



**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Holding Onto Oregon's Priorities

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		25682.20
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	27663.14									
(c) Total Receipts (from Line 19) .....	64500.00	172200.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	92163.14	197882.20								
7. Total Disbursements (from Line 31) .....	32751.48	138470.54								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	59411.66	59411.66								
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									

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
Holding Onto Oregon's Priorities

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	16000.00	23500.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	16000.00	23500.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	11800.00	34800.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	27800.00	58300.00
12. Transfers From Affiliated/Other Party Committees .....	36700.00	113900.00
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)) .....	64500.00	172200.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	64500.00	172200.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	17251.48	47470.54
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	17251.48	47470.54
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3000.00	44000.00
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.....	12500.00	47000.00
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))..	32751.48	138470.54
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	32751.48	138470.54

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 28

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) .....	27800.00	58300.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	27800.00	58300.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	17251.48	47470.54
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	17251.48	47470.54

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 28  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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)  
Holding Onto Oregon's Priorities

**A.** Full Name (Last, First, Middle Initial)  
David C. Jory

Mailing Address 4528 Macomb St. NW

City Washington State DC Zip Code 20016-2753

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

Name of Employer Capital Hill Consulting Group Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 22 / 2010  
Transaction ID: SA11AI.6386  
Amount of Each Receipt this Period 2000.00

**B.** Full Name (Last, First, Middle Initial)  
Joshua R. Kardon

Mailing Address 2911 NE Hancock St.

City Portland State OR Zip Code 97212

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

Name of Employer Grant Park Strategies, LLC Occupation Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 22 / 2010  
Transaction ID: SA11AI.6384  
Amount of Each Receipt this Period 5000.00

**C.** Full Name (Last, First, Middle Initial)  
Chris Maletis

Mailing Address 1205 SW Fairfax PI

City Portland State OR Zip Code 97225-6038

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

Name of Employer None Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

Date of Receipt 09 / 22 / 2010  
Transaction ID: SA11AI.6388  
Amount of Each Receipt this Period 4000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 11000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 7 / 28	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Holding Onto Oregon's Priorities

<b>A.</b>	Full Name (Last, First, Middle Initial) David E. Shaw		Date of Receipt	
	Mailing Address 120 W. 45th Street 39th Floor		M M / D D / Y Y Y Y 07 / 28 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.6319
	New York	NY	10036	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		5000.00	
Name of Employer D.E. Shaw Research		Occupation Biomedical Research		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	16000.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 28  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Holding Onto Oregon's Priorities

**A.** Full Name (Last, First, Middle Initial)  
AMERICAN HEALTH CARE ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1201 L Street, NW

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00006080

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	3	/	2	0	1	0

**Transaction ID:** SA11C.6348

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
HCR Manor Care PAC

Mailing Address 333 N. Summit St.  
P.O. Box 10086

City State Zip Code  
Toledo OH 43699-0086

FEC ID number of contributing federal political committee. **C** C00260141

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	3	/	2	0	1	0

**Transaction ID:** SA11C.6349

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
PACIFIC COAST COUNCIL OF CUSTOMS BROKERS AND FREIGHT FORWARDERS ASSNS INC TRADE EXPENSE

Mailing Address 1120 G STREET NW SUITE 1020

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00454793

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2800.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	2	/	2	0	1	0

**Transaction ID:** SA11C.6321

Amount of Each Receipt this Period  
2800.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **10300.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 / 28
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)  
Holding Onto Oregon's Priorities

<b>A.</b>	Full Name (Last, First, Middle Initial) Sun Healthcare PAC		Date of Receipt
	Mailing Address 101 Sun Ave N.E.		<input type="text" value="09"/> / <input type="text" value="07"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Albuquerque	NM	87109-4373
	FEC ID number of contributing federal political committee.		Transaction ID: SA11C.6363
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For:		Aggregate Year-to-Date ▼	<input type="text" value="1500.00"/>
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="1500.00"/>	
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="11800.00"/>

