



**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	6

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To: 

M	M
0	6

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 .....	39865.97									
(c) Total Receipts (from Line 19) .....	37698.00	216247.22								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	77563.97	258995.93								
7. Total Disbursements (from Line 31) .....	45491.09	226923.05								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	32072.88	32072.88								
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) .....	85608.34									

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	6

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To: 

M	M
0	6

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	25500.00	52397.50
(i) Itemized (use Schedule A) .....	12198.00	112687.93
(ii) Unitemized .....	37698.00	165085.43
(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) .....	37698.00	165085.43
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)) .....	37698.00	216247.22
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	37698.00	182546.59

**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.....	2111.57	11912.21
(ii) Non-Federal Share.....	11965.46	66363.85
(b) Other Federal Operating Expenditures.....	10795.28	53192.18
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	24872.31	131468.24
22. Transfers to Affiliated/Other Party Committees.....	5000.00	15000.00
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.....	15618.78	80454.81
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	15618.78	80454.81
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	45491.09	226923.05
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	33525.63	160559.20

**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) .....	37698.00	165085.43
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	37698.00	165085.43
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	12906.85	65104.39
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	12906.85	65104.39

**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	85.25
6. TOTAL DISBURSEMENTS..... (Add Lines 4e and 5)	10.75	85.25
7. BEGINNING CASH ON HAND..... (for Column B, use cash as of January 1st)	935.50	1010.00
8. RECEIPTS..... (from Line 3)	0.00	0.00
9. SUBTOTAL..... (Add Lines 7 and 8)	935.50	1010.00
10. DISBURSEMENTS..... (From Line 6)	10.75	85.25
11. ENDING CASH ON HAND..... (Subtract Line 10 From Line 9)	924.75	924.75

**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 / 27
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) / Full Organization Name Key Bank**			<b>Transaction ID:</b> 4B81011.E15224																					
	Mailing Address 1500 Edgewater St NW			Date of Disbursement																					
	City	State	Zip Code	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</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	6		3	0		2	0	0	5
	M	M	/	D	D	/	Y	Y	Y	Y															
0	6		3	0		2	0	0	5																
Salem	OR	97304	Amount of Each Disbursement this Period																						
Purpose of Disbursement Bank Fee			<table border="1"> <tr> <td colspan="10" style="text-align: right;">10.75</td> </tr> </table>		10.75																				
10.75																									
			<b>Account:</b> 8																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>10.75</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>10.75</b>

**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 8 / 27
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) George Ken Austin	Date of Receipt MM / DD / YYYY 06 / 12 / 2005
	Mailing Address PO Box 209	<b>Transaction ID:</b> 80930.C86174
	City State Zip Code Newberg OR 97132-0209	Amount of Each Receipt this Period 10000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Reattribution Memo <b>[MEMO ITEM]</b> REATTRIBUTION FROM SPOUSE
Name of Employer Adec. Inc.	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Joan Austin	Date of Receipt MM / DD / YYYY 06 / 12 / 2005
	Mailing Address PO Box 209	<b>Transaction ID:</b> 81117.C98420
	City State Zip Code Newberg OR 97132-0209	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
Name of Employer A-dec, Inc.	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 6000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Joan Austin	Date of Receipt MM / DD / YYYY 06 / 12 / 2005
	Mailing Address PO Box 209	<b>Transaction ID:</b> 80930.C83564
	City State Zip Code Newberg OR 97132-0209	Amount of Each Receipt this Period 20000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
Name of Employer A-dec, Inc.	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 26000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	25000.00
<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 9 / 27  
(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)  
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 ▼ 21000.00  
Date of Receipt 06 / 12 / 2005  
Transaction ID: 80930.C86176  
Amount of Each Receipt this Period -5000.00  
Reattribution Memo  
**[MEMO ITEM]**  
REATTRIBUTION TO NON-FEDERAL

**B.** 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 ▼ 11000.00  
Date of Receipt 06 / 12 / 2005  
Transaction ID: 80930.C86175  
Amount of Each Receipt this Period -10000.00  
Reattribution Memo  
**[MEMO ITEM]**  
REATTRIBUTION TO SPOUSE

