



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Oregon Republican Party

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	5

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>5</td></tr></table>	Y	Y	Y	Y	2	0	0	5		42748.71
Y	Y	Y	Y							
2	0	0	5							
(b) Cash on Hand at Beginning of Reporting Period .....	47487.09									
(c) Total Receipts (from Line 19) .....	34291.00	160738.72								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	81778.09	203487.43								
7. Total Disbursements (from Line 31) .....	37243.05	158952.39								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	44535.04	44535.04								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	86509.52									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
Oregon Republican Party

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	5

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	9050.00	17960.00
(i) Itemized (use Schedule A) .....	25241.00	91616.93
(ii) Unitemized .....	34291.00	109576.93
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	34291.00	109576.93
12. Transfers From Affiliated/Other Party Committees .....	0.00	17461.16
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	33700.63
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	33700.63
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	34291.00	160738.72
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	34291.00	127038.09

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	2313.65	8499.61
(ii) Non-Federal Share.....	13110.70	47025.95
(b) Other Federal Operating Expenditures.....	7142.60	41136.90
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	22566.95	96662.46
22. Transfers to Affiliated/Other Party Committees.....	0.00	10000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	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 .....	14676.10	52289.93
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	14676.10	52289.93
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	37243.05	158952.39
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	24132.35	111926.44

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3 .....	34291.00	109576.93
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	34291.00	109576.93
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	9456.25	49636.51
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	9456.25	49636.51

**SCHEDULE L (FEC Form 3X)**

**AGGREGATION PAGE: LEVIN FUNDS**

Transaction ID: SL1

NAME OF COMMITTEE (In Full) Oregon Republican Party
NAME OF ACCOUNT KEY LEVIN

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
a. Itemized..... (Use Schedule L-A)	0.00	0.00
b. Unitemized.....	0.00	0.00
c. Total.....	0.00	0.00
2. OTHER RECEIPTS.....	0.00	0.00
3. TOTAL RECEIPTS..... (Add Lines 1c and 2)	0.00	0.00
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
a. Voter Registration.....	0.00	0.00
b. Voter ID.....	0.00	0.00
c. GOTV.....	0.00	0.00
d. Generic Campaign.....	0.00	0.00
e. Total.....	0.00	0.00
5. OTHER DISBURSEMENTS.....	10.75	63.75
6. TOTAL DISBURSEMENTS..... (Add Lines 4e and 5)	10.75	63.75
7. BEGINNING CASH ON HAND..... (for Column B, use cash as of January 1st)	957.00	1010.00
8. RECEIPTS..... (from Line 3)	0.00	0.00
9. SUBTOTAL..... (Add Lines 7 and 8)	957.00	1010.00
10. DISBURSEMENTS..... (From Line 6)	10.75	63.75
11. ENDING CASH ON HAND..... (Subtract Line 10 From Line 9)	946.25	946.25

**SCHEDULE L-B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS  
OF LEVIN FUNDS**

Use separate schedule(s) for each category of the Aggregation Page	FOR LINE NUMBER: (check only one)		PAGE 7 / 29
	<input type="checkbox"/> 4a	<input type="checkbox"/> 4c	<input checked="" type="checkbox"/> 5
	<input type="checkbox"/> 4b	<input type="checkbox"/> 4d	

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)  
Oregon Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Key Bank**	Transaction ID: 4B80930.E14408 Date of Disbursement
	Mailing Address 1500 Edgewater St NW	<input type="text" value="04"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="05"/>
	City State Zip Code Salem OR 97304	Amount of Each Disbursement this Period <input type="text" value="10.75"/>
	Purpose of Disbursement Bank Fee	Account: 8

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="10.75"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="10.75"/>

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

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

FOR LINE NUMBER: PAGE 8 / 29  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Oregon Republican Party

**A.** Full Name (Last, First, Middle Initial)  
John Alltucker  
Mailing Address 88855 Lynette Ln  
City Veneta State OR Zip Code 97487  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Information Requested Occupation Corp. Exec.  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt MM / DD / YYYY  
04 / 08 / 2005  
**Transaction ID:** 80930.C82856  
Amount of Each Receipt this Period 500.00  
Receipt