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 10 / 28  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Holding Onto Oregon's Priorities

**A.** Full Name (Last, First, Middle Initial)  
WYDEN FOR OREGON

Mailing Address 2911 NE HANCOCK STREET

City State Zip Code  
PORTLAND OR 97212

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
80800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 28 2010

**Transaction ID:** SA12.6314

Amount of Each Receipt this Period  
3600.00

Jt Fundraising Contribution Distribution

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

Mailing Address 1021 Park Avenue  
7C

City State Zip Code  
New York NY 10028

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

Name of Employer Occupation  
Genesis 10 CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 28 2010

**Transaction ID:** SA12.6314.0

Amount of Each Receipt this Period  
2600.00

[MEMO ITEM]

**C.** Full Name (Last, First, Middle Initial)  
Mark Garber

Mailing Address 25377 Butler Rd

City State Zip Code  
Junction City OR 97448-8522

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

Name of Employer Occupation  
Pinnacle Health Care CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 28 2010

**Transaction ID:** SA12.6314.1

Amount of Each Receipt this Period  
1000.00

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3600.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 28  
(check only one)

11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Holding Onto Oregon's Priorities

**A.** Full Name (Last, First, Middle Initial)  
WYDEN FOR OREGON

Mailing Address 2911 NE HANCOCK STREET

City State Zip Code  
PORTLAND OR 97212

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
85600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 03 / 2010

**Transaction ID:** SA12.6335

Amount of Each Receipt this Period  
4800.00

Jt Fundraising Contribution Distribution

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

Mailing Address 1811 E. Main St.

City State Zip Code  
Medford OR 97504

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

Name of Employer Occupation  
Rogue Waste Systems CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4800.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 03 / 2010

**Transaction ID:** SA12.6335.0

Amount of Each Receipt this Period  
4800.00

Contribution

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
WYDEN FOR OREGON

Mailing Address 2911 NE HANCOCK STREET

City State Zip Code  
PORTLAND OR 97212

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
96000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 12 / 2010

**Transaction ID:** SA12.6337

Amount of Each Receipt this Period  
10400.00

Joint Fundraising Contribution Distribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **15200.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 28
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input checked="" 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)  
Holding Onto Oregon's Priorities

<b>A.</b>	Full Name (Last, First, Middle Initial) Georges St. Laurent, Jr.	Date of Receipt MM / DD / YYYY 08 / 12 / 2010
	Mailing Address 120 NE 136th Avenue Suite 200	<b>Transaction ID:</b> SA12.6337.0
	City State Zip Code Vancouver WA 98684	Amount of Each Receipt this Period 2600.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>[MEMO ITEM]</b>
	Name of Employer St. Laurent Properties Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2600.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Junki Yoshida	Date of Receipt MM / DD / YYYY 08 / 12 / 2010
	Mailing Address 17230 NE Sacramento St.	<b>Transaction ID:</b> SA12.6337.1
	City State Zip Code Portland OR 97230	Amount of Each Receipt this Period 2600.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>[MEMO ITEM]</b>
	Name of Employer Yoshida Group Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2600.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Linda Yoshida	Date of Receipt MM / DD / YYYY 08 / 12 / 2010
	Mailing Address 17230 NE Sacramento St.	<b>Transaction ID:</b> SA12.6337.2
	City State Zip Code Portland OR 97230	Amount of Each Receipt this Period 2600.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>[MEMO ITEM]</b>
	Name of Employer None Occupation Homemaker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 28  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Holding Onto Oregon's Priorities

**A.**

Full Name (Last, First, Middle Initial)  
Dwight Anderson

Mailing Address PO Box 8012

City State Zip Code  
Garden City NY 11530-8012

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

Name of Employer Occupation  
Ospraie Funds Investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2600.00

