

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

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 ▲

C 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
Year-End 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)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
04 01 2014

through

M M M / D D D / Y Y Y Y Y Y
06 30 2014

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

Mrs. Gayle Atteberry

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
07 08 2014

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

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 Y
04		01		2014

To:

M M	/	D D	/	Y Y Y Y Y
06		30		2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2014</td></tr></table>	Y	Y	Y	Y	Y	2014						<table><tr><td colspan="5">230717.60</td></tr></table>	230717.60				
Y	Y	Y	Y	Y													
2014																	
230717.60																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">136107.26</td></tr></table>	136107.26															
136107.26																	
(c) Total Receipts (from Line 19)	<table><tr><td colspan="5">700.38</td></tr></table>	700.38					<table><tr><td colspan="5">2925.38</td></tr></table>	2925.38									
700.38																	
2925.38																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5">136807.64</td></tr></table>	136807.64					<table><tr><td colspan="5">233642.98</td></tr></table>	233642.98									
136807.64																	
233642.98																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">135093.75</td></tr></table>	135093.75					<table><tr><td colspan="5">231929.09</td></tr></table>	231929.09									
135093.75																	
231929.09																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table><tr><td colspan="5">1713.89</td></tr></table>	1713.89					<table><tr><td colspan="5">1713.89</td></tr></table>	1713.89									
1713.89																	
1713.89																	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
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:

From:

M M	/	D D	/	Y Y Y Y
04		01		2014

To:

M M	/	D D	/	Y Y Y Y
06		30		2014

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

0.00

0.00

(ii) Unitemized

700.00

2925.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

700.00

2925.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

700.00

2925.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.38

0.38

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

700.38

2925.38

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

700.38

2925.38

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) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	83.90	15130.23
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	83.90	15130.23
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	2020.00
24. Independent Expenditures (use Schedule E)	134009.85	214303.86
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	475.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	475.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	135093.75	231929.09
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	135093.75	231929.09

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	700.00	2925.00
34. Total Contribution Refunds (from Line 28(d))	0.00	475.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	700.00	2450.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	83.90	15130.23
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.38	0.38
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	83.52	15129.85

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 31

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 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)

A. Columbia Bank

Mailing Address 4260 River Rd N

City State Zip Code
Keizer OR 97303Purpose of Disbursement
bank fees

Candidate Name

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 10 2014

Transaction ID : SB21B.14252

Amount of Each Disbursement this Period

57.45

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

57.45

57.45

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

Right to Life/Oregon PAC

A. TOOTIE SMITH FOR OREGON

Date of Disbursement

Transaction ID : SB23.14179

011

Category/
Type☒ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

1000.00

B.

Date of Disbursement

Purpose of Disbursement

Candidate Name

Category/
Type

☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Category/
Type

☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

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

1000.00

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

1000.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 8 OF 31
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life/Oregon PAC			FEC IDENTIFICATION NUMBER ▼ C C00141572		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y Y Y					
Full Name of Payee ALPHA BROADCASTING			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 04 / 16 / 2014		
Mailing Address 1211 SW 5TH AVE			Amount 12992.00		
City PORTLAND		State OR	Zip Code 97204		Transaction ID : SE.14127
Purpose of Expenditure RADIO ADS in support of jason conger		Category/ Type 004		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 04 / 10 / 2014	
Name of Federal Candidate JASON CONGER			☒ Support ☐ Oppose		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: <u>OR</u>
Calendar Year-To-Date Per Election for Office Sought 106460.39			Disbursement For: ☒ Primary ☐ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Mrs. Gayle Atteberry			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 04 / 03 / 2014		
Mailing Address 87366 Dukhobar Rd			Amount 10986.00		
City Eugene		State OR	Zip Code 97402		Transaction ID : SE.14114
Purpose of Expenditure radio ads		Category/ Type 004		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 04 / 01 / 2014	
Name of Federal Candidate JASON CONGER			☒ Support ☐ Oppose		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: <u>OR</u>
Calendar Year-To-Date Per Election for Office Sought 91254.66			Disbursement For: ☒ Primary ☐ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			23978.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Mrs. Gayle Atteberry			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y Y Y 07 / 08 / 2014
Signature _____					

