FEC FORM 3X	AN	PORT O	JRSEM	ENTS	ee		Office Use Only	
1. NAME OF COMMITTEE (in fu		FEC MAILING LA		ample:If typing er the lines	, type			
Right to Life/Orego	n PAC							
ADDRESS (number and	street)	335 River Road N						
Check if differ than previousl reported. (ACC		alem					97303	
2. FEC IDENTIFICAT	ION NUMBER	▼	CITY 🛋		S	STATE	ZIPCOD	DE 🔺
C00141572		]	3. IS THIS REPORT		N) <b>OR</b>	X AN (A)	ENDED	
X July 15 Quarterly Cotober Quarterly January 3 Quarterly July 31 M	orts: Report(Q1) Report(Q2) I5 Report(Q3) B1 Report(YE) Iid-Year on-election	b) Monthly Report Due On: (c) 12-Day PRE-Elect Report for (d) 30-Day Post -Elect	the:	)	12C)	Sep	2G) in the State of	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R)
Terminati (TER)	on Report	Report for	the:				in the State of	
5. Covering Period	07	01 200	0 9	through	09	30	2009	
I certify that I have exam Type or Print Name of T	reasurer <u>N</u>	Mrs. Gayle Atteberi	y	and belief it is				
Signature of Treasurer	Ele <u>ctronically</u>	·	ayle Atteberry			ate <u>1</u> 1		2009
NOTE : Submission of f	alse, erroneous,	, or incomplete info	ormation may s	ubject the perse	on signing this	Report to the	-	
Office Use Only							(Rev. 12/200	

A. Form/Schedule : F3XA Transaction ID : Memo 07/09 Conclusive Marketing for \$412.50 belongs to check # 446 on 7/23/09 to Jane Groff. Memo 07/09 to EZ Publishing for \$99.99 belongs to check #447 on 7/23/09 to Michelle Knopp. 07/28/09 check to Oregon Right to Life for \$10 is for this PAC's portion of amount due in customer analysis statement for June 2009. All memo items on June 30, 2009 go with check # 454 to Oregon Right to Life for \$10,191.72 for wages and payroll taxes. Memo item 08/07/09 Dell Inc \$650.50 for computer belongs to check # 453 to Jane Groff. 08/17/09 check to Oregon Right to Life for \$10 is for this PAC's portion of amount due in customer analysis statement for July 2009. Memo items on 8/10/09 for \$67,80 and 9/-13/09 for \$64.54 belong to check #460 to Lois Anderson for \$132.34. Memo item on 9/15/09 for \$7.52 for refreshments belongs to # 462 to Michelle Knopp for \$7.52. All memo items on 9/30/09 belong to check # 467 for \$12176.51 to Oregon Right to Life for wages and payroll taxes.

nage	# 29993368331 FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	3 / 22
V	Vrite or Type Committee Name Right to Life/Oregon PAC		
F	Report Covering the Period: From:	<sup>M M</sup> 07 01 2009	To: 09 30 2009
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 2009 <sup>°°°°</sup>		58271.59
	(b) Cash on Hand at Begining of Reporting Period	54094.22	
	(c) Total Receipts (from Line 19)	0.00	46181.00
	<ul> <li>(d) Subtotal (add lines 6(b) and</li> <li>6(c) for Column A and Lines</li> <li>6(a) and 6(c) for Column B)</li> </ul>	54094.22	104452.59
7.	Total Disbursements (from Line 31)	. 37812.84	88171.21
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	16281.38	16281.38
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)	0.00	

X 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

lmage#	29993368332	
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(C)

(d)

# DETAILED SUMMARY PAGE

OF RECEIPTS 4 / 22 FEC Form 3X (Rev. 06/2004) Write or Type Committee Name Right to Life/Oregon PAC 0<sup>D</sup>1 м м 07 м м 09 30 D 2009 D 2009 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period Calendar Year-to-Date** 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 0.00 0.00 (i) Itemized (use Schedule A) ..... 0.00 46181.00 (ii) Unitemized ..... (iii) TOTAL (add 0.00 46181.00 Lines 11(a)(i) and (ii) ..... 0.00 0.00 (b) Political Party Committees ..... Other Political Committees 0.00 0.00 (such as PACs) ..... Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 0.00 46181.00 Totals to Line 33, page 5) ..... 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees ..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received ..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) ..... 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees ..... 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) ..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) ..... 0.00 0.00 (b) Levin Funds (from Schedule H5) ...... 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 0.00 46181.00 12, 13, 14, 15, 16, 17, and 18(c)) .....

