

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

Holding Onto Oregon's Priorities

ADDRESS (number and street) PO Box 3314
 Check if different than previously reported. (ACC)
 Portland OR 97208

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIPCODE

C00392738

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:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day **PRE-Election** Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12G) | |

Election on _____ in the State of _____

- (d) 30-Day **Post -Election** Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on _____ in the State of _____

5. Covering Period 07 01 2008 through 09 30 2008

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 Ms. Melissa Kardon

Signature of Treasurer Electronically Filed by Ms. Melissa Kardon Date 12 04 2008

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							
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FEC FORM 3X
(Rev. 12/2004)

**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	0	8

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		240170.51
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	186885.34									
(c) Total Receipts (from Line 19)	15013.20	19981.60								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	201898.54	260152.11								
7. Total Disbursements (from Line 31)	135380.68	193634.25								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	66517.86	66517.86								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY 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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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	0	8

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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	2000.00	3000.00
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	2000.00	3000.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	13000.00	13000.00
(c) Other Political Committees (such as PACs)	15000.00	16000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other Party Committees	0.00	3950.00
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)	13.20	31.60
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))	15013.20	19981.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	15013.20	19981.60

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	15380.68	42134.25
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	15380.68	42134.25
22. Transfers to Affiliated/Other Party Committees.....	0.00	15000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	38800.00	53800.00
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.....	81200.00	82700.00
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))..	135380.68	193634.25
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	135380.68	193634.25

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	15000.00	16000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15000.00	16000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	15380.68	42134.25
37. Offsets to Operating Expenditures (from Line 15, page 3)	13.20	31.60
38. Net Operating Expenditures (subtract Line 37 from Line 36)	15367.48	42102.65

**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 6 / 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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)
Jeffrey Borenstein

Mailing Address 87-37 Palermo St.

City Holliswood State NY Zip Code 11423

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

Name of Employer Holliswood Hospital Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 30 / 2008

Transaction ID: SA11AI.5809

Amount of Each Receipt this Period 250.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Marina Cecchini

Mailing Address 12833 SW 2nd Place

City Newberry State FL Zip Code 32669

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

Name of Employer Shands Healthcare Occupation Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 30 / 2008

Transaction ID: SA11AI.5811

Amount of Each Receipt this Period 250.00

Contribution

C.

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

Mailing Address 15089 Stillfield Place

City Centreville State VA Zip Code 20120

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

Name of Employer Nat'l Assn Psychiatric Health Occupation Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 30 / 2008

Transaction ID: SA11AI.5813

Amount of Each Receipt this Period 250.00

Contribution

SUBTOTAL of Receipts This Page (optional) ▶ 750.00

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 7 / 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) John Eiler	Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 3552 Crittenden	Transaction ID: SA11AI.5819
	City State Zip Code St. Louis MO 63118	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation SSM Healthcare Executive V.P. of Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Stephen Larcen	Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 47 Oswegatchie Hills Road	Transaction ID: SA11AI.5815
	City State Zip Code Niantic CT 06357	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation Hartford Hospital Hospital Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Mary Lou Mastro	Date of Receipt MM / DD / YYYY 09 / 17 / 2008
	Mailing Address 12410 Ridge Road	Transaction ID: SA11AI.5799
	City State Zip Code Palos Park IL 60464	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation Linden Oaks at Edward President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	750.00
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 8 / 26

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Diana Lee Ramsay

Mailing Address 21 E. Churchill St.

City State Zip Code
Baltimore MD 21230

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

Name of Employer Occupation
Sheppard Pratt Health Systems Executive V.P.