**B.** Full Name (Last, First, Middle Initial)  
Steven Anderson  
Mailing Address 14100 Heritage Ln  
City Arlington State OR Zip Code 97812-6503  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Farmer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt MM / DD / YYYY  
04 / 13 / 2005  
**Transaction ID:** 80930.C82458  
Amount of Each Receipt this Period 250.00  
Receipt

**C.** Full Name (Last, First, Middle Initial)  
Joan Austin  
Mailing Address PO Box 209  
City Newberg State OR Zip Code 97132-0209  
FEC ID number of contributing federal political committee. **C**  
Name of Employer A-dec, Inc. Occupation CEO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt MM / DD / YYYY  
04 / 08 / 2005  
**Transaction ID:** 80930.C82868  
Amount of Each Receipt this Period 1000.00  
Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... 1750.00  
**TOTAL** This Period (last page this line number only) .....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Oregon Republican Party

**A.** Full Name (Last, First, Middle Initial)  
Robert Flowerree

Mailing Address 1322 SE Lava Drive

City Milwaukie State OR Zip Code 97222-7417

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 06 / 2005

Transaction ID: 80930.C82691

Amount of Each Receipt this Period 250.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Richard Geary

Mailing Address 1211 SW 5th Ave Ste 2980

City Portland State OR Zip Code 97204-3729

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 12 / 2005

Transaction ID: 80930.C82904

Amount of Each Receipt this Period 1000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Dorothy Harrison

Mailing Address 895 Park Ave

City Eugene State OR Zip Code 97404

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 06 / 2005

Transaction ID: 80930.C82697

Amount of Each Receipt this Period 250.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Oregon Republican Party

**A.**

Full Name (Last, First, Middle Initial)  
Andrew Honzel

Mailing Address 12929 Forest Meadows Way

City State Zip Code  
Lake Oswego OR 97034-1593

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

Name of Employer Occupation  
Columbia Forest Products Wood Products Exec.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 15 / 2005

**Transaction ID:** 80930.C82951

Amount of Each Receipt this Period  
1000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)  
Eliot Jenkins

Mailing Address 13169 SE River Rd Apt 307T

City State Zip Code  
Portland OR 97222-9789

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

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
04 / 07 / 2005

**Transaction ID:** 80930.C82761

Amount of Each Receipt this Period  
250.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)  
Kenneth Knott

Mailing Address 59926 Comstock Rd.

City State Zip Code  
Cove OR 97824

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

Name of Employer Occupation  
Self Rancher

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 25 / 2005

**Transaction ID:** 80930.C83092

Amount of Each Receipt this Period  
1000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Oregon Republican Party

**A.**

Full Name (Last, First, Middle Initial) Lavonne Koenig		Date of Receipt MM / DD / YYYY 04 / 04 / 2005
Mailing Address PO Box 410		Transaction ID: 80930.C82545
City Aurora	State OR	Zip Code 97002-0410
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Retired	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

**B.**

Full Name (Last, First, Middle Initial) Lawrence Lahm		Date of Receipt MM / DD / YYYY 04 / 07 / 2005
Mailing Address 3855 NW Van Buren Ave		Transaction ID: 80930.C82762
City Corvallis	State OR	Zip Code 97330-4920
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Retired	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**C.**

Full Name (Last, First, Middle Initial) Laura Meier		Date of Receipt MM / DD / YYYY 04 / 05 / 2005
Mailing Address 2011 SW Carter Ln		Transaction ID: 80930.C82592
City Portland	State OR	Zip Code 97201-2410
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Homemaker	Occupation Homemaker	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1800.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 29  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Oregon Republican Party

**A.**

Full Name (Last, First, Middle Initial)  
Gerald Moshofsky

Mailing Address 1240 E 22nd Ave

City Eugene State OR Zip Code 97403-1509

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

Name of Employer Newood Display Fixtures Occupation Pres. Fixture Co.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 22 / 2005  
**Transaction ID:** 80930.C83050  
 Amount of Each Receipt this Period: 250.00  
 Receipt