0.00

20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....

461	01	00
401	01	.00

#### Image# 29993368333

### **DETAILED SUMMARY PAGE**

Image	# 29993368333	DETAILED SUMMARY PAGE	
	FEC Form 3X (Rev. 02/2003)	of Disbursements	5 / 22
	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	0.00	0.00
	<ul><li>(ii) Non-Federal Share</li><li>(b) Other Federal Operating</li></ul>	0.00	0.00
	Expenditures	37812.84	88121.21
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ♪	• 37812.84	88121.21
22.	Transfers to Affiliated/Other Party Committees	0.00	0.00
23.	Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00
24.	Independent Expenditure	0.00	0.00
25.	(use Schedule E) Coordinated Expenditures Made by Party Committees (2 LLS C. 441a(d))	0.00	0.00
	Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26.	Loan Repayments Made	0.00	0.00
	Loans Made Refunds of Contributions To:	0.00	0.00
	(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
	<ul><li>(d) Total Contribution Refunds</li><li>(add Lines 28(a), (b), and (c))</li></ul>	0.00	0.00
29.	Other Disbursements	0.00	50.00
30.	Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	37812.84	88171.21
32.	Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	37812.84	88171.21

FEC Form 3X (Rev. 02/2003)

## **DETAILED SUMMARY PAGE**

of Disbursements

6 / 22

	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)	0.00	46181.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	46181.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	37812.84	88121.21
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	37812.84	88121.21