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION**Form/Schedule: SE****Transaction ID : SE.14114**

March 28, 2014 paid by personal credit card \$3744 to Bi-Coastal Rogue Valley, 3624 Avion Drive, Medford, OR 97504. March 28, 2014 paid by credit card \$4320.00 to Hope 1079, 3545 Santiam HWY, Albany, OR 97322. March 28, 2014 paid by credit card \$2922 to KWIL, 3545 Santiam HWY, Albany, OR 97322 All ads were in support of Jason Conger.

Total reimbursement to Gayle Atteberry by check #1501 4/1/14 \$10,986.00

Form/Schedule:**Transaction ID:**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 10 OF 31
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life/Oregon PAC			FEC IDENTIFICATION NUMBER ▼ C C00141572	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Mrs. Gayle Atteberry			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 16 / 2014	
Mailing Address 87366 Dukhobar Rd			Amount 1344.00	
City Eugene	State OR	Zip Code 97402	Transaction ID : SE.14260	
Purpose of Expenditure RADIO ADS		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 06 / 2014	
Name of Federal Candidate JASON CONGER		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: OR	
Calendar Year-To-Date Per Election for Office Sought 92598.66		Disbursement For: ☒ Primary ☐ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Bicoastal Media			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 16 / 2014	
Mailing Address 1500 Valley River Drive, Suite 350			Amount 2700.00	
City Eugene	State OR	Zip Code 97401	Transaction ID : SE.14132	
Purpose of Expenditure RADIO ADS in support of jason conger		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 10 / 2014	
Name of Federal Candidate JASON CONGER		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: OR	
Calendar Year-To-Date Per Election for Office Sought 114104.39		Disbursement For: ☒ Primary ☐ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			4044.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Mrs. Gayle Atteberry		[Electronically Filed]		Date MM / DD / YYYY 07 / 08 / 2014
Signature _____				

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SE

Transaction ID : SE.14260

March 18, 2014 paid by personal credit card \$1344.00 to Combined Communications, PO Box 5037, Bend, OR 97708 for radio ads in support of Jason Conger. Reimbursed to Gayle Atteberry on 4/6/14 \$1344.00

Form/Schedule:

Transaction ID:

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 12 OF 31
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life/Oregon PAC		FEC IDENTIFICATION NUMBER ▼ C C00141572
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Clear Channel		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 28 / 2014
Mailing Address 1333 SW 68th Parkway		Amount 5400.00
City Tigard	State OR	Zip Code 97223
Purpose of Expenditure radio ads in support of jason conger	Category/Type 004	Transaction ID : SE.14181 Date of Disbursement or Obligation MM / DD / YYYY 04 / 22 / 2014
Name of Federal Candidate JASON CONGER		Office Sought: ☒ Support ☐ Oppose ☐ President ☒ Senate State: OR
Calendar Year-To-Date Per Election for Office Sought 132557.39		Disbursement For: ☒ Primary ☐ General 2014 ☐ Other (specify) ▶

Full Name of Payee COMBINED COMMUNICATIONS		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 16 / 2014
Mailing Address PO BOX 5037		Amount 1344.00
City BEND	State OR	Zip Code 97708
Purpose of Expenditure RADIO ADS in support of jason conger	Category/Type 004	Transaction ID : SE.14129 Date of Disbursement or Obligation MM / DD / YYYY 04 / 10 / 2014
Name of Federal Candidate JASON CONGER		Office Sought: ☒ Support ☐ Oppose ☐ President ☒ Senate State: OR
Calendar Year-To-Date Per Election for Office Sought 107804.39		Disbursement For: ☒ Primary ☐ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	6744.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mrs. Gayle Atteberry

[Electronically Filed]