**B.**

Full Name (Last, First, Middle Initial)  
John Schleining

Mailing Address 3140 Juanipero Way Ste 201

City Medford State OR Zip Code 97504-8647

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

Name of Employer Self Employed Occupation Developer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 15 / 2005  
**Transaction ID:** 80930.C82939  
 Amount of Each Receipt this Period: 1000.00  
 Receipt

**C.**

Full Name (Last, First, Middle Initial)  
Mark Wendt

Mailing Address 3102 Front St

City Klamath Falls State OR Zip Code 97601-0010

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

Name of Employer Information Requested Occupation Builder

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 05 / 2005  
**Transaction ID:** 80930.C82625  
 Amount of Each Receipt this Period: 250.00  
 Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 13 / 29	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Oregon Republican Party

<b>A.</b>	Full Name (Last, First, Middle Initial) James Young		Date of Receipt																					
	Mailing Address PO Box 39		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	5		2	0	0	5
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	4		0	5		2	0	0	5														
	City	State	Zip Code		<b>Transaction ID:</b> 80930.C82594																			
	Lebanon	OR	97355-0039																					
FEC ID number of contributing federal political committee.		C		Amount of Each Receipt this Period																				
Name of Employer Entek		Occupation President		250.00																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		Receipt																				
		250.00																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	9050.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 14 / 29

<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)  
Oregon Republican Party

<b>A.</b>	Full Name (Last, First, Middle Initial) Direct Mail Systems, Inc <hr/> Mailing Address 12450 Automobile Boulevard <hr/> City Clearwater State FL Zip Code 34622- <hr/> Purpose of Disbursement List Management Service OGOP Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 80930.E11499 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 5	Amount of Each Disbursement this Period 1200.00 <hr/> LIST MANAGEMENT SERVICE OGOP
<b>B.</b>	Full Name (Last, First, Middle Initial) Direct Mail Systems, Inc <hr/> Mailing Address 12450 Automobile Boulevard <hr/> City Clearwater State FL Zip Code 34622- <hr/> Purpose of Disbursement List Management Service OGOP Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 80930.E11500 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 5	Amount of Each Disbursement this Period 500.00 <hr/> LIST MANAGEMENT SERVICE OGOP
<b>C.</b>	Full Name (Last, First, Middle Initial) FLS Connect <hr/> Mailing Address 7320 N Dreamy Draw Dr <hr/> City Phoenix State AZ Zip Code 85020-5212 <hr/> Purpose of Disbursement Fundraising Phone Calls OGOP Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 80930.E11547 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 5	Amount of Each Disbursement this Period 2061.10 <hr/> FUNDRAISING PHONE CALLS OGOP

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3761.10</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Oregon Republican Party

<b>A.</b> Full Name (Last, First, Middle Initial) Key Bank** Mailing Address 1500 Edgewater St NW City Salem State OR Zip Code 97304- Purpose of Disbursement Bank Fee 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: 80930.E14405 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 5
	Amount of Each Disbursement this Period 1.00 BANK FEE

<b>B.</b> Full Name (Last, First, Middle Initial) Amy Langdon Mailing Address 2830 Foxhaven Dr SE City Salem State OR Zip Code 97306-2526 Purpose of Disbursement Phone Expense 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: 80930.E11487 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 5
	Amount of Each Disbursement this Period 1486.78 PHONE EXPENSE

<b>C.</b> Full Name (Last, First, Middle Initial) Amy Langdon Mailing Address 2830 Foxhaven Dr SE City Salem State OR Zip Code 97306-2526 Purpose of Disbursement Travel OGOP 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: 80930.E11553 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 0 5
	Amount of Each Disbursement this Period 43.25 TRAVEL OGOP

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1531.03
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input 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)  
Oregon Republican Party

A.

Full Name (Last, First, Middle Initial)  
Willabys Catering

Mailing Address 8800 Enchanted Way

City Salem State OR Zip Code 97302-

Purpose of Disbursement  
Catering OGOP

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80930.E11544  
Date of Disbursement

04 / 14 / 2005

Amount of Each Disbursement this Period

934.96

CATERING OGOP

B.