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TEMIZED DISBURSEMENTS	CHEDULE B (FEC Form 3X)		INE NUMBER: PAGE 7/22
r for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) Right to Life/Oregon PAC Full Name (Last, First, Middle Initial) Adams & Company Mailing Address PO Box 17727 City State Zip Code State: Disbursement Purpose of Disbursement President Disbursement For: State: District: Full Name (Last, First, Middle Initial) Adams & Company Mailing Address PO Box 17727 City State: District: Full Name (Last, First, Middle Initial) Adams & Company Mailing Address PO Box 17727 City State: District: Full Name (Last, First, Middle Initial) Adams & Company Mailing Address PO Box 17727 City State: District: Full Name (Last, First, Middle Initial) Adams & Company Mailing Address 1220 Jays Dr N City State: District: Full Name (Last, First, Middle Initial) Mailing Address 1220 Jays Dr N City State: District: Full Name (Last, First, Middle Initial) Mailing Address 1220 Jays Dr N City State: District: Full Name (Last, First, Middle Initial) Mailing Address 1220 Jays Dr N City State: District: Full Name (Last, First, Middle Initial) Mailing Address 1220 Jays Dr N City State: District: Full Name (Last, First, Middle Initial) Mailing Address 1220 Jays Dr N City State: District: Full Name (Last, First, Middle Initial) Mailing Address 1220 Jays Dr N City State: District: Full Name (Last, First, Middle Initial) Mailing Address 1220 Jays Dr N City State: District: Full Name (Last, First, Middle Initial) Mailing Address 1220 Jays Dr N City State: District: Full Name (Last, First, Middle Initial) Mailing Address 1220 Jays Dr N City State: District: Full Name (Last, First, Middle Initial) Mailing Address 1220 Jays Dr N City State: District: Full Name (Last, First, Middle Initial) Mailing Address 1220 Jays Dr N City State: District: Full Name (Last, First, Middle Initial) Mailing Address 1220 Jays Dr N City State: Dis	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	22 23 24 25 D
Right to Life/Oregon PAC         Full Name (Last, First, Middle Initial)         Adams & Company         Maiing Address       PO Box 17727         City       State       Zip Code         Salem       OR       97305         Purpose of Disbursement       OO1         Cardidate Name       OO1         Cardidate Name       Disbursement For:         Office Sought:       President         District:       Disbursement For:         Org 9"       2 1 2 0 0 9         Adams & Company       Amount of Each Disbursement this Period         Mailing Address       PO Box 17727         City       State       Op 9"         State:       Disbursement         Office Sought:       House         Office Sought:       Bost 17727         City       State         Office Sought:       Disbursement For:         Opicational consultant       Oo1         Cardidate Name       Disbursement For:         Price opicational consultant       Oo1         Cardidate Name       Disbursement For:         Price opicational consultant       Oo1         Cardidate Name       Disbursement For:         Prise of Disbursement       Di	r for commercial purposes, other than using the nam		
Adams & Company       Date of Disbursement         Mailing Address       PO Box 17727         City       State       Zip Code         Salern       OR       97305         Purpose of Disbursement       Amount of Each Disbursement this Period         PAC organizational consultant       001         Candidate Name       Disbursement For:         Office Sought:       House         District:       Disbursement For:         Office Sought:       Senate         President       Disbursement For:         Other (specify)       Image: Senate         Purpose of Disbursement       OR         PAC organizational consultant       OOI         Cade of Disbursement       OR         PAC organizational consultant       OOI         Cade of Disbursement       OR         PAC organizational consultant       OOI         Cade of Disbursement       Procesof         Purpose of Disbursement       Organizational consultant         Code of Disbursement       Organizational consultant         Cade of Disbursement       Organizational consultant         Cade of Disbursement       Organizational consultant         Cade of Disbursement       Organizational consultant         C			
City       State       Zip Code         Salern       OR       97305         Purpose of Disbursement       001         Candidate Name       001         Candidate Name       Other (specify) ▼         Office Sought:       House         Disbursement For:       Disbursement For:         Precident       Disbursement For:         Precident       Other (specify) ▼         Full Name (Last, First, Middle Initial)       Adams & Company         Mailing Address       PO Box 17727         City       State         Zip Code       Office Sought:         House       Disbursement For:         Office Sought:       House         Disbursement       O01         PAC organizational consultant       O01         Candidate Name       Disbursement For:         Office Sought:       House         Disbursement For:       Senate         President       Disbursement For:         Other (specify) ▼       State:         District:       Disbursement For:         Other (specify) ▼       State:         District:       Other (specify) ▼         Full Name (Last, First, Middle Initial)       Mailing Address			Date of Disbursement
Salem       OR       97305         Purpose of Disbursement       PAC organizational consultant       001         Cardidate Name       Office Sought:       House       Disbursement For:         President       Office Sought:       House       Disbursement For:       President         State:       District:       Office Sought:       House       Disbursement For:       President         Full Name (Last, First, Middle Initial)       Adams & Company       Transaction ID:       SB21B.8158         Mailing Address       PO Box 17727       Øf 9 1 2 1 / Ž 0 0 9 ×       Amount of Each Disbursement         Purpose of Disbursement       OR       97305       Amount of Each Disbursement the Perice         Purpose of Disbursement       OR       97305       Purpose of Disbursement the Perice         Office Sought:       House       Disbursement For:       Other (specify) ▼       Amount of Each Disbursement         Office Sought:       House       Disbursement For:       Other (specify) ▼       Amount of Each Disbursement this Perice         Mailing Address       1220 Jays Dr N       Other (specify) ▼       Amount of Each Disbursement this Perice         Office Sought:       House       Disbursement For:       Other (specify) ▼       Amount of Each Disbursement this Perice         Offi	Mailing Address PO Box 17727		
