

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

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Right to Life/Oregon PAC

ADDRESS (number and street)

4335 River Road N

☐Check if different  
than previously  
reported. (ACC)

Salem

OR

97303

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00141572

3. IS THIS  
REPORT☐NEW  
(N)**OR**☒AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☒October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

07

01

2009

through

09

30

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mrs. Gayle Atteberry

Signature of Treasurer

Electronically Filed by Mrs. Gayle Atteberry

Date

11

19

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

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.

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name  
Right to Life/Oregon PAC

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <div>Y Y Y Y 2009</div>		<div>58271.59</div>
(b) Cash on Hand at Beginning of Reporting Period .....	<div>54094.22</div>	
(c) Total Receipts (from Line 19) .....	<div>0.00</div>	<div>46181.00</div>
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<div>54094.22</div>	<div>104452.59</div>
7. Total Disbursements (from Line 31) .....	<div>37812.84</div>	<div>88171.21</div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<div>16281.38</div>	<div>16281.38</div>
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<div>0.00</div>	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<div>0.00</div>	

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

### For further information contact:

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

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

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name  
Right to Life/Oregon PAC

Report Covering the Period:

From:

M M D D Y Y W Y  
0 7 0 1 2 0 0 9

To:

M M D D Y Y W Y  
0 9 3 0 2 0 0 9

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	0.00	0.00
(i) Itemized (use Schedule A) .....	0.00	46181.00
(ii) Unitemized .....	0.00	46181.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	46181.00
(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) .....	0.00	46181.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	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	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	0.00	46181.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	0.00	46181.00

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

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	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating 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 (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	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	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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

# **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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

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

<b>A.</b> Full Name (Last, First, Middle Initial) Adams & Company Mailing Address PO Box 17727	<b>Transaction ID:</b> SB21B.8107 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 3 / 2 0 0 9</div> </div>
City Salem State OR Zip Code 97305 Purpose of Disbursement PAC organizational consultant 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) ▼	<b>Amount of Each Disbursement this Period</b> <div>1750.00</div> <div>001</div> Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Adams & Company Mailing Address PO Box 17727 City Salem State OR Zip Code 97305 Purpose of Disbursement PAC organizational consultant 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) ▼	<b>Transaction ID:</b> SB21B.8158 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 1 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1750.00</div> <div>001</div> Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) Ms Lois Anderson Mailing Address 1220 Jays Dr N City Keizer State OR Zip Code 97303 Purpose of Disbursement Wages 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) ▼	<b>Transaction ID:</b> SB21B.8131 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 0 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2000.00</div> <div>001</div> Category/ Type  <b>[MEMO ITEM]</b>

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

3500.00

**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 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)  
Right to Life/Oregon PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms Lois Anderson

Mailing Address 1220 Jays Dr N

City Keizer State OR Zip Code 97303

Purpose of Disbursement  
Telephone

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.8149

Date of Disbursement

09 / 15 / 2009

Amount of Each Disbursement this Period

132.34

**B.**

Full Name (Last, First, Middle Initial)

Ms Lois Anderson

Mailing Address 1220 Jays Dr N

City Keizer State OR Zip Code 97303

Purpose of Disbursement  
Wages

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.8164

Date of Disbursement

09 / 30 / 2009

Amount of Each Disbursement this Period

2000.00

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

AT&T Mobility

Mailing Address PO Box 30459

City Los Angeles State CA Zip Code 90030

Purpose of Disbursement  
Telephone

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.8150

Date of Disbursement

08 / 10 / 2009

Amount of Each Disbursement this Period

67.80

**[MEMO ITEM]**

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

132.34

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



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

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

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **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)  
Right to Life/Oregon PAC

**A.**

Full Name (Last, First, Middle Initial)  
Dell Inc.