Full Name (Last, First, Middle Initial)  
Solomon Yue

Mailing Address 265 50th Ave NW

City Salem State OR Zip Code 97304-3221

Purpose of Disbursement  
Travel OGOP

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80930.E11546  
Date of Disbursement

04 / 14 / 2005

Amount of Each Disbursement this Period

765.51

TRAVEL OGOP

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

1700.47

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

6992.60

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Oregon Republican Party

A.	Full Name (Last, First, Middle Initial) Leisha Adams	Transaction ID: 80930.E11478 Date of Disbursement 04 / 01 / 2005
	Mailing Address 300 S Everest Rd Unit 39	Amount of Each Disbursement this Period 548.37
	City Newberg State OR Zip Code 97132-2171	
	Purpose of Disbursement FEA payroll Candidate Name	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) ▼
		FEA PAYROLL

B.	Full Name (Last, First, Middle Initial) Leisha Adams	Transaction ID: 80930.E11479 Date of Disbursement 04 / 15 / 2005
	Mailing Address 300 S Everest Rd Unit 39	Amount of Each Disbursement this Period 546.39
	City Newberg State OR Zip Code 97132-2171	
	Purpose of Disbursement FEA payroll Candidate Name	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) ▼
		FEA PAYROLL

C.	Full Name (Last, First, Middle Initial) Michelle Ashenfelter	Transaction ID: 80930.E11482 Date of Disbursement 04 / 01 / 2005
	Mailing Address 2012 NE 15th	Amount of Each Disbursement this Period 1541.88
	City Portland State OR Zip Code 97212-	
	Purpose of Disbursement FEA payroll Candidate Name	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) ▼
		FEA PAYROLL

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	2636.64
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 18 / 29

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Oregon Republican Party

A.	Full Name (Last, First, Middle Initial) Michelle Ashenfelter	Transaction ID: 80930.E11483 Date of Disbursement 04 / 15 / 2005
	Mailing Address 2012 NE 15th	Amount of Each Disbursement this Period 1541.88
	City Portland State OR Zip Code 97212-	
	Purpose of Disbursement FEA payroll Candidate Name	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) ▼
		FEA PAYROLL

B.	Full Name (Last, First, Middle Initial) Key Bank**	Transaction ID: 80930.E11472 Date of Disbursement 04 / 01 / 2005
	Mailing Address 1500 Edgewater St NW	Amount of Each Disbursement this Period 1994.04
	City Salem State OR Zip Code 97304-	
	Purpose of Disbursement FEA payroll taxes Candidate Name	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) ▼
		FEA PAYROLL TAXES

C.	Full Name (Last, First, Middle Initial) Key Bank**	Transaction ID: 80930.E11473 Date of Disbursement 04 / 15 / 2005
	Mailing Address 1500 Edgewater St NW	Amount of Each Disbursement this Period 1979.54
	City Salem State OR Zip Code 97304-	
	Purpose of Disbursement FEA payroll taxes Candidate Name	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) ▼
		FEA PAYROLL TAXES

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5515.46
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Oregon Republican Party

A.	Full Name (Last, First, Middle Initial) Amy Langdon	Transaction ID: 80930.E11486 Date of Disbursement 04 / 01 / 2005
	Mailing Address 2830 Foxhaven Dr SE	
	City Salem State OR Zip Code 97306-2526	Amount of Each Disbursement this Period 2046.95
	Purpose of Disbursement FEA payroll Candidate Name	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) ▼
		FEA PAYROLL

B.	Full Name (Last, First, Middle Initial) Amy Langdon	Transaction ID: 80930.E11488 Date of Disbursement 04 / 15 / 2005
	Mailing Address 2830 Foxhaven Dr SE	
	City Salem State OR Zip Code 97306-2526	Amount of Each Disbursement this Period 2046.95
	Purpose of Disbursement FEA payroll Candidate Name	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) ▼
		FEA PAYROLL

C.	Full Name (Last, First, Middle Initial) Oregon Department of Revenue	Transaction ID: 80930.E14421 Date of Disbursement 04 / 01 / 2005
	Mailing Address P.O. Box 14800	
	City Salem State OR Zip Code 97309-0920	Amount of Each Disbursement this Period 507.00
	Purpose of Disbursement FEA payroll taxes Candidate Name	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) ▼
		FEA PAYROLL TAXES