Date of Receipt  
MM / DD / YYYY  
08 / 12 / 2010

Transaction ID: SA12.6337.3

Amount of Each Receipt this Period  
2600.00

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)  
WYDEN FOR OREGON

Mailing Address 2911 NE HANCOCK STREET

City State Zip Code  
PORTLAND OR 97212

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 98400.00

Date of Receipt  
MM / DD / YYYY  
08 / 20 / 2010

Transaction ID: SA12.6338

Amount of Each Receipt this Period  
2400.00

Joint Fundraising Contribution Distribution

**C.**

Full Name (Last, First, Middle Initial)  
Neva Goodwin

Mailing Address 11 Lowell Street

City State Zip Code  
Cambridge MA 02138

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

Name of Employer Occupation  
Tufts University Economist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt  
MM / DD / YYYY  
08 / 20 / 2010

Transaction ID: SA12.6338.0

Amount of Each Receipt this Period  
2400.00

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2400.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 28  
(check only one)

11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Holding Onto Oregon's Priorities

**A.** Full Name (Last, First, Middle Initial)  
WYDEN FOR OREGON

Mailing Address 2911 NE HANCOCK STREET

City State Zip Code  
PORTLAND OR 97212

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100900.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 03 / 2010

**Transaction ID:** SA12.6350

Amount of Each Receipt this Period  
2500.00

Jt Fundraising Contribution Distribution

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

Mailing Address 87102 Kellmore St

City State Zip Code  
Eugene OR 97402-9128

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

Name of Employer Occupation  
Pinnacle Health Care President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 03 / 2010

**Transaction ID:** SA12.6350.0

Amount of Each Receipt this Period  
2500.00

[MEMO ITEM]

**C.** Full Name (Last, First, Middle Initial)  
WYDEN FOR OREGON

Mailing Address 2911 NE HANCOCK STREET

City State Zip Code  
PORTLAND OR 97212

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
105900.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 09 / 2010

**Transaction ID:** SA12.6370

Amount of Each Receipt this Period  
5000.00

Jt Fundraising Contribution Distribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **7500.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 28

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
Holding Onto Oregon's Priorities

**A.**

Full Name (Last, First, Middle Initial)  
John C Law

Mailing Address 514 Palisades Beach Road

City State Zip Code  
Santa Monica CA 90402-2604

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

Name of Employer Occupation  
Warlord Investments Commercial Landlord

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 09 / 2010

Transaction ID: SA12.6370.0

Amount of Each Receipt this Period

5000.00

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)  
WYDEN FOR OREGON

Mailing Address 2911 NE HANCOCK STREET

City State Zip Code  
PORTLAND OR 97212

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 111300.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 20 / 2010

Transaction ID: SA12.6376

Amount of Each Receipt this Period

5400.00

Jt Fundraising Contribution Distribution

**C.**

Full Name (Last, First, Middle Initial)  
J Duncan Campbell

Mailing Address 260 SW Birdshill Rd

City State Zip Code  
Portland OR 97219-8504

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

Name of Employer Occupation  
The Campbell Group President

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2700.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 20 / 2010

Transaction ID: SA12.6376.0

Amount of Each Receipt this Period

2700.00

[MEMO ITEM]

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

5400.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 28  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Holding Onto Oregon's Priorities

**A.** Full Name (Last, First, Middle Initial)  
Cynthia Campbell  
 Mailing Address 280 SW Birdshill Rd  
 City State Zip Code  
 Portland OR 97219  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 09 20 2010  
**Transaction ID:** SA12.6376.1  
 Amount of Each Receipt this Period  
 2700.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer None Occupation Homemaker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2700.00  
**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
WYDEN FOR OREGON  
 Mailing Address 2911 NE HANCOCK STREET  
 City State Zip Code  
 PORTLAND OR 97212  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 09 22 2010  
**Transaction ID:** SA12.6381  
 Amount of Each Receipt this Period  
 2600.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 113900.00  
 Jt Fundraising Contribution Distribution

**C.** Full Name (Last, First, Middle Initial)  
J Morton Davis  
 Mailing Address 44 Wall St.  
 City State Zip Code  
 New York NY 10005  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 09 22 2010  
**Transaction ID:** SA12.6381.0  
 Amount of Each Receipt this Period  
 2600.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DH Blair Investment Banking Occupation Chairman  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2600.00  
**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2600.00  
**TOTAL** This Period (last page this line number only) ..... ► 36700.00