PAC organizational consultant       001         Category/ Type       Category/ Type         Office Sought:       House         President       Disbursement For:         President       Other (specify) ▼         Adams & Company       Full Name (Last, First, Middle Initial)         Adams & Company       Onter (specify) ▼         Mailing Address       PO Box 17727         City       State       Zip Code         Pact organizational consultant       Onter (specify) ▼         Office Sought:       House       Disbursement For:         Other (specify) ▼       Ital Name (Last, First, Middle Initial)         Mailing Address       120 Jays Dr N         City       State       On         Mailing Address       120 Jays Dr N         City       Senate       On         Office Sought:       House       Disbursement For:         Office Sought:       House       Disbursement For:         Office Sought:       House </td <td></td> <td></td> <td></td>			
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Adams & Company       Mailing Address       PO Box 17727       Date of Disbursement         Mailing Address       PO Box 17727       0 9 M / 2 1 / 2 0 0 9         City       State       Zip Code         Salem       OR       97305         Purpose of Disbursement       001         Cardidate Name       001         Cardidate Name       Disbursement For:         President       Disbursement For:         President       Primary         General       Other (specify) ▼         Full Name (Last, First, Middle Initial)       Mailing Address         Mailing Address       1220 Jays Dr N         City       State       Zip Code         Namut of Each Disbursement       Mount of Each Disbursement this Perior         Vages       O01       Category/         Candidate Name       001         Office Sought:       House         Disbursement       001         Wages       001         Candidate Name       001         Office Sought:       House         President       Disbursement For:         President       Disbursement For:         President       Disbursement For:         President       Other (specify) ▼ <td>Senate President</td> <td>ement For: Primary General</td> <td></td>	Senate President	ement For: Primary General	
City       State       Zip Code         Salem       OR       97305         Purpose of Disbursement       001         Candidate Name       001         Category/       Type         Office Sought:       House         Benate       Disbursement For:         President       Disbursement For:         State:       District:         Full Name (Last, First, Middle Initial)         Ms Lois Anderson         Mailing Address       1220 Jays Dr N         City       State         City       State         Cardidate Name       O01         City       State         Cardidate Name       O01         City       State         Keizer       OR         Office Sought:       House         Orfice Sought:       Disbursement For:         Senate       Oither (specify)         Office Sought:       Disbursement For:         Senate       Other (specify)         Office Sought:       Disbursement For:         Senate       Other (specify)         State:       District:			Date of Disbursement
Salem       OR       97305         Purpose of Disbursement       001       01         Candidate Name       001       Category/ Type         Office Sought:       House       Disbursement For:       01         Senate       Primary       General       01         Other (specify) ▼       Image: Senate       President       State:       Disbursement For:         Full Name (Last, First, Middle Initial)       Ms Lois Anderson       Transaction ID: SB21B.8131       Date of Disbursement         Mailing Address       1220 Jays Dr N       Image: Senate       001       Image: Senate       O01         City       State       Zip Code       OR       97303       Amount of Each Disbursement this Perior         Purpose of Disbursement       OO1       Category/ Type       2000.00       Image: Senate       OO1         Candidate Name       Disbursement For:       Senate       Disbursement For:       Senate       Other (specify) ▼       Image: Senate       Image: Senate       Other (specify) ▼         Office Sought:       House       Disbursement For:       Senate       Other (specify) ▼       Image: Senate       Other (specify) ▼         State:       District:       Disbursement For:       Senate       Other (specify) ▼       I	Mailing Address PO Box 17727		09 21 2009
PAC organizational consultant       001         Candidate Name       001         Cardidate Name       001         Office Sought:       House         President       Disbursement For:         State:       District:         Full Name (Last, First, Middle Initial)       Ms Lois Anderson         Mailing Address       1220 Jays Dr N         City       State         Keizer       OR         Purpose of Disbursement       001         Wages       001         Candidate Name       001         Office Sought:       House         Disbursement       001         Category/       Y 2 0 Y 9         Amount of Each Disbursement this Period         Vages       001         Category/       Type         Office Sought:       House         Disbursement For:       Senate         President       Other (specify) ▼         State:       District:	Salem		
Office Sought:       House       Disbursement For:         Senate       President         State:       District:         Full Name (Last, First, Middle Initial)       Ms Lois Anderson         Mailing Address       1220 Jays Dr N         City       State         Keizer       OR         OVER OR       97303         Purpose of Disbursement       001         Candidate Name       Disbursement For:         Office Sought:       House         Disbursement For:       001         Cardidate Name       Disbursement For:         Office Sought:       Disbursement For:         President       Disbursement For:         Office Sought:       House         Disbursement For:       General         Other (specify) ▼       Image: Primary General         Office Sought:       Disbursement For:         President       Other (specify) ▼         State:       District:	PAC organizational consultant		]
Ms Lois Anderson       Date of Disbursement         Mailing Address       1220 Jays Dr N         City       State       Zip Code         Keizer       OR       97303         Purpose of Disbursement       001         Wages       001         Candidate Name       001         Office Sought:       House         President       Disbursement For:         President       Other (specify)         State:       District:	Senate President	Type ement For: Primary General	
City       State       Zip Code         Keizer       OR       97303         Purpose of Disbursement       001       2000.00         Wages       001       Category/ Type       Image: Category			Date of Disbursement
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Wages     001       Candidate Name     001       Office Sought:     House       Disbursement For:     Senate       President     Other (specify)       State:     District:			
Office Sought:     House     Disbursement For:     General       Senate     Primary     General       President     Other (specify)	Wages		]
SUBTOTAL of Disbursements This Page (optional)	Office Sought: House Disburs Senate	ement For: Primary General	— [MEMO ITEM]