Date

MM / DD / YYYY
07 / 08 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 13 OF 31
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life/Oregon PAC	FEC IDENTIFICATION NUMBER ▼ C C00141572
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee DAVE & DAVE INCORPORATED		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 04 / 10 / 2014	
Mailing Address 4421 LANKERSHIM BLVD		Amount 869.73	
City TOLUCA LAKE	State CA	Zip Code 91602	Transaction ID : SE.14125
Purpose of Expenditure RADIO AD in support of jason conger		Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y 04 / 09 / 2014
Name of Federal Candidate JASON CONGER		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: OR
Calendar Year-To-Date Per Election for Office Sought 93468.39		Disbursement For: ☒ Primary ☐ General 2014 ☐ Other (specify) ▶ _____	

Full Name of Payee Eagle Mailing Service		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 04 / 23 / 2014	
Mailing Address 4907 Indian School Rd NE		Amount 27.08	
City Salem	State OK	Zip Code 97305	Transaction ID : SE.14230
Purpose of Expenditure voter guide in support of james buchal		Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y 04 / 25 / 2014
Name of Federal Candidate JAMES LAURENCE BUCHAL		☒ Support ☐ Oppose	Office Sought: ☒ House District: 03 ☐ President ☐ Senate State: OR
Calendar Year-To-Date Per Election for Office Sought 142.29		Disbursement For: ☒ Primary ☐ General 2014 ☐ Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	896.81
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mrs. Gayle Atteberry

[Electronically Filed]

Date

M M / D D / Y Y Y Y
07 / 08 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 14 OF 31
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life/Oregon PAC		FEC IDENTIFICATION NUMBER ▼ C C00141572	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y			
Full Name of Payee Eagle Mailing Service		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 23 / 2014	
Mailing Address 4907 Indian School Rd NE		Amount 243.69	
City Salem	State OK	Zip Code 97305	Transaction ID : SE.14231
Purpose of Expenditure voter guide in support of jason conger		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 04 / 25 / 2014
Name of Federal Candidate JASON CONGER		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: OR
Calendar Year-To-Date Per Election for Office Sought 191392.12		Disbursement For: ☒ Primary ☐ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Eagle Mailing Service		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 23 / 2014	
Mailing Address 4907 Indian School Rd NE		Amount 27.08	
City Salem	State OK	Zip Code 97305	Transaction ID : SE.14232
Purpose of Expenditure voter guide in support of dennis linthicum		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 04 / 25 / 2014
Name of Federal Candidate DENNIS BRADLEY LINTHICUM		☒ Support ☐ Oppose	Office Sought: ☒ House District: 02 ☐ President ☐ Senate State: OR
Calendar Year-To-Date Per Election for Office Sought 27.08		Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶ 2014	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		270.77	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Mrs. Gayle Atteberry		[Electronically Filed]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 07 / 08 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 15 OF 31
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life/Oregon PAC			FEC IDENTIFICATION NUMBER ▼ C C00141572	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Eagle Mailing Service			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 23 / 2014	
Mailing Address 4907 Indian School Rd NE			Amount 81.24	
City Salem		State OK	Zip Code 97305	
Purpose of Expenditure voter guide in support of delinda morgan		Category/ Type	Transaction ID : SE.14235 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 04 / 25 / 2014	
Name of Federal Candidate DELINDA MORGAN			☒ Support Office Sought: ☒ House District: <u>01</u> ☐ Oppose ☐ President ☐ Senate State: <u>OR</u>	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2014 ☐ Other (specify) ▶	
772.47				
Full Name of Payee Eagle Mailing Service			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 23 / 2014	
Mailing Address 4907 Indian School Rd NE			Amount 81.24	
City Salem		State OK	Zip Code 97305	
Purpose of Expenditure voter guide in support of art robinson		Category/ Type	Transaction ID : SE.14236 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 04 / 25 / 2014	
Name of Federal Candidate ART ROBINSON			☒ Support Office Sought: ☒ House District: <u>04</u> ☐ Oppose ☐ President ☐ Senate State: <u>OR</u>	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2014 ☐ Other (specify) ▶	
426.86				
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			162.48	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Mrs. Gayle Atteberry			[Electronically Filed]	
Signature			Date M M M / D D D / Y Y Y Y Y Y 07 / 08 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 16 OF 31
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life/Oregon PAC		FEC IDENTIFICATION NUMBER ▼ C C00141572
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Eagle Mailing Service		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 23 / 2014	
Mailing Address 4907 Indian School Rd NE		Amount 81.24	
City Salem	State OK	Zip Code 97305	Transaction ID : SE.14237
Purpose of Expenditure voter guide in support of tootie smith		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 25 / 2014
Name of Federal Candidate TOOTIE SMITH		☒ Support ☐ Oppose	Office Sought: ☒ House District: 05 ☐ President ☐ Senate State: OR
Calendar Year-To-Date Per Election for Office Sought		426.86	Disbursement For: ☒ Primary ☐ General 2014 ☐ Other (specify) ▶