**C.** Full Name (Last, First, Middle Initial)  
Kenneth Knott  
Mailing Address 59926 Comstock Rd.  
City Cove State OR Zip Code 97824  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Rancher  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00  
Date of Receipt 06 / 26 / 2005  
Transaction ID: 80930.C83851  
Amount of Each Receipt this Period 500.00  
Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 500.00  
**TOTAL** This Period (last page this line number only) ..... ▶ 25500.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 10 / 27

<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Direct Mail Systems, Inc</p> <p>Mailing Address 12450 Automobile Boulevard</p> <p>City Clearwater State FL Zip Code 34622-</p> <p>Purpose of Disbursement List Management Service OGOP</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80930.E11661 <b>Date of Disbursement</b> 06 / 22 / 2005</p> <p>Amount of Each Disbursement this Period 3154.78</p> <p>LIST MANAGEMENT SERVICE OGOP</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) FLS Connect</p> <p>Mailing Address 7320 N Dreamy Draw Dr</p> <p>City Phoenix State AZ Zip Code 85020-5212</p> <p>Purpose of Disbursement Message Phone Calls OGOP</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80930.E11664 <b>Date of Disbursement</b> 06 / 22 / 2005</p> <p>Amount of Each Disbursement this Period 6854.40</p> <p>MESSAGE PHONE CALLS OGOP</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) LifeWise</p> <p>Mailing Address 815 SW Bond St</p> <p>City Bend State OR Zip Code 97702-</p> <p>Purpose of Disbursement Insurance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80930.E11668 <b>Date of Disbursement</b> 06 / 27 / 2005</p> <p>Amount of Each Disbursement this Period 286.10</p> <p>INSURANCE</p>

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

10295.28

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 27

<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)  
U.S. Postmaster

Mailing Address 410 Mill St SE

City State Zip Code  
Salem OR 97301-

Purpose of Disbursement  
Postage OGOP

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80930.E11656

Date of Disbursement

/   /

Amount of Each Disbursement this Period

POSTAGE OGOP

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input checked="" 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) Oregon Republican Party		Transaction ID: 80930.E11642	
	Mailing Address Key Bank NonFederal Acct 1500 Edgewater St NW		Date of Disbursement MM / DD / YYYY 06 / 17 / 2005	
	City Salem	State OR	Zip Code 97302-	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement transfer for Joan Austin		Category/ Type	
	Candidate Name			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	State: District:			

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

5000.00

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

5000.00

**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)

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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) Michelle Ashenfelter	Transaction ID: 80930.E11640 Date of Disbursement 06 / 01 / 2005
	Mailing Address 2012 NE 15th	Amount of Each Disbursement this Period 1562.88
	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) Michelle Ashenfelter	Transaction ID: 80930.E11641 Date of Disbursement 06 / 15 / 2005
	Mailing Address 2012 NE 15th	Amount of Each Disbursement this Period 2624.65
	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

C.	Full Name (Last, First, Middle Initial) Key Bank**	Transaction ID: 80930.E11650 Date of Disbursement 06 / 01 / 2005
	Mailing Address 1500 Edgewater St NW	Amount of Each Disbursement this Period 1914.10
	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) .....	<b>6101.63</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)

PAGE 14 / 27

<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Key Bank**</p> <p>Mailing Address 1500 Edgewater St NW</p> <p>City Salem State OR Zip Code 97304-</p> <p>Purpose of Disbursement FEA payroll taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80930.E11651 <b>Date of Disbursement</b> 06 / 15 / 2005</p> <p>Amount of Each Disbursement this Period 2769.08</p> <p>FEA PAYROLL TAXES</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Amy Langdon</p> <p>Mailing Address 2830 Foxhaven Dr SE</p> <p>City Salem State OR Zip Code 97306-2526</p> <p>Purpose of Disbursement FEA payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80930.E11643 <b>Date of Disbursement</b> 06 / 01 / 2005</p> <p>Amount of Each Disbursement this Period 2069.96</p> <p>FEA PAYROLL</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Amy Langdon</p> <p>Mailing Address 2830 Foxhaven Dr SE</p> <p>City Salem State OR Zip Code 97306-2526</p> <p>Purpose of Disbursement FEA Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80930.E11644 <b>Date of Disbursement</b> 06 / 15 / 2005</p> <p>Amount of Each Disbursement this Period 2069.95</p> <p>FEA PAYROLL</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>6908.99</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)