Use separate schedule)       Use separate schedule)       Image: Construction of the purpose of the formation copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for commentation committee to solicit contributions from such committee to solicit contributions fr	DULE B (FEC Forn	orm 3X)	e schedule(s)		NUMBER:		PAGE	8/22	2
ar for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (in Full) Right to Life(Oregon PAC Full Name (Last, First, Middle Initial) Mailing Address 1220 Jays Dr N City Categor Disbursement Telephone Candidate Name District: Di	ZED DISBURSEME	<b>IENTS</b> for each cate	egory of the	X 21b	22				
Pight to Life/Oregon PAC         Full Name (Last, First, Middle Initial) Ms Lois Anderson       Transaction ID: SB21B.8149 Date of Disbursement         Mailing Address       1220 Jays Dr N         City Keizer       OR       97303         Purpose of Disbursement Telephone       001 Category/ Type       Amount of Each Disbursement the f Category/ Type         Office Sought:       House Distreament District:       Disbursement For: District:       Transaction ID: SB21B.8164 Date of Disbursement         Full Name (Last, First, Middle Initial) Ms Lois Anderson       Disbursement For: District:       Transaction ID: SB21B.8164 Date of Disbursement         Mailing Address       1220 Jays Dr N       Transaction ID: SB21B.8164 Date of Disbursement         City Keizer       OR       97303         Purpose of Disbursement Wages       001 Category/ Type       Amount of Each Disbursement fills / Date of Disbursement         Office Sought:       House Disbursement For: District:       Other (specify) ▼         Full Name (Last, First, Middle Initial) ATA T Mobility       Transaction ID: SB21B.8150 Date of Disbursement         Mailing Address       PO Box 30459       Amount of Each Disbursement for: Disbursement         Mailing Address       PO Box 30459       Amount of Each Disbursement for: Disbursement For: Disbursement For: Disbursement         Mailing Address       PO Box 30459       Amount of Each Disbur									;
Ms Lois Anderson       Date of Disbursement         Mailing Address       1220 Jays Dr N         City       State       Zip Code         Purpose of Disbursement       001         Cadidate Name       001         Cadidate Name       001         Cadidate Name       001         City       State         Office Sought:       House         Disbursement Tor:       Disbursement For:         Office Sought:       House         Office Sought:       Disbursement For:         Office Sought:       House         Office Sought:       Disbursement For:         Office Sought:       State:         Office Sought:       State         Mailing Address       1220 Jays Dr N         City       State         Kaizer       OR         Outler (specify)       ✓         Office Sought:       House         Other (specify)       ✓         Other (specify)       ✓         Office Sought:       House         Disbursement For:       Other (specify)         Prinzose of Disbursement       Other (specify)         Mailing Address       PO Box 30459         City       State	, ,	))							
City       State       Zip Code       Amount of Each Disbursement this I         Purpose of Disbursement       001       132.34         Telephone       Candidate Name       001         Candidate Name       Disbursement For:       001         Candidate Name       Disbursement For:       President         State:       Disbursement For:       Primary         Gifte Sought:       House       Disbursement For:         Mailing Address       1220 Jays Dr N         City       State       Zip Code         Vages       OR       97303         Purpose of Disbursement       001       Category/ Type         Office Sought:       House       Disbursement For:         Persident       Disbursement For:       001         Category/ Type       Other (specify) ▼       Image:         Office Sought:       House       Disbursement For:       Image:         President       Disbursement For:       Image:       Image:         Office Sought:       House       Disbursement For:       Image:       Image:         Full Name (Last, First, Middle Initial)       AT& Thesitifty       Transaction ID: SB21B.8150         Date of Disbursement       Disbursement For:       Image: <t< td=""><td>,</td><td>tial)</td><td></td><td></td><td></td><td>-</td><td>-</td><td>149</td><td></td></t<>	,	tial)				-	-	149	
Keizer       OR       97303         Purpose of Disbursement       001         Candidate Name       001         Office Sought:       House         President       Disbursement For:         Primary       General         Office Sought:       House         President       Other (specify) ▼         Full Name (Last, First, Middle Initial)       Ms Lois Anderson         Mailing Address       1220 Jays Dr N         City       State       Zip Code         Purpose of Disbursement       001         Wages       Oon         Cardidate Name       001         Office Sought:       House         Purpose of Disbursement       Disbursement For:         Purpose of Disbursement       Other (specify) ▼         General       Other (specify) ▼         Office Sought:       House         President       Other (specify) ▼         Full Name (Last, First, Middle Initial)       Attat Mobility         Mailing Address       PO Box 30459         City       State       Zip Code         Los Angeles       CA       20030         Purpose of Disbursement       Other (specify) ▼         Office Sought:       House	ng Address 1220 Jays Di	s Dr N			09 <sup>M</sup>	<sup>D</sup> 15	/ Y	ž o ò a	) Y
