstanding Balance at Close of This Period
0.00 291.50	0.00
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Select Impressions	Nature of Debt (Purpose): Printing
Mailing Address 2215 Claxter Rd NE	
City State ZIP Code Salem OR 97303	
Outstanding Balance Beginning This Period	Transaction ID: SD10.8029
0.00	
Amount Incurred This Period Payment This Period	Outstanding Balance at Close of This Period
289.50 289.50	0.00
SUBTOTALS This Period This Page (optional)	▶ 0.00
2) TOTALS This Period (last page this line number only)	▶ 0.00
TOTAL OUTSTANDING LOANS from Schedule C (last page only)	0.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

0.00