PAGE 15 / 27

<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

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

<b>A.</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 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.E14434 Date of Disbursement 06 / 01 / 2005  Amount of Each Disbursement this Period 429.00  FEA PAYROLL
<b>B.</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  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.E14435 Date of Disbursement 06 / 15 / 2005  Amount of Each Disbursement this Period 613.00  FEA PAYROLL TAXES
<b>C.</b>	Full Name (Last, First, Middle Initial) Cindy Taylor  Mailing Address 595 Rockwood St SE  City Salem State OR Zip Code 97306-1756  Purpose of Disbursement FEA payroll 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.E11647 Date of Disbursement 06 / 01 / 2005  Amount of Each Disbursement this Period 620.65  FEA PAYROLL

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

1662.65

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 27

<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

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)

Cindy Taylor

Mailing Address 595 Rockwood St SE

City State Zip Code  
Salem OR 97306-1756

Purpose of Disbursement  
FEA payroll

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80930.E11648

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	0	5

Amount of Each Disbursement this Period

945.51
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FEA PAYROLL

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

945.51
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TOTAL This Period (last page this line number only) ..... ►

15618.78
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**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 17 / 27
	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 Aristotle	Nature of Debt (Purpose): Computer Support
Mailing Address 205 Pennsylvania Ave SE	
City State ZIP Code Washington DC 20003-	

Outstanding Balance Beginning This Period 1950.00	<b>Transaction ID:</b> LS80930.E11659	
Amount Incurred This Period 0.00	Payment This Period 1950.00	Outstanding Balance at Close of This Period 0.00

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

Outstanding Balance Beginning This Period 7599.60	<b>Transaction ID:</b> LS80930.E11664	
Amount Incurred This Period 5991.50	Payment This Period 6854.40	Outstanding Balance at Close of This Period 6736.70

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

Outstanding Balance Beginning This Period 6663.06	<b>Transaction ID:</b> LS80930.E11661	
Amount Incurred This Period 3556.21	Payment This Period 3154.78	Outstanding Balance at Close of This Period 7064.49

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	13801.19
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)

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="855.00"/>		<b>Transaction ID:</b> LS80930.E11665	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="855.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Joan Austin			Nature of Debt (Purpose): Contribution Refund
Mailing Address PO Box 209			
City Newberg	State OR	ZIP Code 97132-0209	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		<b>Transaction ID:</b> LS81116.E15755	
Amount Incurred This Period <input type="text" value="1000.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1000.00"/>	

<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="318.87"/>		<b>Transaction ID:</b> LS80930.E11663	
Amount Incurred This Period <input type="text" value="352.80"/>	Payment This Period <input type="text" value="318.87"/>	Outstanding Balance at Close of This Period <input type="text" value="352.80"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="1352.80"/>
<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 19 / 27
	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 Entertainment Communications Network	Nature of Debt (Purpose): List Management Service OGOP
Mailing Address 4370 Tujunga Ave Suite 210	
City State ZIP Code Studio City CA 91604-	

Outstanding Balance Beginning This Period 1131.35	<b>Transaction ID:</b> LS80930.E10026	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1131.35

<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 State ZIP Code Silverton OR 97381-	

Outstanding Balance Beginning This Period 270.00	<b>Transaction ID:</b> LS81217.E16420	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 270.00

<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 State ZIP Code Los Angeles CA 90030-	

Outstanding Balance Beginning This Period 67180.90	<b>Transaction ID:</b> LS80930.E11336	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 67180.90

1) <b>SUBTOTALS</b> This Period This Page (optional).....	68582.25
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)