Full Name of Payee Eagle Mailing Service		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 23 / 2014	
Mailing Address 4907 Indian School Rd NE		Amount 27.08	
City Salem	State OK	Zip Code 97305	Transaction ID : SE.14238
Purpose of Expenditure voter guide in support of gregory walden		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 25 / 2014
Name of Federal Candidate GREGORY P WALDEN		☒ Support ☐ Oppose	Office Sought: ☒ House District: 02 ☐ President ☐ Senate State: OR
Calendar Year-To-Date Per Election for Office Sought		257.50	Disbursement For: ☒ Primary ☐ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	108.32
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mrs. Gayle Atteberry

[Electronically Filed]

Date

MM / DD / YYYY
07 / 08 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 17 OF 31
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life/Oregon PAC		FEC IDENTIFICATION NUMBER ▼ C C00141572	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Eagle Mailing Service		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 23 / 2014	
Mailing Address 4907 Indian School Rd NE		Amount 216.55	
City Salem	State OK	Zip Code 97305	Transaction ID : SE.14239
Purpose of Expenditure voter guide in opposition to monica wehby		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 25 / 2014
Name of Federal Candidate MONICA WEHBY		☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: OR
Calendar Year-To-Date Per Election for Office Sought		191608.67	Disbursement For: ☒ Primary ☐ General 2014 ☐ Other (specify) ▶ _____
Full Name of Payee Eagle Mailing Service		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 23 / 2014	
Mailing Address 4907 Indian School Rd NE		Amount 81.24	
City Salem	State OK	Zip Code 97305	Transaction ID : SE.14240
Purpose of Expenditure voter guide in support of william yates		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 25 / 2014
Name of Federal Candidate WILLIAM JASON YATES		☒ Support ☐ Oppose	Office Sought: ☒ House District: 01 ☐ President ☐ Senate State: OR
Calendar Year-To-Date Per Election for Office Sought		853.71	Disbursement For: ☒ Primary ☐ General 2014 ☐ Other (specify) ▶ _____
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		297.79	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Mrs. Gayle Atteberry		[Electronically Filed]	
Signature		Date MM / DD / YYYY 07 / 08 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life/Oregon PAC			FEC IDENTIFICATION NUMBER ▼ C C00141572		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Eagle Web Press			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 23 / 2014		
Mailing Address PO Box 12009			Amount 43.40		
City Salem		State OR	Zip Code 97309		Transaction ID : SE.14210
Purpose of Expenditure voting guide in support of james buchal		Category/Type 004		Date of Disbursement or Obligation MM / DD / YYYY 04 / 25 / 2014	
Name of Federal Candidate JAMES LAURENCE BUCHAL			☒ Support Office Sought: ☒ House District: 03 ☐ Oppose ☐ President ☐ Senate State: OR		
Calendar Year-To-Date Per Election for Office Sought 115.21			Disbursement For: ☒ Primary ☐ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Eagle Web Press			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 23 / 2014		
Mailing Address PO Box 12009			Amount 390.67		
City Salem		State OR	Zip Code 97309		Transaction ID : SE.14211
Purpose of Expenditure voter guide in support of jason conger		Category/Type 004		Date of Disbursement or Obligation MM / DD / YYYY 04 / 25 / 2014	
Name of Federal Candidate JASON CONGER			☒ Support Office Sought: ☐ House District: _____ ☐ Oppose ☐ President ☒ Senate State: OR		
Calendar Year-To-Date Per Election for Office Sought 190801.18			Disbursement For: ☒ Primary ☐ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			434.07		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Mrs. Gayle Atteberry _____ Signature			[Electronically Filed] Date MM / DD / YYYY 07 / 08 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life/Oregon PAC			FEC IDENTIFICATION NUMBER ▼ C C00141572		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Eagle Web Press			Date of Public Distribution/Dissemination 04 / 23 / 2014		
Mailing Address PO Box 12009			Amount 43.40		
City Salem		State OR	Zip Code 97309		Transaction ID : SE.14212
Purpose of Expenditure voter guide in support of dennis bradley		Category/ Type	Date of Disbursement or Obligation 04 / 25 / 2014		
Name of Federal Candidate DENNIS BRADLEY LINTHICUM		☒ Support ☐ Oppose	Office Sought: ☒ House District: <u>02</u> ☐ President ☐ Senate State: <u>OR</u>		
Calendar Year-To-Date Per Election for Office Sought 187.02			Disbursement For: ☒ Primary ☐ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Eagle Web Press			Date of Public Distribution/Dissemination 04 / 23 / 2014		
Mailing Address PO Box 12009			Amount 130.22		
City Salem		State OR	Zip Code 97309		Transaction ID : SE.14214
Purpose of Expenditure voter guide in support of delinda morgan		Category/ Type	Date of Disbursement or Obligation 04 / 25 / 2014		
Name of Federal Candidate DELINDA MORGAN		☒ Support ☐ Oppose	Office Sought: ☒ House District: <u>01</u> ☐ President ☐ Senate State: <u>OR</u>		
Calendar Year-To-Date Per Election for Office Sought 561.01			Disbursement For: ☒ Primary ☐ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			173.62		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Mrs. Gayle Atteberry		[Electronically Filed]		Date	
