



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Oregon Republican Party

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	4

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		35850.65
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	60395.52									
(c) Total Receipts (from Line 19) .....	36639.61	212356.79								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	97035.13	248207.44								
7. Total Disbursements (from Line 31) .....	74877.99	226050.30								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	22157.14	22157.14								
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) .....	228292.05									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
Oregon Republican Party

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	4

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	2490.00	24410.00
(i) Itemized (use Schedule A) .....	5483.00	41915.60
(ii) Unitemized .....	7973.00	66325.60
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	5000.00	6000.00
(c) Other Political Committees (such as PACs) .....	12973.00	72325.60
(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 .....	21700.00	93924.58
13. All Loans Received .....	0.00	40000.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	1966.61	1966.61
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	4140.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	4140.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	36639.61	212356.79
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	36639.61	208216.79

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<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.....	4536.74	27341.82
(ii) Non-Federal Share.....	8065.29	48607.62
(b) Other Federal Operating Expenditures.....	13050.89	55697.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	25652.92	131646.44
22. Transfers to Affiliated/Other Party Committees.....	24000.00	24000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share.....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds.....	25225.07	70403.86
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	25225.07	70403.86
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	74877.99	226050.30
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	66812.70	177442.68

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

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) .....	12973.00	72325.60
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	12973.00	72325.60
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	17587.63	83038.82
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	1966.61	1966.61
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	15621.02	81072.21

**SCHEDULE L (FEC Form 3X)**

**AGGREGATION PAGE: LEVIN FUNDS**

Transaction ID: SL1

NAME OF COMMITTEE (In Full) Oregon Republican Party
NAME OF ACCOUNT KEY LEVIN

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
a. Itemized..... (Use Schedule L-A)	0.00	0.00
b. Unitemized.....	0.00	0.00
c. Total.....	0.00	0.00
2. OTHER RECEIPTS.....	0.00	0.00
3. TOTAL RECEIPTS..... (Add Lines 1c and 2)	0.00	0.00
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
a. Voter Registration.....	0.00	0.00
b. Voter ID.....	0.00	0.00
c. GOTV.....	0.00	0.00
d. Generic Campaign.....	0.00	0.00
e. Total.....	0.00	0.00
5. OTHER DISBURSEMENTS.....	0.00	0.00
6. TOTAL DISBURSEMENTS..... (Add Lines 4e and 5)	0.00	0.00
7. BEGINNING CASH ON HAND..... (for Column B, use cash as of January 1st)	3636.50	3636.50
8. RECEIPTS..... (from Line 3)	0.00	0.00
9. SUBTOTAL..... (Add Lines 7 and 8)	3636.50	3636.50
10. DISBURSEMENTS..... (From Line 6)	0.00	0.00
11. ENDING CASH ON HAND..... (Subtract Line 10 From Line 9)	3636.50	3636.50

**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 / 43
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Oregon Republican Party

<b>A.</b>	Full Name (Last, First, Middle Initial) Raphael Antico		Date of Receipt
	Mailing Address 8705 SW Nimbus Ave		<input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Beaverton	OR	97008-4000
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 80515.C95168
Name of Employer Self		Occupation Accountant	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>
		<input type="text" value="500.00"/>	Receipt

<b>B.</b>	Full Name (Last, First, Middle Initial) Kim Barnett		Date of Receipt
	Mailing Address PO Box 563		<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Cannon Beach	OR	97110
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 80515.C94996
Name of Employer Self Employed		Occupation Self	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="220.00"/>
		<input type="text" value="220.00"/>	Receipt

<b>C.</b>	Full Name (Last, First, Middle Initial) Georgia Freshwater		Date of Receipt
	Mailing Address 4884 NW Barnes Road		<input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Portland	OR	97210
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 80515.C95163
Name of Employer Self		Occupation Student	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="400.00"/>
		<input type="text" value="400.00"/>	Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1120.00"/>
<b>TOTAL</b> 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 8 / 43  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Oregon Republican Party