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> 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 <input type="text" value="1112.50"/>		<b>Transaction ID:</b> LS80930.E11660	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="248.50"/>	Outstanding Balance at Close of This Period <input type="text" value="864.00"/>	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> 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 <input type="text" value="1222.11"/>		<b>Transaction ID:</b> LS80930.E11658	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="609.91"/>	Outstanding Balance at Close of This Period <input type="text" value="612.20"/>	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> 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 <input type="text" value="185.00"/>		<b>Transaction ID:</b> LS80930.E11657	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="185.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="1476.20"/>
<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 21 / 27	
	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 Key Corporate Card			Nature of Debt (Purpose): Office Supplies/Floral Expense
Mailing Address PO Box 9004			
City Des Moines	State IA	ZIP Code 50368-9004	

Outstanding Balance Beginning This Period		<b>Transaction ID: LS81104.E15748</b>	
199.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
196.90	0.00	395.90	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	395.90
2) <b>TOTALS</b> This Period (last page this line number only).....	85608.34
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)	85608.34

**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> Elsinore Gallery & Framing			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 142 High St SE			Allocated Activity or Event Year-To-Date 73418.69		
City Salem	State OR	Zip Code 97301-3608	Date <input type="text" value="06"/> / <input type="text" value="22"/> / <input type="text" value="2005"/>		
Purpose of Disbursement: Office Supplies			Transaction ID: H480930.E11657		
Activity or Event Identifier: ADMINISTRATION B 4111					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
27.75		157.25		185.00

<b>B. Full Name (Last, First, Middle Initial)</b> Integra Telecom			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 34988			Allocated Activity or Event Year-To-Date 73233.69		
City Seattle	State WA	Zip Code 98124-1988	Date <input type="text" value="06"/> / <input type="text" value="22"/> / <input type="text" value="2005"/>		
Purpose of Disbursement: Phone Service			Transaction ID: H480930.E11658		
Activity or Event Identifier: ADMINISTRATION B 4111					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
91.49		518.42		609.91

<b>C. Full Name (Last, First, Middle Initial)</b> Aristotle			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 205 Pennsylvania Ave SE			Allocated Activity or Event Year-To-Date 71077.98		
City Washington	State DC	Zip Code 20003-	Date <input type="text" value="06"/> / <input type="text" value="22"/> / <input type="text" value="2005"/>		
Purpose of Disbursement: Computer Support			Transaction ID: H480930.E11659		
Activity or Event Identifier: ADMINISTRATION B 4111					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
292.50		1657.50		1950.00

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
411.74		2333.17		2744.91

**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> Connolly & Goldian			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 3095			Allocated Activity or Event Year-To-Date 72623.78		
City Salem	State OR	Zip Code 97302-	Date <input type="text" value="06"/> / <input type="text" value="22"/> / <input type="text" value="2005"/>		
Purpose of Disbursement: Legal Consulting			Transaction ID: H480930.E11660		
Activity or Event Identifier: ADMINISTRATION B 4111					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
37.28		211.22		248.50

<b>B. Full Name (Last, First, Middle Initial)</b> Eagle Teleconferencing			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 207 West Washington Street			Allocated Activity or Event Year-To-Date 72375.28		
City Rushville	State IL	Zip Code 62681-	Date <input type="text" value="06"/> / <input type="text" value="22"/> / <input type="text" value="2005"/>		
Purpose of Disbursement: Phone Service			Transaction ID: H480930.E11662		
Activity or Event Identifier: ADMINISTRATION B 4111					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
7.32		41.50		48.82

<b>C. Full Name (Last, First, Middle Initial)</b> Electric Lightwave			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 20553			Allocated Activity or Event Year-To-Date 72267.25		
City Rochester	State NY	Zip Code 14602-	Date <input type="text" value="06"/> / <input type="text" value="22"/> / <input type="text" value="2005"/>		
Purpose of Disbursement: Phone Service			Transaction ID: H480930.E11663		
Activity or Event Identifier: ADMINISTRATION B 4111					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
47.83		271.04		318.87