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2008

Transaction ID: SA11AI.5817

Amount of Each Receipt this Period

250.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Richard Sarle

Mailing Address 4 Jupiter Hills Court

City State Zip Code
Skillman NJ 08558

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

Name of Employer Occupation
Carrier Clinic President & CEO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 04 / 2008

Transaction ID: SA11AI.5791

Amount of Each Receipt this Period

250.00

Contribution

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 26
	<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

A.	Full Name (Last, First, Middle Initial) ELECTRONIC RETAILING ASSOCIATION (E-RETAIL PAC)	Date of Receipt
	Mailing Address 2000 North 14th Street Suite 300	<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City State Zip Code ARLINGTON VA 22201	Transaction ID: SA11C.5821
	FEC ID number of contributing federal political committee. <input type="text" value="C000363192"/>	Amount of Each Receipt this Period <input type="text" value="2000.00"/>
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <input type="text" value="2000.00"/>	Contribution

B.	Full Name (Last, First, Middle Initial) NAT'L ASSN OF PSYCHIATRIC HEALTH SYSTEMS PAC (NAPHS/PAC)	Date of Receipt
	Mailing Address 701 13TH STREET NW SUITE 950	<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City State Zip Code WASHINGTON DC 20005	Transaction ID: SA11C.5823
	FEC ID number of contributing federal political committee. <input type="text" value="C000107136"/>	Amount of Each Receipt this Period <input type="text" value="5000.00"/>
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	Contribution

C.	Full Name (Last, First, Middle Initial) PACIFIC LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE	Date of Receipt
	Mailing Address 700 Newport Center Drive	<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City State Zip Code Newport Beach CA 92660	Transaction ID: SA11C.5801
	FEC ID number of contributing federal political committee. <input type="text" value="C000068528"/>	Amount of Each Receipt this Period <input type="text" value="1000.00"/>
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	Political Contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="8000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 26
	(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

A.	Full Name (Last, First, Middle Initial) PSYCHIATRIC SOLUTIONS INC. FED PAC		Date of Receipt
	Mailing Address 6640 Carothers Parkway Suite 500		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Franklin	TN	37067
	FEC ID number of contributing federal political committee.		<input type="text" value="C00407684"/>
	Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	Transaction ID: SA11C.5824
			Amount of Each Receipt this Period <input type="text" value="5000.00"/>
			Contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="5000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="13000.00"/>

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

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

FOR LINE NUMBER: (check only one)

PAGE 11 / 26

<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 Mailing Address 4099 SE International Way Suite 203 City Milwaukie State OR Zip Code 97222 Purpose of Disbursement Payroll Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.5744 Date of Disbursement 07 / 02 / 2008	Amount of Each Disbursement this Period 7.93
B.	Full Name (Last, First, Middle Initial) ADP Mailing Address 4099 SE International Way Suite 203 City Milwaukie State OR Zip Code 97222 Purpose of Disbursement Payroll Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.5754 Date of Disbursement 07 / 31 / 2008	Amount of Each Disbursement this Period 1093.22
C.	Full Name (Last, First, Middle Initial) ADP Mailing Address 4099 SE International Way Suite 203 City Milwaukie State OR Zip Code 97222 Purpose of Disbursement Payroll Processing Fees 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.5755 Date of Disbursement 07 / 31 / 2008	Amount of Each Disbursement this Period 81.36

SUBTOTAL of Disbursements This Page (optional) ▶

1182.51

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 12 / 26

<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.5786 Date of Disbursement
	Mailing Address 4099 SE International Way Suite 203	<input type="text" value="08"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	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="79.36"/>
	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) ▼
		<input type="text" value="001"/> Category/Type

B.	Full Name (Last, First, Middle Initial) ADP	Transaction ID: SB21B.5787 Date of Disbursement
	Mailing Address 4099 SE International Way Suite 203	<input type="text" value="08"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City Milwaukie State OR Zip Code 97222	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Taxes Candidate Name	<input type="text" value="1093.22"/>
	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) ▼
		<input type="text" value="001"/> Category/Type

C.	Full Name (Last, First, Middle Initial) ADP	Transaction ID: SB21B.5805 Date of Disbursement
	Mailing Address 4099 SE International Way Suite 203	<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City Milwaukie State OR Zip Code 97222	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Taxes Candidate Name	<input type="text" value="1269.18"/>
	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) ▼
		<input type="text" value="001"/> Category/Type

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2441.76"/>
TOTAL 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)