**A.** Full Name (Last, First, Middle Initial)  
Andrew J. Over

Mailing Address 1485 SW 134th Ave

City State Zip Code  
Beaverton OR 97005-0986

FEC ID number of contributing federal political committee. C

Name of Employer Executive Director      Occupation Oregon Republican Party

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      450.00

Date of Receipt M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 0 8

**Transaction ID:** 80515.C95164

Amount of Each Receipt this Period  
200.00

Receipt

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

Mailing Address 2999 NW Cassia PI

City State Zip Code  
Corvallis OR 97330-3274

FEC ID number of contributing federal political committee. C

Name of Employer Retired      Occupation Retired

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      235.00

Date of Receipt M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 0 8

**Transaction ID:** 80414.C94959

Amount of Each Receipt this Period  
110.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Robert Sinnema

Mailing Address 10265 SW Citation Drive

City State Zip Code  
Beaverton OR 97008

FEC ID number of contributing federal political committee. C

Name of Employer Retired      Occupation Retired

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      260.00

Date of Receipt M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 0 8

**Transaction ID:** 80515.C95169

Amount of Each Receipt this Period  
260.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... 570.00

**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 / 43
	(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)  
Oregon Republican Party

<b>A.</b>	Full Name (Last, First, Middle Initial) Benjamin Smith		Date of Receipt
	Mailing Address 618 Lincoln Street		<input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Eugene	OR	97401-2541
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Benjamin Franklin		Occupation CPA	<b>Transaction ID:</b> 80515.C95067
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="550.00"/>	<input type="text" value="550.00"/>
Receipt			

<b>B.</b>	Full Name (Last, First, Middle Initial) Karl Thatcher		Date of Receipt
	Mailing Address 1724 Chemawa Rd. NE		<input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Keizer	OR	97303
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Highway Specialties		Occupation Estimator	<b>Transaction ID:</b> 80515.C95162
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="250.00"/>	<input type="text" value="250.00"/>
Receipt			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="800.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="2490.00"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 10 / 43	
	(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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Oregon Republican Party

A.

Full Name (Last, First, Middle Initial) Impact America PAC		Date of Receipt
Mailing Address 228 S Washington St #115		<input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2008"/>
City	State	Zip Code
Alexandria	VA	22314-5408
FEC ID number of contributing federal political committee.		Transaction ID: 80414.C94960
<input type="text" value="C"/> <input type="text" value="C00354308"/>		Amount of Each Receipt this Period
Name of Employer FEC ID# C00354308		<input type="text" value="5000.00"/>
Occupation		Receipt
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"/>

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

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

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

FOR LINE NUMBER: PAGE 11 / 43  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Oregon Republican Party

**A.** Full Name (Last, First, Middle Initial)  
Gordon Smith Victory Committee

Mailing Address 228 S Washington St Ste 115

City State Zip Code  
Alexandria VA 22314-5404

FEC ID number of contributing federal political committee. **C** C00441287

Name of Employer Requested 2008 Occupation Requested 2008

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 49571.52

Date of Receipt: 04 / 15 / 2008  
Transaction ID: 80515.C95030  
Amount of Each Receipt this Period: 6700.00  
Transfers From Affil./Auth.

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

Mailing Address 1211 SW Fifth Avenue, Ste. 2900

City State Zip Code  
Portland OR 97204-

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 15 / 2008  
Transaction ID: 80515.C95080  
Amount of Each Receipt this Period: 1000.00  
Transfer Memo  
[MEMO ITEM]

**C.** Full Name (Last, First, Middle Initial)  
R.B. Keller

Mailing Address 2015 SE Columbia River Drive, Unit

City State Zip Code  
Vancouver WA 98661-

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt: 04 / 15 / 2008  
Transaction ID: 80515.C95077  
Amount of Each Receipt this Period: 3000.00  
Transfer Memo  
[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 6700.00

**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 12 / 43  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Oregon Republican Party

**A.** Full Name (Last, First, Middle Initial)  
John D. Carter  
Mailing Address 601 NW 11th Avenue  
City Portland State OR Zip Code 97209-  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Information Requested Occupation Information Requested  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00  
Date of Receipt 04 / 15 / 2008  
Transaction ID: 80515.C95081  
Amount of Each Receipt this Period 5000.00  
Transfer Memo  
**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
Gordon Smith Victory Committee  
Mailing Address 228 S Washington St Ste 115  
City Alexandria State VA Zip Code 22314-5404  
FEC ID number of contributing federal political committee. **C** C00441287  
Name of Employer Requested 2008 Occupation Requested 2008  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 64571.52  
Date of Receipt 04 / 24 / 2008  
Transaction ID: 80515.C95076  
Amount of Each Receipt this Period 15000.00  
Transfers From Affil./Auth.