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
92.43		523.76		616.19

**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

**A. Full Name (Last, First, Middle Initial)**  
Oregon State Fair

Mailing Address  
2330 17th St NE

City	State	Zip Code
Salem	OR	97310-

Purpose of Disbursement:  
Facility Rental OGOP

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

71932.98

Activity or Event Identifier:  
ADMINISTRATION B 4111

Date 06 / 22 / 2005

Transaction ID: H480930.E11665

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
128.25		726.75		855.00

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

Mailing Address  
Lockbox 577

City	State	Zip Code
Carol Stream	IL	60132-0577

Purpose of Disbursement:  
Delivery

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

71948.38

Activity or Event Identifier:  
ADMINISTRATION B 4111

Date 06 / 22 / 2005

Transaction ID: H480930.E11666

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2.31		13.09		15.40

**C. Full Name (Last, First, Middle Initial)**  
X5 Solutions

Mailing Address  
1520 4th Ave Ste 500

City	State	Zip Code
Seattle	WA	98101-3609

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

72326.46

Activity or Event Identifier:  
ADMINISTRATION B 4111

Date 06 / 22 / 2005

Transaction ID: H480930.E11667

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
8.88		50.33		59.21

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
139.44		790.17		929.61

**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> W.B. Adams Insurance			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 9900 SW Greenburg Rd Suite 270			Allocated Activity or Event Year-To-Date 74651.94																						
City Portland	State OR	Zip Code 97223-	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>6</td><td>/</td><td>2</td><td>7</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	6	/	2	7	/	2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y																
0	6	/	2	7	/	2	0	0	5																
Purpose of Disbursement: Insurance			Category/ Type																						
Activity or Event Identifier: ADMINISTRATION B 4111			Transaction ID: H480930.E11669																						

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
184.99		1048.26		1233.25

<b>B. 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 69116.01																						
City Salem	State OR	Zip Code 97308-0269	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>6</td><td>/</td><td>0</td><td>3</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	6	/	0	3	/	2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y																
0	6	/	0	3	/	2	0	0	5																
Purpose of Disbursement: Rent			Category/ Type																						
Activity or Event Identifier: ADMINISTRATION B 4111			Transaction ID: H480930.E11671																						

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
855.00		4845.00		5700.00

<b>C. Full Name (Last, First, Middle Initial)</b> DH & Associates			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 1083			Allocated Activity or Event Year-To-Date 77462.94																						
City Salem	State OR	Zip Code 97308-	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>6</td><td>/</td><td>3</td><td>0</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	6	/	3	0	/	2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y																
0	6	/	3	0	/	2	0	0	5																
Purpose of Disbursement: Compliance Consulting			Category/ Type																						
Activity or Event Identifier: ADMINISTRATION B 4111			Transaction ID: H480930.E11672																						

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
421.50		2388.50		2810.00

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1461.49		8281.76		9743.25

**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> 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 74652.94		
City Salem	State OR	Zip Code 97304-	Date <input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2005"/>		
Purpose of Disbursement: Bank fees			Transaction ID: H480930.E11692		
Activity or Event Identifier: ADMINISTRATION B 4111					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.15		0.85		1.00

<b>B. 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 69127.98		
City Salem	State OR	Zip Code 97304-	Date <input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2005"/>		
Purpose of Disbursement: Credit Card Fee			Transaction ID: H481011.E15221		
Activity or Event Identifier: ADMINISTRATION B 4111					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1.80		10.17		11.97

<b>C. 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 63416.01		
City Marlborough	State MA	Zip Code 01752-	Date <input type="text" value="06"/> / <input type="text" value="02"/> / <input type="text" value="2005"/>		
Purpose of Disbursement: Credit Card Fee			Transaction ID: H481011.E15222		
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
3.45		19.52		22.97

**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

**A. Full Name (Last, First, Middle Initial)**  
Discover Corporate Card

Mailing Address  
PO Box 30423

City	State	Zip Code
Salt Lake City	UT	84130-0423

Purpose of Disbursement:  
Credit Card Fee

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

63406.01

Activity or Event Identifier:  
ADMINISTRATION B 4111

Date  M  M /  D  D /  Y  Y  Y  Y  
06 / 02 / 2005

Transaction ID: H481011.E15223

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.02		17.08		20.10

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.02		17.08		20.10

**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
2111.57		11965.46		14077.03