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	4600.90
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 29

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Oregon Republican Party

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

Mailing Address P.O. Box 14800

City Salem State OR Zip Code 97309-0920

Purpose of Disbursement  
FEA payroll taxes

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80930.E14422  
Date of Disbursement

04 / 15 / 2005

Amount of Each Disbursement this Period

506.00

FEA PAYROLL TAXES

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

Mailing Address P.O. Box 14800

City Salem State OR Zip Code 97309-0920

Purpose of Disbursement  
FEA: Payroll taxes

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80930.E14431  
Date of Disbursement

04 / 30 / 2005

Amount of Each Disbursement this Period

1417.10

FEA: PAYROLL TAXES

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

1923.10

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

14676.10

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
Oregon Republican Party

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Aristotle			Nature of Debt (Purpose): Computer Support
Mailing Address 205 Pennsylvania Ave SE			
City Washington	State DC	ZIP Code 20003-	

Outstanding Balance Beginning This Period <input type="text" value="1950.00"/>		<b>Transaction ID:</b> LS80930.E9875	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1950.00"/>	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> FLS Connect			Nature of Debt (Purpose): Fundraising Phone Calls OGOP
Mailing Address 7320 N Dreamy Draw Dr			
City Phoenix	State AZ	ZIP Code 85020-5212	

Outstanding Balance Beginning This Period <input type="text" value="8915.50"/>		<b>Transaction ID:</b> LS80930.E11547	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="2061.10"/>	Outstanding Balance at Close of This Period <input type="text" value="6854.40"/>	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Direct Mail Systems, Inc			Nature of Debt (Purpose): List Management Service OGOP
Mailing Address 12450 Automobile Boulevard			
City Clearwater	State FL	ZIP Code 34622-	

Outstanding Balance Beginning This Period <input type="text" value="3654.78"/>		<b>Transaction ID:</b> LS80930.E11499	
Amount Incurred This Period <input type="text" value="1700.00"/>	Payment This Period <input type="text" value="1700.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3654.78"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="12459.18"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
Oregon Republican Party

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Oregon State Fair			Nature of Debt (Purpose): Facility Rental OGOP
Mailing Address 2330 17th St NE			
City Salem	State OR	ZIP Code 97310-	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		<b>Transaction ID:</b> LS80930.E11561	
Amount Incurred This Period <input type="text" value="855.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="855.00"/>	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> UPS			Nature of Debt (Purpose): Delivery
Mailing Address Lockbox 577			
City Carol Stream	State IL	ZIP Code 60132-0577	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		<b>Transaction ID:</b> LS81006.E15137	
Amount Incurred This Period <input type="text" value="64.32"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="64.32"/>	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Electric Lightwave			Nature of Debt (Purpose): Phone service
Mailing Address PO Box 20553			
City Rochester	State NY	ZIP Code 14602-	

Outstanding Balance Beginning This Period <input type="text" value="317.79"/>		<b>Transaction ID:</b> LS80930.E11560	
Amount Incurred This Period <input type="text" value="320.03"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="637.82"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="1557.14"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
Oregon Republican Party

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> X5 Solutions			Nature of Debt (Purpose): Phone Service
Mailing Address 1520 4th Ave Ste 500			
City Seattle	State WA	ZIP Code 98101-3609	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		<b>Transaction ID:</b> LS80930.E11562	
Amount Incurred This Period <input type="text" value="167.06"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="167.06"/>	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Willabys Catering			Nature of Debt (Purpose): Catering OGOP
Mailing Address 8800 Enchanted Way			
City Salem	State OR	ZIP Code 97302-	

Outstanding Balance Beginning This Period <input type="text" value="934.96"/>		<b>Transaction ID:</b> LS80930.E11544	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="934.96"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Entertainment Communications Network			Nature of Debt (Purpose): List Management Service OGOP
Mailing Address 4370 Tujunga Ave Suite 210			
City Studio City	State CA	ZIP Code 91604-	