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for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee         NAME OF COMMITTEE (in Full)         Right to Life(Oregon PAC         Full Name (Last, First, Middle Initial)         Cindy Rahm         Maling Address       4411 Pinecrest Dr         City       State         Candidate Name       O01         Cardedate Name       Other (specify) ▼         State:       District:         Purpose of Disbursement       Other (specify) ▼         Regence Bluccross Blueshield of Oregon       Transaction ID: SB218.8109         Date of Disbursement       O01         City       State         Purpose of Disbursement       O01         Cardidate Name       Category         Type       Other (specify) ▼         Office Sought:       House         Purpose of Disbursement       Disbursement For:         Deproper of Disbursement       Disbursement For:         Purpose of Disbursement       Disbursement For:		Detailed Summary Page		27	28a		28b		28c		29				
NAME OF COMMITTEE (in Full)         Right to Life/Oregon PAC         Full Name (Last, First, Middle Initial)         Cindy Rahm         Mailing Address       4411 Pinecrest Dr         City         Eugene       OR         OP       97405         Purpose of Disbursement       001         Cardidate Name       001         Cardidate Name       Disbursement For:         President       Disbursement For:         President       Other (specify)         State:       Disbursement For:         President       Other (specify)         City       State         State:       Disbursement For:         President       Other (specify)         Off       2 3 / 2 0 0 9         Amount of Each Disbursement this Period         Mailing Address       PO Box 91128         City       State       2 0 0 9         Disbursement For:       Other (specify)       Fransaction ID: SB21B, 8152         Candidate Name       Disbursement For:       Other (specify)         City       State       Disbursement For:         President       Disbursement For:       Other (specify)         Full Name (Last, First, Middle Initial)       T												;			
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SCHEDULE B (FEC Form 3X)		rate schedule(s)				only one) 22 23 24 28a 28b 28c			AGE	18/2	22		
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NAME OF COMMITTEE (In Full)			com				ibuti	0113 1	TON	1 30011	00111		
Right to Life/Oregon PAC													
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Mailing Address 4990 River Rd N						0 <sup>M</sup> 9	M /	D	14		Ý Ž	o ò s	Y
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Full Name (Last, First, Middle Initial) Ms Bernetta Simpson						Trans Date of				SB21	B.81	34	
Mailing Address 190 37th Ave SE							_				Ý Ž	o ò s	Y
City Salem	State OR	Zip Code 97317				Amou	nt of	Eac	h D	isburse	-	t this F 72.20	-
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Full Name (Last, First, Middle Initial) Ms Bernetta Simpson						Trans Date of				SB21	B.81	69	
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US Bank						Date		sburse	BB21			Y	
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	First, Middle Initial) e Equipment Finance Serv	ices								SB21	B.81	59	
Mailing Address	1310 Madrid Street Sui	te 101					<sup>™</sup> 9	M /	D2	28 /	Ý Ž	o ò s	Y
City Marshall		State MN	Zip Code 56258				Amou	int of	Each	Disburse	emen	t this F	Perio
Purpose of Disbu Equipment rental					001		L.				4	75.87	
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CHEDULE B (FEC Form 3X)	Use separate schedule(s)		FOR L (check					PAGE 20/22						
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ny Information copied from such Reports and State r for commercial purposes, other than using the nar														
NAME OF COMMITTEE (In Full) Right to Life/Oregon PAC														
Full Name (Last, First, Middle Initial) US Post Office					<b>Trans</b> Date	of D	isbur	sei	mer		3.81	48		
Mailing Address 1050 25th St SE					0 9	М	/ D	0	9	/ Y	Ž	0 ò	9 <sup>×</sup>	
City Salem	StateZip CodeOR97301				Amount of Each Disbursement this Period									
Purpose of Disbursement Postage for Life in Oregon Newsletter		(	001	]	L.						34	42.0	0	
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Office Sought: House Disburs Senate President State: District:	sement For: Primary General Other (specify) ▼													
Full Name (Last, First, Middle Initial)					Trans						3.81	35		
Ms Theresa Vandecoevering					Date 0 <sup>™</sup> 7	of D ™		sei 3		nt / Y	Ý	0 ď	Ŷ	
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Full Name (Last, First, Middle Initial) Ms Theresa Vandecoevering					Trans Date				-		3.81	70		
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	SCHEDULE B (FEC Form 3X)		EOB LINE	NUMBER: PAGE 21/22
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		Detailed Summary Page		
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	or for commercial purposes, other than using the			
Į.	NAME OF COMMITTEE (In Full)			
	Right to Life/Oregon PAC			
Α.	Full Name (Last, First, Middle Initial) Carolyn Wendell			Transaction ID: SB21B.8136 Date of Disbursement
	Mailing Address 1540 N 4th			07 <sup>M</sup> / 30 <sup>D</sup> / 2009 <sup>Y</sup>
	City	State Zip Code		Amount of Each Disbursement this Period
	Stayton	OR 97383		1013.52
	Purpose of Disbursement Wages		001	1013.32
	Candidate Name		Category/	
			Туре	[MEMO ITEM]
	Office Sought: House Dis	sbursement For: Primary General		
	President	Other (specify)		
	State: District:			
	Full Name (Last, First, Middle Initial)			Transaction ID: SB21B.8123
В.	Wilson Research Strategies			Date of Disbursement
	Mailing Address 1319 Classen Drive			$\begin{bmatrix} 0 & 7 & 0 \\ 0 & 7 & 0 \end{bmatrix} \begin{pmatrix} 0 & 2 & 0 \\ 2 & 3 & 0 \end{pmatrix} \begin{pmatrix} 0 & 2 & 0 \\ 0 & 2 & 0 \end{pmatrix} \begin{pmatrix} 0 & 2 & 0 \\ 0 & 2 & 0 \end{pmatrix} \begin{pmatrix} 0 & 2 & 0 \\ 0 & 2 & 0 \end{pmatrix} \begin{pmatrix} 0 & 2 & 0 \\ 0 & 0 & 0 \end{pmatrix}$
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	Oklahoma City	OK 73103		0500.00
	Purpose of Disbursement Poll		005	2500.00
	Candidate Name		Category/	
			Туре	
	Office Sought: House Dis	sbursement For:		
	President	Primary General Other (specify) ▼		
	State: District:			