Mailing Address 1 Dell Way

City Round Rock State TX Zip Code 78682

Purpose of Disbursement  
Computer

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.8144

Date of Disbursement

08 / 07 / 2009

Amount of Each Disbursement this Period

650.50

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)  
EZ Publishing, Inc. & Stream Send

Mailing Address 1215 21st St # B

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
E-mailing service

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.8117

Date of Disbursement

07 / 09 / 2009

Amount of Each Disbursement this Period

99.90

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)  
Gateway Communications

Mailing Address 14107 NE Airport Way

City Portland State OR Zip Code 97230

Purpose of Disbursement  
Budgetary & financial services

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.8146

Date of Disbursement

09 / 03 / 2009

Amount of Each Disbursement this Period

1100.00

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

1100.00

**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 / 22

<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)  
Right to Life/Oregon PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms Jane Groff

Mailing Address 6399 Crampton Dr N

City Keizer State OR Zip Code 97303

Purpose of Disbursement  
Address corrections

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.8111

Date of Disbursement

07 / 23 / 2009

Amount of Each Disbursement this Period

412.50

**B.**

Full Name (Last, First, Middle Initial)

Ms Jane Groff

Mailing Address 6399 Crampton Dr N

City Keizer State OR Zip Code 97303

Purpose of Disbursement  
Wages

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.8132

Date of Disbursement

07 / 30 / 2009

Amount of Each Disbursement this Period

2125.00

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

Ms Jane Groff

Mailing Address 6399 Crampton Dr N

City Keizer State OR Zip Code 97303

Purpose of Disbursement  
Computer

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.8141

Date of Disbursement

08 / 17 / 2009

Amount of Each Disbursement this Period

650.50

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

1063.00

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

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

Use separate schedule(s)  
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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)  
Right to Life/Oregon PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Integra Telecom	<b>Transaction ID:</b> SB21B.8127 <b>Date of Disbursement</b>
Mailing Address 730 Second Avenue South, Suite 900	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 8 / 2 0 0 9</div> </div>
City State Zip Code Minneapolis MN 55402 Purpose of Disbursement Phone Candidate Name	Amount of Each Disbursement this Period <div>88.71</div>
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) ▼	<div>001</div> Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Integra Telecom	<b>Transaction ID:</b> SB21B.8161 <b>Date of Disbursement</b>
Mailing Address 730 Second Avenue South, Suite 900	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 8 / 2 0 0 9</div> </div>
City State Zip Code Minneapolis MN 55402 Purpose of Disbursement Telephone Candidate Name	Amount of Each Disbursement this Period <div>95.37</div>
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) ▼	<div>001</div> Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) Michelle Knopp	<b>Transaction ID:</b> SB21B.8133 <b>Date of Disbursement</b>
Mailing Address 8310 E Burnside	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 0 / 2 0 0 9</div> </div>
City State Zip Code Portland OR 97216 Purpose of Disbursement Wages Candidate Name	Amount of Each Disbursement this Period <div>2125.00</div>
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) ▼	<div>001</div> Category/ Type  <b>[MEMO ITEM]</b>

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

**184.08**

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

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

Use separate schedule(s)  
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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)  
Right to Life/Oregon PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Michelle Knopp	<b>Transaction ID:</b> SB21B.8167 <b>Date of Disbursement</b>
Mailing Address 8310 E Burnside	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 3 0 / 2 0 0 9</div> </div>
City Portland State OR Zip Code 97216	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Wages	<div>2125.00</div>
Candidate Name	<div>001</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Oregon Department of Revenue	<b>Transaction ID:</b> SB21B.8140 <b>Date of Disbursement</b>
Mailing Address PO Box 14800	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 0 / 2 0 0 9</div> </div>
City Salem State OR Zip Code 97309	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Oregon payroll taxes	<div>228.26</div>
Candidate Name	<div>001</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Oregon Department of Revenue	<b>Transaction ID:</b> SB21B.8172 <b>Date of Disbursement</b>
Mailing Address PO Box 14800	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 3 0 / 2 0 0 9</div> </div>
City Salem State OR Zip Code 97309	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Oregon payroll taxes	<div>273.63</div>
Candidate Name	<div>001</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>

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

0.00

**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 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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