Signature				07 / 08 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 20 OF 31
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life/Oregon PAC		FEC IDENTIFICATION NUMBER ▼ C C00141572	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Eagle Web Press		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 23 / 2014	
Mailing Address PO Box 12009		Amount 130.22	
City Salem	State OR	Zip Code 97309	Transaction ID : SE.14215
Purpose of Expenditure voter guide in support of art robinson		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 25 / 2014
Name of Federal Candidate ART ROBINSON		☒ Support ☐ Oppose	Office Sought: ☒ House District: 04 ☐ President ☐ Senate State: OR
Calendar Year-To-Date Per Election for Office Sought		345.62	Disbursement For: ☒ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Eagle Web Press		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 23 / 2014	
Mailing Address PO Box 12009		Amount 130.22	
City Salem	State OR	Zip Code 97309	Transaction ID : SE.14216
Purpose of Expenditure voter guide in support of tootie smith		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 25 / 2014
Name of Federal Candidate TOOTIE SMITH		☒ Support ☐ Oppose	Office Sought: ☒ House District: 05 ☐ President ☐ Senate State: OR
Calendar Year-To-Date Per Election for Office Sought		345.62	Disbursement For: ☒ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		260.44	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Mrs. Gayle Atteberry		[Electronically Filed]	
Signature		Date MM / DD / YYYY 07 / 08 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 21 OF 31
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life/Oregon PAC			FEC IDENTIFICATION NUMBER ▼ C C00141572	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Eagle Web Press			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 23 / 2014	
Mailing Address PO Box 12009			Amount 43.40	
City Salem	State OR	Zip Code 97309	Transaction ID : SE.14217	
Purpose of Expenditure voter guide in support of gregory walden		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 25 / 2014	
Name of Federal Candidate GREGORY P WALDEN		☒ Support ☐ Oppose	Office Sought: ☒ House District: <u>02</u> ☐ President ☐ Senate State: <u>OR</u>	
Calendar Year-To-Date Per Election for Office Sought		230.42	Disbursement For: ☒ Primary ☐ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Eagle Web Press			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 23 / 2014	
Mailing Address PO Box 12009			Amount 347.25	
City Salem	State OR	Zip Code 97309	Transaction ID : SE.14218	
Purpose of Expenditure voter guide in opposition to monica wehby		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 25 / 2014	
Name of Federal Candidate MONICA WEHBY		☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: <u>OR</u>	
Calendar Year-To-Date Per Election for Office Sought		191148.43	Disbursement For: ☒ Primary ☐ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			390.65	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Mrs. Gayle Atteberry		[Electronically Filed]	Date MM / DD / YYYY 07 / 08 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 22 OF 31
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life/Oregon PAC		FEC IDENTIFICATION NUMBER ▼ C C00141572	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Eagle Web Press		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 23 / 2014	
Mailing Address PO Box 12009		Amount 130.22	
City Salem	State OR	Zip Code 97309	Transaction ID : SE.14219
Purpose of Expenditure voter guide in support of william yates		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 25 / 2014
Name of Federal Candidate WILLIAM JASON YATES		☒ Support ☐ Oppose	Office Sought: ☒ House District: 01 ☐ President ☐ Senate State: OR
Calendar Year-To-Date Per Election for Office Sought 691.23		Disbursement For: ☒ Primary ☐ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Gateway Communications, Inc		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 24 / 2014	
Mailing Address 16805 NE Mason Court		Amount 46454.90	
City Portland	State OR	Zip Code 97230	Transaction ID : SE.14183
Purpose of Expenditure mailing in support of jason conger		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 24 / 2014
Name of Federal Candidate JASON CONGER		☒ Support ☐ Oppose	Office Sought: ☐ House District: OR ☐ President ☒ Senate State: OR
Calendar Year-To-Date Per Election for Office Sought 179643.16		Disbursement For: ☒ Primary ☐ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		46585.12	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Mrs. Gayle Atteberry Signature		[Electronically Filed] Date MM / DD / YYYY 07 / 08 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 23 OF 31
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life/Oregon PAC		FEC IDENTIFICATION NUMBER ▼ C C00141572
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Gateway Communications, Inc		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 24 / 2014
Mailing Address 16805 NE Mason Court		Amount 9714.35
City Portland	State OR	Zip Code 97230
Purpose of Expenditure mailing in support of jason conger	Category/ Type 004	Transaction ID : SE.14184 Date of Disbursement or Obligation MM / DD / YYYY 04 / 24 / 2014
Name of Federal Candidate JASON CONGER		Office Sought: ☒ House District: _____ ☐ President ☒ Senate State: OR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☒ Primary ☐ General 2014 ☐ Other (specify) ▶
		189357.51