<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.5806
Date of Disbursement

Mailing Address 4099 SE International Way
Suite 203

09 / 30 / 2008

City Milwaukie State OR Zip Code 97222

Amount of Each Disbursement this Period

Purpose of Disbursement
Payroll Processing Fees

001
Category/
Type

79.36

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.5788
Date of Disbursement

Mailing Address PO Box 536216

09 / 03 / 2008

City Atlanta State GA Zip Code 30353-6216

Amount of Each Disbursement this Period

Purpose of Disbursement
Telephone Service

001
Category/
Type

95.94

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.5746
Date of Disbursement

Mailing Address PO Box 53132

07 / 08 / 2008

City Phoenix State AZ Zip Code 85072

Amount of Each Disbursement this Period

Purpose of Disbursement
Credit Card Payment

001
Category/
Type

42.59

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

217.89

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)
Holding Onto Oregon's Priorities

A.	Full Name (Last, First, Middle Initial) Verizon	Transaction ID: SB21B.5746.0 Date of Disbursement 07 / 08 / 2008
	Mailing Address P.O. Box 19707	Amount of Each Disbursement this Period 42.59
	City Irvine State CA Zip Code 92623-9707	
	Purpose of Disbursement Telephone Service Candidate Name	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) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: SB21B.5781 Date of Disbursement 08 / 15 / 2008
	Mailing Address PO Box 53132	Amount of Each Disbursement this Period 36.40
	City Phoenix State AZ Zip Code 85072	
	Purpose of Disbursement Credit Card Payment Candidate Name	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) Bank of America	Transaction ID: SB21B.5781.1 Date of Disbursement 08 / 15 / 2008
	Mailing Address PO Box 53132	Amount of Each Disbursement this Period 16.50
	City Phoenix State AZ Zip Code 85072	
	Purpose of Disbursement Credit Card fees Candidate Name	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) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	▶	36.40
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 / 26

<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) Bank of America	Transaction ID: SB21B.5826 Date of Disbursement
	Mailing Address PO Box 53132	<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City Phoenix State AZ Zip Code 85072	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Fees Candidate Name	<input type="text" value="5.00"/>
	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) ▼
		<input type="text" value="001"/> Category/ Type

B.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: SB21B.5793 Date of Disbursement
	Mailing Address PO Box 53132	<input type="text" value="09"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City Phoenix State AZ Zip Code 85072	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Payment Candidate Name	<input type="text" value="60.83"/>
	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) ▼
		<input type="text" value="001"/> Category/ Type

C.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: SB21B.5793.1 Date of Disbursement
	Mailing Address PO Box 53132	<input type="text" value="09"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City Phoenix State AZ Zip Code 85072	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Fees Candidate Name	<input type="text" value="16.50"/>
	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) ▼
		<input type="text" value="001"/> Category/ Type

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="65.83"/>
TOTAL 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)

<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) Bank of America	Transaction ID: SB21B.5833 Date of Disbursement
	Mailing Address PO Box 53132	<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City Phoenix State AZ Zip Code 85072	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Fees Candidate Name	<input type="text" value="5.00"/>
	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) ▼
		<input type="text" value="001"/> Category/Type

B.	Full Name (Last, First, Middle Initial) Basic Rights Oregon	Transaction ID: SB21B.5831 Date of Disbursement
	Mailing Address 310 SW 4th Ave #610	<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City Portland State OR Zip Code 97204	Amount of Each Disbursement this Period
	Purpose of Disbursement Event Tickets Candidate Name	<input type="text" value="1500.00"/>
	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) ▼
		<input type="text" value="012"/> Category/Type

C.	Full Name (Last, First, Middle Initial) Ms. Melissa Kardon	Transaction ID: SB21B.5753 Date of Disbursement
	Mailing Address 2911 NE Hancock	<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City Portland State OR Zip Code 97212	Amount of Each Disbursement this Period
	Purpose of Disbursement Salary Candidate Name	<input type="text" value="2508.34"/>
	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) ▼
		<input type="text" value="001"/> Category/Type

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4013.34"/>
TOTAL 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)

<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>A. 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 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>Transaction ID: SB21B.5785 Date of Disbursement 08 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 2508.34</p> <p>001 Category/Type</p>
<p>B. 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 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>Transaction ID: SB21B.5797 Date of Disbursement 09 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 239.95</p> <p>001 Category/Type</p>
<p>C. 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 Computer Software 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>Transaction ID: SB21B.5808 Date of Disbursement 09 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 39.99</p> <p>001 Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2788.28

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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.5804
Date of Disbursement

Mailing Address 2911 NE Hancock

/ /

City Portland State OR Zip Code 97212

Amount of Each Disbursement this Period

Purpose of Disbursement
Salary

Category/
Type

Candidate Name

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

B.