Outstanding Balance Beginning This Period <input type="text" value="1131.35"/>		<b>Transaction ID:</b> LS81002.E15131	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1131.35"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="1298.41"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 24 / 29
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
Oregon Republican Party

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Stafford Studios	Nature of Debt (Purpose): Web Service
Mailing Address 11594 SE Meadowgold Place	
City Clackamas State OR ZIP Code 97015-	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID:</b> LS80930.E11563	
Amount Incurred This Period <input type="text" value="300.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="300.00"/>

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Capitol Accounting Service	Nature of Debt (Purpose): Compliance Consulting
Mailing Address PO Box 1304	
City Silverton State OR ZIP Code 97381-	

Outstanding Balance Beginning This Period <input type="text" value="937.50"/>	<b>Transaction ID:</b> LS81006.E15133	
Amount Incurred This Period <input type="text" value="270.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1207.50"/>

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor AT&T Wireless	Nature of Debt (Purpose): Phone service
Mailing Address PO Box 30459	
City Los Angeles State CA ZIP Code 90030-	

Outstanding Balance Beginning This Period <input type="text" value="67180.90"/>	<b>Transaction ID:</b> LS80930.E11336	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="67180.90"/>

1) <b>SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="68688.40"/>
2) <b>TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 25 / 29
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
Oregon Republican Party

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Connolly & Goldian	Nature of Debt (Purpose): Legal Consulting
Mailing Address PO Box 3095	
City Salem State OR ZIP Code 97302-	

Outstanding Balance Beginning This Period 1112.50	<b>Transaction ID:</b> LS80930.E11453	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1112.50

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Pacific NW Telco	Nature of Debt (Purpose): Phone service
Mailing Address 10200 Greenburg Road, Suite 340	
City Portland State OR ZIP Code 97223-	

Outstanding Balance Beginning This Period 210.00	<b>Transaction ID:</b> LS80930.E11556	
Amount Incurred This Period 0.00	Payment This Period 210.00	Outstanding Balance at Close of This Period 0.00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Integra Telecom	Nature of Debt (Purpose): Phone Service
Mailing Address PO Box 34988	
City Seattle State WA ZIP Code 98124-1988	

Outstanding Balance Beginning This Period 1195.88	<b>Transaction ID:</b> LS80930.E11543	
Amount Incurred This Period 609.91	Payment This Period 596.90	Outstanding Balance at Close of This Period 1208.89

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	2321.39
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 26 / 29
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
Oregon Republican Party

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Elsinore Gallery & Framing			Nature of Debt (Purpose): Office Supplies
Mailing Address 142 High St SE			
City Salem	State OR	ZIP Code 97301-3608	

Outstanding Balance Beginning This Period		<b>Transaction ID: LS81006.E15135</b>	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
185.00	0.00	185.00	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	185.00
2) <b>TOTALS</b> This Period (last page this line number only).....	86509.52
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	86509.52