Full Name of Payee Gateway Communications, Inc		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 13 / 2014
Mailing Address 16805 NE Mason Court		Amount 20000.00
City Portland	State OR	Zip Code 97230
Purpose of Expenditure postcard in opposition to monica wehby	Category/ Type 004	Transaction ID : SE.14263 Date of Disbursement or Obligation MM / DD / YYYY 05 / 13 / 2014
Name of Federal Candidate MONICA WEHBY		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: OR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☒ Primary ☐ General 2014 ☐ Other (specify) ▶
		211608.81

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	29714.35
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mrs. Gayle Atteberry

[Electronically Filed]

Date

MM / DD / YYYY
07 / 08 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 24 OF 31
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life/Oregon PAC		FEC IDENTIFICATION NUMBER ▼ C C00141572	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee GOOGLE.COM		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 01 / 2014	
Mailing Address 1600 AMPHITHEATRE PARKWAY		Amount 0.14	
City MOUNTAIN VIEW	State CA	Zip Code 97043	Transaction ID : SE.14285
Purpose of Expenditure one hit on the website related to jason conger		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 06 / 2014
Name of Federal Candidate JASON CONGER		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: OR
Calendar Year-To-Date Per Election for Office Sought		191608.81	Disbursement For: ☒ Primary ☐ General 2014 ☐ Other (specify) ▶ _____
Full Name of Payee KNLR		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 01 / 2014	
Mailing Address 30 E. BRIDGEFERED BLVD		Amount 1053.00	
City BEND	State OR	Zip Code 97702	Transaction ID : SE.14187
Purpose of Expenditure radio ads in support of jason conger		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 04 / 24 / 2014
Name of Federal Candidate JASON CONGER		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: OR
Calendar Year-To-Date Per Election for Office Sought		190410.51	Disbursement For: ☒ Primary ☐ General 2014 ☐ Other (specify) ▶ _____
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		1053.14	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Mrs. Gayle Atteberry		[Electronically Filed]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 07 / 08 / 2014	