**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)

<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)  
Holding Onto Oregon's Priorities

A.	Full Name (Last, First, Middle Initial) ADP	Transaction ID: SB21B.6313 Date of Disbursement
	Mailing Address 4099 SE International Way Suite 203	<input type="text" value="07"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Milwaukie State OR Zip Code 97222	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Processing Fees	<input type="text" value="6.00"/>
	Candidate Name	<input type="text" value="001"/> 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) ▼

B.	Full Name (Last, First, Middle Initial) ADP	Transaction ID: SB21B.6333 Date of Disbursement
	Mailing Address 4099 SE International Way Suite 203	<input type="text" value="07"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Milwaukie State OR Zip Code 97222	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Taxes	<input type="text" value="1631.44"/>
	Candidate Name	<input type="text" value="001"/> 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) ▼

C.	Full Name (Last, First, Middle Initial) ADP	Transaction ID: SB21B.6334 Date of Disbursement
	Mailing Address 4099 SE International Way Suite 203	<input type="text" value="07"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Milwaukie State OR Zip Code 97222	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Processing Fees	<input type="text" value="88.61"/>
	Candidate Name	<input type="text" value="001"/> 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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1726.05"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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 / 28

<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)  
Holding Onto Oregon's Priorities

A.	Full Name (Last, First, Middle Initial) ADP	Transaction ID: SB21B.6359 Date of Disbursement
	Mailing Address 4099 SE International Way Suite 203	<input type="text" value="08"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Milwaukie State OR Zip Code 97222	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Taxes Candidate Name	<input type="text" value="9.69"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	001 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) ADP	Transaction ID: SB21B.6361 Date of Disbursement
	Mailing Address 4099 SE International Way Suite 203	<input type="text" value="08"/> <input type="text" value="31"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Milwaukie State OR Zip Code 97222	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Taxes Candidate Name	<input type="text" value="1631.44"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	001 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) ADP	Transaction ID: SB21B.6362 Date of Disbursement
	Mailing Address 4099 SE International Way Suite 203	<input type="text" value="08"/> <input type="text" value="31"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Milwaukie State OR Zip Code 97222	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Processing Fees Candidate Name	<input type="text" value="88.61"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	001 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1729.74"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 19 / 28

<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)  
Holding Onto Oregon's Priorities

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) ADP</p> <p>Mailing Address 4099 SE International Way Suite 203</p> <p>City Milwaukie State OR Zip Code 97222</p> <p>Purpose of Disbursement 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> SB21B.6390</p> <p>Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1593.64</p> <p>001 Category/ Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) ADP</p> <p>Mailing Address 4099 SE International Way Suite 203</p> <p>City Milwaukie State OR Zip Code 97222</p> <p>Purpose of Disbursement Payroll Processing Fees</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> SB21B.6391</p> <p>Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 88.61</p> <p>001 Category/ Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) AT&amp;T Mobility</p> <p>Mailing Address PO Box 536216</p> <p>City Atlanta State GA Zip Code 30353-6216</p> <p>Purpose of Disbursement Telephone Service</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> SB21B.6324</p> <p>Date of Disbursement 07 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 473.30</p> <p>001 Category/ Type</p>

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

2155.55

**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)

<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)  
Holding Onto Oregon's Priorities

A.

Full Name (Last, First, Middle Initial)  
AT&T Mobility

Transaction ID: SB21B.6356  
Date of Disbursement

Mailing Address PO Box 536216

/   /

City Atlanta State GA Zip Code 30353-6216

Amount of Each Disbursement this Period

Purpose of Disbursement  
Telephone Service

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

B.

Full Name (Last, First, Middle Initial)  
AT&T Mobility

Transaction ID: SB21B.6374  
Date of Disbursement

Mailing Address PO Box 536216

/   /

City Atlanta State GA Zip Code 30353-6216

Amount of Each Disbursement this Period

Purpose of Disbursement  
Telephone Service

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

C.