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

NAME OF COMMITTEE (In Full)  
Oregon Republican Party

**A. Full Name (Last, First, Middle Initial)**  
DH & Associates

Mailing Address  
PO Box 1083

City State Zip Code  
Salem OR 97308-

Purpose of Disbursement:  
Compliance Consulting

Category/  
Type

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

41788.09

Activity or Event Identifier:  
ADMINISTRATION B 4111

Date 04 / 01 / 2005

Transaction ID: H480930.E11513

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
375.00		2125.00		2500.00

**B. Full Name (Last, First, Middle Initial)**  
Certified Property

Mailing Address  
PO Box 269

City State Zip Code  
Salem OR 97308-0269

Purpose of Disbursement:  
Rent

Category/  
Type

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

47651.91

Activity or Event Identifier:  
ADMINISTRATION B 4111

Date 04 / 06 / 2005

Transaction ID: H480930.E11542

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
855.00		4845.00		5700.00

**C. Full Name (Last, First, Middle Initial)**  
Integra Telecom

Mailing Address  
PO Box 34988

City State Zip Code  
Seattle WA 98124-1988

Purpose of Disbursement:  
Phone Service

Category/  
Type

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

48258.81

Activity or Event Identifier:  
ADMINISTRATION B 4111

Date 04 / 14 / 2005

Transaction ID: H480930.E11543

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
89.54		507.36		596.90

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1319.54		7477.36		8796.90

**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

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

NAME OF COMMITTEE (In Full)  
Oregon Republican Party

<b>A. Full Name (Last, First, Middle Initial)</b> Certified Property			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 269			Allocated Activity or Event Year-To-Date 54168.81		
City Salem	State OR	Zip Code 97308-0269	Date <input type="text" value="04"/> / <input type="text" value="27"/> / <input type="text" value="2005"/>		
Purpose of Disbursement: Rent			Transaction ID: H480930.E11550		
Activity or Event Identifier: ADMINISTRATION B 4111					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
855.00		4845.00		5700.00

<b>B. Full Name (Last, First, Middle Initial)</b> Key Bank**			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1500 Edgewater St NW			Allocated Activity or Event Year-To-Date 41941.91		
City Salem	State OR	Zip Code 97304-	Date <input type="text" value="04"/> / <input type="text" value="04"/> / <input type="text" value="2005"/>		
Purpose of Disbursement: Bank Fee			Transaction ID: H480930.E11552		
Activity or Event Identifier: ADMINISTRATION B 4111					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
23.07		130.75		153.82

<b>C. Full Name (Last, First, Middle Initial)</b> Cleveland Renaissance Clevela			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 24 Public Square			Allocated Activity or Event Year-To-Date 54712.44		
City Cleveland	State OH	Zip Code 44113-	Date <input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2005"/>		
Purpose of Disbursement: Travel			Transaction ID: H480930.E11555		
Activity or Event Identifier: ADMINISTRATION B 4111					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
81.54		462.09		543.63

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
959.61		5437.84		6397.45

**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

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

NAME OF COMMITTEE (In Full)  
Oregon Republican Party

<b>A. Full Name (Last, First, Middle Initial)</b> Pacific NW Telco			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address 10200 Greenburg Road, Suite 340			Allocated Activity or Event Year-To-Date 48468.81																						
City	State	Zip Code	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td>/</td><td>2</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td></tr></table> Transaction ID: H480930.E11556			M	M	/	D	D	/	Y	Y	Y	Y	0	4	/	2	1	/	2	0	0	5
M	M	/				D	D	/	Y	Y	Y	Y													
0	4	/	2	1	/	2	0	0	5																
Portland	OR	97223-																							
Purpose of Disbursement: Phone service			Category/ Type																						
Activity or Event Identifier: ADMINISTRATION B 4111																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
31.50		178.50		210.00

<b>B. Full Name (Last, First, Middle Initial)</b> Authnet Gateway Billing			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address 293 Boston Post Rd W Ste 220			Allocated Activity or Event Year-To-Date 41951.91																						
City	State	Zip Code	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td>/</td><td>0</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td></tr></table> Transaction ID: H480930.E14406			M	M	/	D	D	/	Y	Y	Y	Y	0	4	/	0	4	/	2	0	0	5
M	M	/				D	D	/	Y	Y	Y	Y													
0	4	/	0	4	/	2	0	0	5																
Marlborough	MA	01752-																							
Purpose of Disbursement: Credit Card Fee			Category/ Type																						
Activity or Event Identifier: ADMINISTRATION B 4111																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1.50		8.50		10.00

<b>C. Full Name (Last, First, Middle Initial)</b> CTS Holdings LLC			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address c/o Key Bank                      1500 Edgewater St NW			Allocated Activity or Event Year-To-Date 47661.91																						
City	State	Zip Code	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td>/</td><td>0</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td></tr></table> Transaction ID: H480930.E14407			M	M	/	D	D	/	Y	Y	Y	Y	0	4	/	0	7	/	2	0	0	5
M	M	/				D	D	/	Y	Y	Y	Y													
0	4	/	0	7	/	2	0	0	5																
Salem	OR	97304-																							
Purpose of Disbursement: Credit Card Fee			Category/ Type																						
Activity or Event Identifier: ADMINISTRATION B 4111																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1.50		8.50		10.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
34.50		195.50		230.00

**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
2313.65		13110.70		15424.35