**C.** Full Name (Last, First, Middle Initial)  
Timothy Boyle  
Mailing Address PO Box 97207  
City Portland State OR Zip Code 97207-  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Columbia Sportswear Occupation CEO  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 10000.00  
Date of Receipt 04 / 24 / 2008  
Transaction ID: 80515.C95079  
Amount of Each Receipt this Period 10000.00  
Transfer Memo  
**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional) ..... ► 15000.00  
**TOTAL** This Period (last page this line number only) ..... ► 21700.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 43

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Oregon Republican Party

**A.**

Full Name (Last, First, Middle Initial)  
United States Treasury

Mailing Address US Department of Treasury

City State Zip Code  
Ogden UT 84403-

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

Name of Employer Internal Revenue Service Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
736.61

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 8 / 2 0 0 8

Transaction ID: 80515.C95031

Amount of Each Receipt this Period

736.61

Offsets to Operating Expenditure

**B.**

Full Name (Last, First, Middle Initial)  
US Postmaster

Mailing Address 410 Mill St SE

City State Zip Code  
Salem OR 97301-

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1230.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 8

Transaction ID: 80515.C95029

Amount of Each Receipt this Period

1230.00

Offsets to Operating Expenditure

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

1966.61

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

1966.61

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 14 / 43

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Oregon Republican Party

A.	Full Name (Last, First, Middle Initial) Balay	Transaction ID: 80515.E13730
	Mailing Address 961 NW Brooks Street	Date of Disbursement MM / DD / YYYY 04 / 25 / 2008
	City Bend State OR Zip Code 97701-	Amount of Each Disbursement this Period 330.00
	Purpose of Disbursement Catering	CATERING
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Key Bank	Transaction ID: 80515.E13751
	Mailing Address PO Box 22114	Date of Disbursement MM / DD / YYYY 04 / 30 / 2008
	City Albany State NY Zip Code 12201-	Amount of Each Disbursement this Period 59.00
	Purpose of Disbursement Bank Fees	BANK 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) ▼

C.	Full Name (Last, First, Middle Initial) Key Bank	Transaction ID: 80515.E13752
	Mailing Address PO Box 22114	Date of Disbursement MM / DD / YYYY 04 / 30 / 2008
	City Albany State NY Zip Code 12201-	Amount of Each Disbursement this Period 96.92
	Purpose of Disbursement Bank Fees	BANK 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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>485.92</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Oregon Republican Party

<p><b>A.</b> Full Name (Last, First, Middle Initial) Carley Dillon</p> <p>Mailing Address 14511 Pfeifer Dr</p> <p>City Lake Oswego State OR Zip Code 97035-2419</p> <p>Purpose of Disbursement Reimbursement for Event Expense</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> 80515.E13732</p> <p>Date of Disbursement 04 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 238.00</p> <p>REIMBURSEMENT FOR EVENT EXPENSE</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Direct Mail Systems, Inc</p> <p>Mailing Address 12450 Automobile Boulevard</p> <p>City Clearwater State FL Zip Code 34622-</p> <p>Purpose of Disbursement Party building direct mail</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> 80515.E13710</p> <p>Date of Disbursement 04 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>PARTY BUILDING DIRECT MAIL</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Direct Mail Systems, Inc</p> <p>Mailing Address 12450 Automobile Boulevard</p> <p>City Clearwater State FL Zip Code 34622-</p> <p>Purpose of Disbursement Party building direct mail</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> 80515.E13709</p> <p>Date of Disbursement 04 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 4100.00</p> <p>PARTY BUILDING DIRECT MAIL</p>

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

4588.00

**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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Oregon Republican Party