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION**Form/Schedule: SE****Transaction ID : SE.14285**

This expenditure is related to a 24/48 notice sent on 4/25/14 . A staff person set up a google account and did not know how it worked. One person hit on the page before the page was removed so we were billed .14cents by Google. This was related to the Jason Conger campaign for the Oregon primary which we supported.

Form/Schedule:**Transaction ID:**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 26 OF 31
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life/Oregon PAC		FEC IDENTIFICATION NUMBER ▼ C C00141572
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee KPDQ-FM		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 14 / 2014
Mailing Address 6400 SE LAKE RD SUITE 350		Amount 13053.00
City PORTLAND	State OR	Zip Code 97222
Purpose of Expenditure RADIO ADS in support of jason conger	Category/Type 004	Transaction ID : SE.14133 Date of Disbursement or Obligation MM / DD / YYYY 04 / 10 / 2014
Name of Federal Candidate JASON CONGER		Office Sought: ☒ House District: _____ ☐ President ☒ Senate State: OR
Calendar Year-To-Date Per Election for Office Sought 127157.39		Disbursement For: ☒ Primary ☐ General 2014 ☐ Other (specify) ▶ _____

Full Name of Payee KYKN		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 16 / 2014
Mailing Address 4205 Cherry Ave		Amount 3600.00
City Keizer	State OR	Zip Code 97303
Purpose of Expenditure RADIO ADS in support of jason conger	Category/Type 004	Transaction ID : SE.14131 Date of Disbursement or Obligation MM / DD / YYYY 04 / 10 / 2014
Name of Federal Candidate JASON CONGER		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: OR
Calendar Year-To-Date Per Election for Office Sought 111404.39		Disbursement For: ☒ Primary ☐ General 2014 ☐ Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	16653.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mrs. Gayle Atteberry

[Electronically Filed]

Date

MM / DD / YYYY
07 / 08 / 2014

Signature

Full Name of Payee Postmaster		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 23 / 2014	
Mailing Address 1050 Sunnyview Rd		Amount 630.87	
City salem	State OR	Zip Code 97301	Transaction ID : SE.14189 Date of Disbursement or Obligation MM / DD / YYYY 04 / 22 / 2014
Purpose of Expenditure mailing voter guide in support of jason conger		Category/ Type 004	
Name of Federal Candidate JASON CONGER		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: <u>OR</u>
Calendar Year-To-Date Per Election for Office Sought		133188.26	Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	700.99
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 28 OF 31
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life/Oregon PAC		FEC IDENTIFICATION NUMBER ▼ C C00141572	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Postmaster		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 23 / 2014	
Mailing Address 1050 Sunnyview Rd		Amount 70.12	
City salem	State OR	Zip Code 97301	Transaction ID : SE.14190
Purpose of Expenditure mailing of voter guide in support of dennis linthicum		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 22 / 2014
Name of Federal Candidate DENNIS BRADLEY LINTHICUM		☒ Support ☐ Oppose	Office Sought: ☒ House District: 02 ☐ President ☐ Senate State: OR
Calendar Year-To-Date Per Election for Office Sought 73.50		Disbursement For: ☒ Primary ☐ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Postmaster		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 23 / 2014	
Mailing Address 1050 Sunnyview Rd		Amount 210.33	
City salem	State OR	Zip Code 97301	Transaction ID : SE.14191
Purpose of Expenditure mailing of voter guide in support of delinda morgan		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 22 / 2014
Name of Federal Candidate DELINDA MORGAN		☒ Support ☐ Oppose	Office Sought: ☒ House District: 01 ☐ President ☐ Senate State: OR
Calendar Year-To-Date Per Election for Office Sought 220.47		Disbursement For: ☒ Primary ☐ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		280.45	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Mrs. Gayle Atteberry Signature		[Electronically Filed] Date MM / DD / YYYY 07 / 08 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 29 OF 31
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life/Oregon PAC			FEC IDENTIFICATION NUMBER ▼ C C00141572	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Postmaster			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 23 / 2014	
Mailing Address 1050 Sunnyview Rd			Amount 210.33	
City salem	State OR	Zip Code 97301	Transaction ID : SE.14192	
Purpose of Expenditure mailing of voter guide in support of art robinson		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 22 / 2014	
Name of Federal Candidate ART ROBINSON		☒ Support ☐ Oppose	Office Sought: ☒ House District: 04 ☐ President ☐ Senate State: OR	
Calendar Year-To-Date Per Election for Office Sought 215.40		Disbursement For: ☒ Primary ☐ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Postmaster			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 23 / 2014	
Mailing Address 1050 Sunnyview Rd			Amount 210.33	
City salem	State OR	Zip Code 97301	Transaction ID : SE.14193	
Purpose of Expenditure mailing of voter guide in support of tootie smith		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 22 / 2014	
Name of Federal Candidate TOOTIE SMITH		☒ Support ☐ Oppose	Office Sought: ☒ House District: 05 ☐ President ☐ Senate State: OR	
Calendar Year-To-Date Per Election for Office Sought 215.40		Disbursement For: ☒ Primary ☐ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			420.66	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Mrs. Gayle Atteberry		[Electronically Filed]	Date MM / DD / YYYY 07 / 08 / 2014	
Signature				