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

<b>A.</b> Full Name (Last, First, Middle Initial) Oregon Right to Life	<b>Transaction ID:</b> SB21B.8108 <b>Date of Disbursement</b>
Mailing Address 4335 River Road N	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 3 / 2 0 0 9</div> </div>
<div> <div>City Salem State OR Zip Code 97303</div> <div> <div>Purpose of Disbursement Postage</div> <div>Candidate Name</div> </div> <div>001</div> <div>Category/Type</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>15.30</div>
<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>State: District:</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> </div>	
<b>B.</b> Full Name (Last, First, Middle Initial) Oregon Right to Life	<b>Transaction ID:</b> SB21B.8126 <b>Date of Disbursement</b>
Mailing Address 4335 River Road N	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 8 / 2 0 0 9</div> </div>
<div> <div>City Salem State OR Zip Code 97303</div> <div> <div>Purpose of Disbursement Bank service charges in analysis statement</div> <div>Candidate Name</div> </div> <div></div> <div>Category/Type</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>10.00</div>
<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>State: District:</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> </div>	
<b>C.</b> Full Name (Last, First, Middle Initial) Oregon Right to Life	<b>Transaction ID:</b> SB21B.8129 <b>Date of Disbursement</b>
Mailing Address 4335 River Road N	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 0 / 2 0 0 9</div> </div>
<div> <div>City Salem State OR Zip Code 97303</div> <div> <div>Purpose of Disbursement Office supplies</div> <div>Candidate Name</div> </div> <div>001</div> <div>Category/Type</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>166.66</div>
<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>State: District:</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> </div>	

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

**191.96**

**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 15 / 22

<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)  
Right to Life/Oregon PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Oregon Right to Life	<b>Transaction ID:</b> SB21B.8130 <b>Date of Disbursement</b>																				
Mailing Address 4335 River Road N	<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>7</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		3	0		2	0	0	9												
City Salem State OR Zip Code 97303	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Wages, payroll taxes Candidate Name	<table border="1"> <tr> <td colspan="10">10191.72</td> </tr> </table>	10191.72																			
10191.72																					
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>B.</b> Full Name (Last, First, Middle Initial) Oregon Right to Life	<b>Transaction ID:</b> SB21B.8145 <b>Date of Disbursement</b>																				
Mailing Address 4335 River Road N	<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>8</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	7		2	0	0	9												
City Salem State OR Zip Code 97303	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Bank fees in consolidated statement Candidate Name	<table border="1"> <tr> <td colspan="10">10.00</td> </tr> </table>	10.00																			
10.00																					
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>C.</b> Full Name (Last, First, Middle Initial) Oregon Right to Life	<b>Transaction ID:</b> SB21B.8162 <b>Date of Disbursement</b>																				
Mailing Address 4335 River Road N	<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>9</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		3	0		2	0	0	9												
City Salem State OR Zip Code 97303	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Office supplies Candidate Name	<table border="1"> <tr> <td colspan="10">166.66</td> </tr> </table>	166.66																			
166.66																					
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) ▼																				

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

**10368.38**

**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 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)  
Right to Life/Oregon PAC

**A.**

Full Name (Last, First, Middle Initial)  
Oregon Right to Life

Mailing Address 4335 River Road N

City Salem State OR Zip Code 97303

Purpose of Disbursement  
Wages and payroll taxes

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.8163

Date of Disbursement

09 / 30 / 2009

Amount of Each Disbursement this Period

12176.57

**B.**

Full Name (Last, First, Middle Initial)  
Oregon Right to Life Ed. Foundation

Mailing Address 4335 River Road N

City Salem State OR Zip Code 97303

Purpose of Disbursement  
Rent

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.8147

Date of Disbursement

09 / 03 / 2009

Amount of Each Disbursement this Period

366.67

**C.**

Full Name (Last, First, Middle Initial)  
Mrs. Mary C. Parsons

Mailing Address 1675 Ewald Ave SE

City Salem State OR Zip Code 97302

Purpose of Disbursement  
Wages

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.8165

Date of Disbursement

09 / 30 / 2009

Amount of Each Disbursement this Period

1530.11

**[MEMO ITEM]**

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

12543.24

**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 17 / 22

<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)  
Right to Life/Oregon PAC

**A.**

Full Name (Last, First, Middle Initial)

Cindy Rahm

Mailing Address 4411 Pinecrest Dr

City  
Eugene

State  
OR

Zip Code  
97405

Purpose of Disbursement  
Wages

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.8168

Date of Disbursement

09 / 30 / 2009

Amount of Each Disbursement this Period

529.00

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

Regence Bluecross Blueshield of Oregon

Mailing Address PO Box 91128

City  
Seattle

State  
WA

Zip Code  
98111

Purpose of Disbursement  
Employee benefits

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.8109

Date of Disbursement

07 / 23 / 2009

Amount of Each Disbursement this Period

906.27

**C.**

Full Name (Last, First, Middle Initial)