SUBTOTAL of Disbursements This Page (optional)	•	2500.00
TOTAL This Period (last page this line number only)	►	37544.42
FE6AN026		FEC Schedule B ( Form 3X) (Revised 02/2003)

SCHEDULE D (FEC F DEBTS AND OBLIGA		(Use separate schedule(s) for each	PAGE 22 / 22 FOR LINE NUMBER: (check only one) 9	
Excluding Loans			numbered line)	X 10
NAME OF COMMITTEE (I Right to Life/Oregon P/				
A. Full Name (Last, Fir Wilson Research St	st, Middle Initial) of Debte rategies	or or Creditor	Nature of D Polls & st	)ebt (Purpose): Jrveys
Mailing Address 1319	O Classen Drive			
City Oklahoma City	State OK	ZIP Code 73103		
Outstanding Balance	Beginning This Period		Tra	nsaction ID: SD10.8121
	0.00			
Amount Incur	red This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
	2500.00	2500.0	00	0.00
1) SUBTOTALS This Pe	eriod This Page (optional)		Þ	0.00
2) TOTALS This Period (	ast page this line numbe	r only)	▶	0.00
3) TOTAL OUTSTANDIN	G LOANS from Sched	dule C (last page only)	Þ	0.00
4) ADD 2) and 3) and ca	rry forward to appropriate	e line of Summary Page (last page o	only)	0.00