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 30 OF 31
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life/Oregon PAC		FEC IDENTIFICATION NUMBER ▼ C C00141572	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Postmaster		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 23 / 2014	
Mailing Address 1050 Sunnyview Rd		Amount 70.12	
City salem	State OR	Zip Code 97301	Transaction ID : SE.14194
Purpose of Expenditure mailing for voter guide in support of gregory walden		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 22 / 2014
Name of Federal Candidate GREGORY P WALDEN		☒ Support ☐ Oppose	Office Sought: ☒ House District: 02 ☐ President ☐ Senate State: OR
Calendar Year-To-Date Per Election for Office Sought 143.62		Disbursement For: ☒ Primary ☐ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Postmaster		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 23 / 2014	
Mailing Address 1050 Sunnyview Rd		Amount 560.75	
City salem	State OR	Zip Code 97301	Transaction ID : SE.14195
Purpose of Expenditure mailing of voter guide in opposition to monica wehby		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 22 / 2014
Name of Federal Candidate MONICA WEHBY		☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: OR
Calendar Year-To-Date Per Election for Office Sought 560.75		Disbursement For: ☒ Primary ☐ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		630.87	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Mrs. Gayle Atteberry		[Electronically Filed]	
Signature		Date MM / DD / YYYY 07 / 08 / 2014	

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 31 OF 31
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life/Oregon PAC			FEC IDENTIFICATION NUMBER ▼ C C00141572	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Postmaster		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 23 / 2014		
Mailing Address 1050 Sunnyview Rd		Amount 210.32		
City salem	State OR	Zip Code 97301	Transaction ID : SE.14196	
Purpose of Expenditure maling for voter guide in support of william yates		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 04 / 22 / 2014	
Name of Federal Candidate WILLIAM JASON YATES		☒ Support ☐ Oppose	Office Sought: ☒ House District: 01 ☐ President ☐ Senate State: OR	
Calendar Year-To-Date Per Election for Office Sought 430.79		Disbursement For: ☒ Primary ☐ General 2014 ☐ Other (specify) ▶		
Full Name of Payee		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y		
Mailing Address		Amount		
City	State	Zip Code	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y	
Purpose of Expenditure		Category/Type		
Name of Federal Candidate		☐ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☐ Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		210.32		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶		134009.85		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Mrs. Gayle Atteberry		[Electronically Filed]		Date
Signature		M M M / D D D / Y Y Y Y Y Y 07 / 08 / 2014		