Full Name (Last, First, Middle Initial)  
Bank of America

Transaction ID: SB21B.6330  
Date of Disbursement

Mailing Address PO Box 53132

/   /

City Phoenix State AZ Zip Code 85072

Amount of Each Disbursement this Period

Purpose of Disbursement  
Credit Card Payment

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

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)

PAGE 21 / 28

<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)  
Holding Onto Oregon's Priorities

<b>A.</b>	Full Name (Last, First, Middle Initial) Bank of America  Mailing Address PO Box 53132  City Phoenix State AZ Zip Code 85072  Purpose of Disbursement Credit Card Payment 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: SB21B.6354 Date of Disbursement 09 / 03 / 2010  Amount of Each Disbursement this Period 57.45  001 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) Emerge Oregon  Mailing Address P.O. Box 40132  City Portland State OR Zip Code 97240  Purpose of Disbursement Event Tickets 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: SB21B.6393 Date of Disbursement 09 / 23 / 2010  Amount of Each Disbursement this Period 1000.00  001 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Ms. Melissa Kardon  Mailing Address 2911 NE Hancock  City Portland State OR Zip Code 97212  Purpose of Disbursement Reimbursement for Internet Service 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: SB21B.6323 Date of Disbursement 07 / 21 / 2010  Amount of Each Disbursement this Period 47.99  001 Category/ Type

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

1105.44

**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)

<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)  
Holding Onto Oregon's Priorities

A.

Full Name (Last, First, Middle Initial)  
Ms. Melissa Kardon

Transaction ID: SB21B.6332  
Date of Disbursement

Mailing Address 2911 NE Hancock

/   /

City Portland State OR Zip Code 97212

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/  
Type

Salary  
Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

B.

Full Name (Last, First, Middle Initial)  
Ms. Melissa Kardon

Transaction ID: SB21B.6358  
Date of Disbursement

Mailing Address 2911 NE Hancock

/   /

City Portland State OR Zip Code 97212

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/  
Type

Reimbursement for Internet Service

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

C.

Full Name (Last, First, Middle Initial)  
Ms. Melissa Kardon

Transaction ID: SB21B.6360  
Date of Disbursement

Mailing Address 2911 NE Hancock

/   /

City Portland State OR Zip Code 97212

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/  
Type

Salary

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

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)

PAGE 23 / 28

<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)  
Holding Onto Oregon's Priorities

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Ms. Melissa Kardon</p> <p>Mailing Address 2911 NE Hancock</p> <p>City Portland State OR Zip Code 97212</p> <p>Purpose of Disbursement Reimbursement for Internet Service</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> SB21B.6353</p> <p>Date of Disbursement 09 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 47.99</p> <p>001 Category/ Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Ms. Melissa Kardon</p> <p>Mailing Address 2911 NE Hancock</p> <p>City Portland State OR Zip Code 97212</p> <p>Purpose of Disbursement Salary</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> SB21B.6394</p> <p>Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 2551.14</p> <p>001 Category/ Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) NARAL Prochoice Oregon</p> <p>Mailing Address 310 Southwest 4th Ave</p> <p>City Portland State OR Zip Code 97204-2345</p> <p>Purpose of Disbursement Event Tickets</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> SB21B.6392</p> <p>Date of Disbursement 09 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 625.00</p> <p>001 Category/ Type</p>

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

**3224.13**

**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)

<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)  
Holding Onto Oregon's Priorities