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) FLS Connect</p> <p>Mailing Address 7320 N Dreamy Draw Dr</p> <p>City Phoenix State AZ Zip Code 85020-5212</p> <p>Purpose of Disbursement Party Building Telemarketing</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> 80515.E13724</p> <p>Date of Disbursement MM / DD / YYYY 04 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 1243.15</p> <p>PARTY BUILDING TELEMARKETING</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Brienne Hyder</p> <p>Mailing Address 7068 SW Valenta Ct</p> <p>City Portland State OR Zip Code 97223-</p> <p>Purpose of Disbursement Phone reimbursement</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> 80515.E13697</p> <p>Date of Disbursement MM / DD / YYYY 04 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 145.06</p> <p>PHONE REIMBURSEMENT</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Brienne Hyder</p> <p>Mailing Address 7068 SW Valenta Ct</p> <p>City Portland State OR Zip Code 97223-</p> <p>Purpose of Disbursement Reimbursement for Phone and Parking</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> 80515.E13733</p> <p>Date of Disbursement MM / DD / YYYY 04 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 156.97</p> <p>REIMBURSEMENT FOR PHONE AND PARKING</p>

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

1545.18

**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)  
Oregon Republican Party

A.	Full Name (Last, First, Middle Initial) LifeWise	Transaction ID: 80515.E13693
	Mailing Address 815 SW Bond St	Date of Disbursement 04 / 01 / 2008
	City Bend State OR Zip Code 97702-	Amount of Each Disbursement this Period 1063.35
	Purpose of Disbursement Health Insurance	HEALTH INSURANCE
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) LifeWise	Transaction ID: 80515.E13731
	Mailing Address 815 SW Bond St	Date of Disbursement 04 / 25 / 2008
	City Bend State OR Zip Code 97702-	Amount of Each Disbursement this Period 708.90
	Purpose of Disbursement Health Insurance	HEALTH INSURANCE
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Applied Merchant	Transaction ID: 80516.E13774
	Mailing Address PO Box 6600	Date of Disbursement 04 / 30 / 2008
	City Hagerstown State MD Zip Code 21740-	Amount of Each Disbursement this Period 87.39
	Purpose of Disbursement Merchant Fees	MERCHANT FEES
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1859.64
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Oregon Republican Party

<b>A.</b>	Full Name (Last, First, Middle Initial) Key Merchants <hr/> Mailing Address 7300 Chapman Highway <hr/> City Knoxville State TN Zip Code 37920- <hr/> Purpose of Disbursement Merchant Fees Candidate Name <hr/> 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: 80515.E13755 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 230.70 <hr/> MERCHANT FEES
<b>B.</b>	Full Name (Last, First, Middle Initial) Multnomah County Central Comm#336 <hr/> Mailing Address 3423 SE Henry Street <hr/> City Portland State OR Zip Code 97202- <hr/> Purpose of Disbursement Event Contributions Candidate Name <hr/> 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: 80515.E13728 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 1855.00 <hr/> EVENT CONTRIBUTIONS
<b>C.</b>	Full Name (Last, First, Middle Initial) Oregon State Fair <hr/> Mailing Address 2330 17th St NE <hr/> City Salem State OR Zip Code 97310- <hr/> Purpose of Disbursement OGOP Booth Rental Candidate Name <hr/> 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: 80515.E13726 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 925.00 <hr/> OGOP BOOTH RENTAL

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3010.70
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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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)  
Oregon Republican Party

<b>A.</b> Full Name (Last, First, Middle Initial) Smith Barney Investments <hr/> Mailing Address 121 Sw Morrison St Ste 1600 <hr/> City Portland State OR Zip Code 97204- <hr/> Purpose of Disbursement IRA Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80515.E13694 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 8
	Amount of Each Disbursement this Period 493.43
	Category/ Type IRA CONTRIBUTION
	Purpose of Disbursement IRA Contribution Candidate Name
<b>B.</b> Full Name (Last, First, Middle Initial) Smith Barney Investments <hr/> Mailing Address 121 Sw Morrison St Ste 1600 <hr/> City Portland State OR Zip Code 97204- <hr/> Purpose of Disbursement IRA Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80515.E13695 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 8
	Amount of Each Disbursement this Period 491.01
	Category/ Type IRA CONTRIBUTION
	Purpose of Disbursement IRA Contribution Candidate Name
<b>C.</b> Full Name (Last, First, Middle Initial) Smith Barney Investments <hr/> Mailing Address 121 Sw Morrison St Ste 1600 <hr/> City Portland State OR Zip Code 97204- <hr/> Purpose of Disbursement IRA Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80515.E13738 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 8
	Amount of Each Disbursement this Period 443.75
	Category/ Type IRA CONTRIBUTION
	Purpose of Disbursement IRA Contribution Candidate Name

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1428.19
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	12917.63

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 43

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Oregon Republican Party

A.