Full Name (Last, First, Middle Initial)
NGP Software, Inc.

Transaction ID: SB21B.5796
Date of Disbursement

Mailing Address 1101 Vermont Avenue, NW
Suite 710

/ /

City Washington State DC Zip Code 20005

Amount of Each Disbursement this Period

Purpose of Disbursement
Database Maintenance

Category/
Type

Candidate Name

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

C.

Full Name (Last, First, Middle Initial)
NGP Software, Inc.

Transaction ID: SB21B.5807
Date of Disbursement

Mailing Address 1101 Vermont Avenue, NW
Suite 710

/ /

City Washington State DC Zip Code 20005

Amount of Each Disbursement this Period

Purpose of Disbursement
Database Maintenance

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)

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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)
Holding Onto Oregon's Priorities

A.	Full Name (Last, First, Middle Initial) Oregon NARAL	Transaction ID: SB21B.5830 Date of Disbursement
	Mailing Address P.O. Box 40472	<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City Portland State OR Zip Code 97240	Amount of Each Disbursement this Period
	Purpose of Disbursement Event Tickets	<input type="text" value="1250.00"/>
	Candidate Name	<input type="text" value="012"/> 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) Verizon	Transaction ID: SB21B.5748 Date of Disbursement
	Mailing Address P.O. Box 19707	<input type="text" value="07"/> / <input type="text" value="08"/> / <input type="text" value="2008"/>
	City Irvine State CA Zip Code 92623-9707	Amount of Each Disbursement this Period
	Purpose of Disbursement Telephone Service	<input type="text" value="42.61"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) Verizon	Transaction ID: SB21B.5784 Date of Disbursement
	Mailing Address P.O. Box 19707	<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City Irvine State CA Zip Code 92623-9707	Amount of Each Disbursement this Period
	Purpose of Disbursement Telephone Service	<input type="text" value="42.61"/>
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1335.22"/>
TOTAL 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)

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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)
Holding Onto Oregon's Priorities

A.

Full Name (Last, First, Middle Initial)
Verizon

Transaction ID: SB21B.5798

Date of Disbursement

Mailing Address P.O. Box 19707

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	9		2	0	0	8

City Irvine State CA Zip Code 92623-9707

Amount of Each Disbursement this Period

42.61

Purpose of Disbursement
Telephone Service

001
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

42.61

TOTAL This Period (last page this line number only)

15380.68

**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 / 26

<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) Forward Oregon	Transaction ID: SB23.5778 Date of Disbursement 08 / 12 / 2008
	Mailing Address 232 NE 9th Ave	Amount of Each Disbursement this Period 3800.00
	City Portland State OR Zip Code 97232	
	Purpose of Disbursement Contribution Candidate Name	011 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) FRIENDS OF SENATOR CARL LEVIN	Transaction ID: SB23.5759 Date of Disbursement 08 / 05 / 2008
	Mailing Address 10 G STREET NE, SUITE 470	Amount of Each Disbursement this Period 5000.00
	City WASHINGTON State DC Zip Code 20002	
	Purpose of Disbursement Political Contribution Candidate Name	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) JEFF MERKLEY FOR OREGON	Transaction ID: SB23.5750 Date of Disbursement 07 / 15 / 2008
	Mailing Address PO BOX 29136	Amount of Each Disbursement this Period 5000.00
	City PORTLAND State OR Zip Code 97296	
	Purpose of Disbursement Political Contribution Candidate Name JEFF MERKLEY FOR OREGON	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	13800.00
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 22 / 26