A.	Full Name (Last, First, Middle Initial) NGP Software, Inc.	Transaction ID: SB21B.6366 Date of Disbursement
	Mailing Address 1101 Vermont Avenue, NW Suite 710	<input type="text" value="09"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement Database Maintenance Candidate Name	<input type="text" value="900.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Verizon	Transaction ID: SB21B.6325 Date of Disbursement
	Mailing Address P.O. Box 19707	<input type="text" value="07"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Irvine State CA Zip Code 92623-9707	Amount of Each Disbursement this Period
	Purpose of Disbursement Telephone Service Candidate Name	<input type="text" value="42.92"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Verizon	Transaction ID: SB21B.6357 Date of Disbursement
	Mailing Address P.O. Box 19707	<input type="text" value="08"/> <input type="text" value="24"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Irvine State CA Zip Code 92623-9707	Amount of Each Disbursement this Period
	Purpose of Disbursement Telephone Service Candidate Name	<input type="text" value="42.89"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="985.81"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 25 / 28

<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)  
Holding Onto Oregon's Priorities

A.	Full Name (Last, First, Middle Initial) Verizon		Transaction ID: SB21B.6375	
	Mailing Address P.O. Box 19707		Date of Disbursement 09 / 22 / 2010	
City Irvine		State CA	Zip Code 92623-9707	
Purpose of Disbursement Telephone Service			Amount of Each Disbursement this Period 43.49	
Candidate Name			001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	43.49
<b>TOTAL</b> This Period (last page this line number only) .....	▶	17251.48

**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 26 / 28

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)  
Holding Onto Oregon's Priorities

A.

Full Name (Last, First, Middle Initial)  
DEFAZIO FOR CONGRESS

Transaction ID: SB23.6368

Date of Disbursement

Mailing Address PO Box 1316

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	9		2	0	1	0

City Springfield State OR Zip Code 97477

Amount of Each Disbursement this Period

3000.00
---------

Purpose of Disbursement  
Contribution

011
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

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

3000.00
---------

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

3000.00
---------

# 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)

<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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Holding Onto Oregon's Priorities

<p><b>A.</b> Full Name (Last, First, Middle Initial) Committee to Elect Nick Kahl</p> <p>Mailing Address PO Box 33658</p> <p>City Portland State OR Zip Code 97292</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p><b>Transaction ID:</b> SB29.6364 <b>Date of Disbursement</b>  <table border="1" style="width: 100%;"> <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>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	0		2	0	1	0	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		1	0		2	0	1	0													
1000.00																						
<p><b>B.</b> Full Name (Last, First, Middle Initial) Friends of Val Hoyle</p> <p>Mailing Address 3110 West 14th Ave</p> <p>City Eugene State OR Zip Code 97402</p> <p>Purpose of Disbursement Contribution <span style="border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p><b>Transaction ID:</b> SB29.6327 <b>Date of Disbursement</b>  <table border="1" style="width: 100%;"> <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>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	1		2	0	1	0	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	7		0	1		2	0	1	0													
1000.00																						
<p><b>C.</b> Full Name (Last, First, Middle Initial) Future PAC</p> <p>Mailing Address c/o 921 SW Washington Street Suite 810</p> <p>City Portland State OR Zip Code 97205</p> <p>Purpose of Disbursement Contribution <span style="border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p><b>Transaction ID:</b> SB29.6369 <b>Date of Disbursement</b>  <table border="1" style="width: 100%;"> <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>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">5000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	0		2	0	1	0	5000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		1	0		2	0	1	0													
5000.00																						

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

**7000.00**

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Holding Onto Oregon's Priorities

A.

Full Name (Last, First, Middle Initial)  
Mary Nolan for State Rep.

Transaction ID: SB29.6328  
Date of Disbursement

Mailing Address PO Box 1686

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	0

City Portland State OR Zip Code 97207

Amount of Each Disbursement this Period

Purpose of Disbursement  
Contribution

011
Category/ Type

500.00
--------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Senate Democratic Leadership Fund

Transaction ID: SB29.6373  
Date of Disbursement

Mailing Address P.O. Box 5271

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	3		2	0	1	0

City Portland State OR Zip Code 97208

Amount of Each Disbursement this Period

Purpose of Disbursement  
Contribution

011
Category/ Type

5000.00
---------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

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

5500.00
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TOTAL This Period (last page this line number only) ..... ►

12500.00
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