Full Name (Last, First, Middle Initial)  
National Republican Senatorial Committee

Transaction ID: 80515.E13713

Date of Disbursement

Mailing Address 425 Second St NE

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	0	8

City Washington State OR Zip Code 20002-

Amount of Each Disbursement this Period

24000.00
----------

Purpose of Disbursement  
Volunteer Connect

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

24000.00
----------

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

24000.00
----------

# 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 21 / 43

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Oregon Republican Party

A.	Full Name (Last, First, Middle Initial) Brienne Hyder	Transaction ID: 80515.E13698 Date of Disbursement 04 / 01 / 2008
	Mailing Address 7068 SW Valenta Ct	
	City Portland State OR Zip Code 97223-	Amount of Each Disbursement this Period 1870.93
	Purpose of Disbursement FEA Payroll Candidate Name	FEA PAYROLL
	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) Brienne Hyder	Transaction ID: 80515.E13696 Date of Disbursement 04 / 15 / 2008
	Mailing Address 7068 SW Valenta Ct	
	City Portland State OR Zip Code 97223-	Amount of Each Disbursement this Period 1870.93
	Purpose of Disbursement FEA Payroll Candidate Name	FEA PAYROLL
	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) Brienne Hyder	Transaction ID: 80515.E13740 Date of Disbursement 04 / 30 / 2008
	Mailing Address 7068 SW Valenta Ct	
	City Portland State OR Zip Code 97223-	Amount of Each Disbursement this Period 1870.93
	Purpose of Disbursement FEA Payroll Candidate Name	FEA PAYROLL
	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) .....	5612.79
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 43

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Oregon Republican Party

A.	Full Name (Last, First, Middle Initial) Internal Revenue Svc-Payroll Tax Dept.	Transaction ID: 80515.E13717 Date of Disbursement
	Mailing Address c/o Key Bank 1500 Edgewater St NW	<input type="text" value="04"/> / <input type="text" value="02"/> / <input type="text" value="2008"/>
	City Salem State OR Zip Code 97304-	Amount of Each Disbursement this Period
	Purpose of Disbursement FEA Payroll Taxes	<input type="text" value="42.97"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		FEA PAYROLL TAXES

B.	Full Name (Last, First, Middle Initial) Internal Revenue Svc-Payroll Tax Dept.	Transaction ID: 80515.E13716 Date of Disbursement
	Mailing Address c/o Key Bank 1500 Edgewater St NW	<input type="text" value="04"/> / <input type="text" value="02"/> / <input type="text" value="2008"/>
	City Salem State OR Zip Code 97304-	Amount of Each Disbursement this Period
	Purpose of Disbursement FEA Payroll Taxes	<input type="text" value="2065.10"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		FEA PAYROLL TAXES

C.	Full Name (Last, First, Middle Initial) Internal Revenue Svc-Payroll Tax Dept.	Transaction ID: 80515.E13718 Date of Disbursement
	Mailing Address c/o Key Bank 1500 Edgewater St NW	<input type="text" value="04"/> / <input type="text" value="14"/> / <input type="text" value="2008"/>
	City Salem State OR Zip Code 97304-	Amount of Each Disbursement this Period
	Purpose of Disbursement FEA Payroll Taxes	<input type="text" value="2075.31"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		FEA PAYROLL TAXES

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4183.38"/>
<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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Oregon Republican Party