<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)
JEFF MERKLEY FOR OREGON

Mailing Address PO BOX 29136

City PORTLAND State OR Zip Code 97296

Purpose of Disbursement
Political Contribution

Candidate Name
JEFF MERKLEY FOR OREGON

Office Sought: House
 Senate
 President

State: OR District: 00

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB23.5752

Date of Disbursement

07 / 15 / 2008

Amount of Each Disbursement this Period

5000.00

011
Category/
Type

B. Full Name (Last, First, Middle Initial)
KURT SCHRADER FOR CONGRESS

Mailing Address 607 N. Main St
Suite 240

City Oregon City State OR Zip Code 97045

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President

State: OR District: 05

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB23.5765

Date of Disbursement

08 / 12 / 2008

Amount of Each Disbursement this Period

5000.00

011
Category/
Type

C. Full Name (Last, First, Middle Initial)
MUSGROVE FOR U S SENATE

Mailing Address PO BOX 24477
1076 HIGHLAND COLONY PARKWAY

City JACKSON State MS Zip Code 39225

Purpose of Disbursement
Federal Contribution

Candidate Name
MUSGROVE FOR U S SENATE

Office Sought: House
 Senate
 President

State: MS District: 00

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB23.5827

Date of Disbursement

09 / 30 / 2008

Amount of Each Disbursement this Period

5000.00

Category/
Type

SUBTOTAL of Disbursements This Page (optional) ►

15000.00

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 23 / 26

<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) UDALL FOR COLORADO Mailing Address PO BOX 40158 City DENVER State CO Zip Code 80204 Purpose of Disbursement Political Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 00 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5775 Date of Disbursement 08 / 12 / 2008
	Amount of Each Disbursement this Period 5000.00 Category/Type: 011
B. Full Name (Last, First, Middle Initial) UDALL FOR US ALL Mailing Address 3311 CANDELARIA NE SUITE A City ALBUQUERQUE State NM Zip Code 87107 Purpose of Disbursement Political Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 03 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5777 Date of Disbursement 08 / 12 / 2008
	Amount of Each Disbursement this Period 5000.00 Category/Type: 011

SUBTOTAL of Disbursements This Page (optional) ►

10000.00

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

38800.00

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input 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) Committee to Elect Brad Avakian	Transaction ID: SB29.5770 Date of Disbursement
	Mailing Address PO Box 765	<input type="text" value="08"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City Beaverton State OR Zip Code 97075	Amount of Each Disbursement this Period
	Purpose of Disbursement Nonfederal Contribution Candidate Name	<input type="text" value="2500.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="011"/> Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Committee to Elect Brad Avakian	Transaction ID: SB29.5829 Date of Disbursement
	Mailing Address PO Box 765	<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City Beaverton State OR Zip Code 97075	Amount of Each Disbursement this Period
	Purpose of Disbursement Non-Federal Contribution Candidate Name	<input type="text" value="2500.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="011"/> Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Democratic Party of Oregon	Transaction ID: SB29.5763 Date of Disbursement
	Mailing Address 232 NE 9th Ave. Suite 105	<input type="text" value="08"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City Portland State OR Zip Code 97232	Amount of Each Disbursement this Period
	Purpose of Disbursement Nonfederal Contribution Candidate Name	<input type="text" value="15000.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="012"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="20000.00"/>
TOTAL 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)

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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

<p>A. Full Name (Last, First, Middle Initial) Forward Oregon</p> <p>Mailing Address 232 NE 9th Ave</p> <p>City Portland State OR Zip Code 97232</p> <p>Purpose of Disbursement Nonfederal Contribution 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>Transaction ID: SB29.5780 Date of Disbursement 08 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 26200.00</p> <p>011 Category/ Type</p>
<p>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 Nonfederal Contribution 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>Transaction ID: SB29.5790 Date of Disbursement 09 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 25000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Kate Brown Committee</p> <p>Mailing Address 2236 SE 10th Ave</p> <p>City Portland State OR Zip Code 97214</p> <p>Purpose of Disbursement Nonfederal Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.5772 Date of Disbursement 08 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

56200.00

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)
The Committee to Elect Ben Westlund

Transaction ID: SB29.5768

Date of Disbursement

Mailing Address P.O. Box 1379

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	2		2	0	0	8

City State Zip Code
Bend OR 97709

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Nonfederal Contribution

011
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

5000.00

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

81200.00