Regence Bluecross Blueshield of Oregon

Mailing Address PO Box 91128

City  
Seattle

State  
WA

Zip Code  
98111

Purpose of Disbursement  
Employee benefits

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.8152

Date of Disbursement

09 / 15 / 2009

Amount of Each Disbursement this Period

1137.28

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

2043.55

**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 18 / 22

<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)  
Right to Life/Oregon PAC

**A.**

Full Name (Last, First, Middle Initial)  
Safeway Food & Drug Store

Mailing Address 4990 River Rd N

City State Zip Code  
Keizer OR 97303

Purpose of Disbursement  
Refreshments for meeting

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.8157

Date of Disbursement

09 / 14 / 2009

Amount of Each Disbursement this Period

7.52

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)  
Ms Bernetta Simpson

Mailing Address 190 37th Ave SE

City State Zip Code  
Salem OR 97317

Purpose of Disbursement  
Wages

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.8134

Date of Disbursement

07 / 30 / 2009

Amount of Each Disbursement this Period

772.20

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)  
Ms Bernetta Simpson

Mailing Address 190 37th Ave SE

City State Zip Code  
Salem OR 97317

Purpose of Disbursement  
Wages

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.8169

Date of Disbursement

09 / 30 / 2009

Amount of Each Disbursement this Period

1043.97

**[MEMO ITEM]**

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

0.00

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

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

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

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **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 / 22

<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)  
Right to Life/Oregon PAC

<b>A.</b> Full Name (Last, First, Middle Initial) US Post Office	<b>Transaction ID:</b> SB21B.8148 <b>Date of Disbursement</b>
Mailing Address 1050 25th St SE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 9 / 2 0 0 9</div> </div>
City Salem State OR Zip Code 97301	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Postage for Life in Oregon Newsletter Candidate Name	<div> <div>3442.00</div> </div>
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>B.</b> Full Name (Last, First, Middle Initial) Ms Theresa Vandecoevering	<b>Transaction ID:</b> SB21B.8135 <b>Date of Disbursement</b>
Mailing Address 2160 Trade St SE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 0 / 2 0 0 9</div> </div>
City Salem State OR Zip Code 97301	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Wages Candidate Name	<div> <div>1255.29</div> </div>
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>C.</b> Full Name (Last, First, Middle Initial) Ms Theresa Vandecoevering	<b>Transaction ID:</b> SB21B.8170 <b>Date of Disbursement</b>
Mailing Address 2160 Trade St SE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 3 0 / 2 0 0 9</div> </div>
City Salem State OR Zip Code 97301	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Wages Candidate Name	<div> <div>1374.70</div> </div>
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) ▼

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

3442.00

**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 21 / 22

<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)  
Right to Life/Oregon PAC

**A.**

Full Name (Last, First, Middle Initial)  
Carolyn Wendell

Mailing Address 1540 N 4th

City State Zip Code  
Stayton OR 97383

Purpose of Disbursement  
Wages

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.8136

Date of Disbursement

07 / 30 / 2009

Amount of Each Disbursement this Period

1013.52

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)  
Wilson Research Strategies

Mailing Address 1319 Classen Drive

City State Zip Code  
Oklahoma City OK 73103

Purpose of Disbursement  
Poll

Candidate Name

005  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.8123

Date of Disbursement

07 / 23 / 2009

Amount of Each Disbursement this Period

2500.00

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

2500.00

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

37544.42

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 22 / 22

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

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

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Wilson Research Strategies

Nature of Debt (Purpose):  
Polls & surveys

Mailing Address 1319 Classen Drive

City	State	ZIP Code
Oklahoma City	OK	73103

Outstanding Balance Beginning This Period

0.00

**Transaction ID:** SD10.8121

Amount Incurred This Period

2500.00

Payment This Period

2500.00

Outstanding Balance at Close of This Period

0.00

**1) SUBTOTALS** This Period This Page (optional).....


0.00

**2) TOTALS** This Period (last page this line number only).....


0.00

**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....


0.00

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


0.00