<p><b>A.</b> Full Name (Last, First, Middle Initial) Internal Revenue Svc-Payroll Tax Dept.</p> <p>Mailing Address c/o Key Bank 1500 Edgewater St NW</p> <p>City Salem State OR Zip Code 97304-</p> <p>Purpose of Disbursement FEA Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80515.E13719</p> <p>Date of Disbursement 04 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 39.28</p> <p>FEA PAYROLL TAXES</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Internal Revenue Svc-Payroll Tax Dept.</p> <p>Mailing Address c/o Key Bank 1500 Edgewater St NW</p> <p>City Salem State OR Zip Code 97304-</p> <p>Purpose of Disbursement FEA Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80515.E13720</p> <p>Date of Disbursement 04 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 8.97</p> <p>FEA PAYROLL TAXES</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Internal Revenue Svc-Payroll Tax Dept.</p> <p>Mailing Address c/o Key Bank 1500 Edgewater St NW</p> <p>City Salem State OR Zip Code 97304-</p> <p>Purpose of Disbursement FEA Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80515.E13721</p> <p>Date of Disbursement 04 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 2065.15</p> <p>FEA PAYROLL TAXES</p>

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

2113.40

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)  
Oregon Republican Party

A.	Full Name (Last, First, Middle Initial) Oregon Department of Revenue	Transaction ID: 80515.E13705 Date of Disbursement MM / DD / YYYY 04 / 01 / 2008
	Mailing Address PO Box 14800	
	City Salem State OR Zip Code 97309-	Amount of Each Disbursement this Period 75.76
	Purpose of Disbursement FEA Payroll Taxes Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		FEA PAYROLL TAXES

B.	Full Name (Last, First, Middle Initial) Oregon Department of Revenue	Transaction ID: 80515.E13707 Date of Disbursement MM / DD / YYYY 04 / 02 / 2008
	Mailing Address PO Box 14800	
	City Salem State OR Zip Code 97309-	Amount of Each Disbursement this Period 659.08
	Purpose of Disbursement FEA Payroll Taxes Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		FEA PAYROLL TAXES

C.	Full Name (Last, First, Middle Initial) Oregon Department of Revenue	Transaction ID: 80515.E13714 Date of Disbursement MM / DD / YYYY 04 / 14 / 2008
	Mailing Address PO Box 14800	
	City Salem State OR Zip Code 97309-	Amount of Each Disbursement this Period 739.01
	Purpose of Disbursement FEA Payroll Taxes Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		FEA PAYROLL TAXES

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1473.85
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Oregon Republican Party

A.	Full Name (Last, First, Middle Initial) Oregon Department of Revenue	Transaction ID: 80515.E13715 Date of Disbursement 04 / 17 / 2008
	Mailing Address PO Box 14800	
	City Salem State OR Zip Code 97309-	Amount of Each Disbursement this Period 734.83
	Purpose of Disbursement FEA Payroll Taxes Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		FEA PAYROLL TAXES

B.	Full Name (Last, First, Middle Initial) Andrew J. Over	Transaction ID: 80515.E13699 Date of Disbursement 04 / 01 / 2008
	Mailing Address 1485 SW 134th Ave	
	City Beaverton State OR Zip Code 97005-0986	Amount of Each Disbursement this Period 2378.11
	Purpose of Disbursement FEA Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		FEA PAYROLL

C.	Full Name (Last, First, Middle Initial) Andrew J. Over	Transaction ID: 80515.E13700 Date of Disbursement 04 / 15 / 2008
	Mailing Address 1485 SW 134th Ave	
	City Beaverton State OR Zip Code 97005-0986	Amount of Each Disbursement this Period 2378.11
	Purpose of Disbursement FEA Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		FEA PAYROLL

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5491.05
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 26 / 43

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Oregon Republican Party

A.	Full Name (Last, First, Middle Initial) Andrew J. Over	Transaction ID: 80515.E13737 Date of Disbursement MM / DD / YYYY 04 / 30 / 2008
	Mailing Address 1485 SW 134th Ave	Amount of Each Disbursement this Period 2378.11
	City Beaverton State OR Zip Code 97005-0986	
	Purpose of Disbursement FEA Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		FEA PAYROLL

B.	Full Name (Last, First, Middle Initial) Belinda Smith	Transaction ID: 80515.E13701 Date of Disbursement MM / DD / YYYY 04 / 01 / 2008
	Mailing Address 687 SW Concord Way	Amount of Each Disbursement this Period 653.58
	City Beaverton State OR Zip Code 97006-	
	Purpose of Disbursement FEA Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		FEA PAYROLL

C.	Full Name (Last, First, Middle Initial) Belinda Smith	Transaction ID: 80515.E13702 Date of Disbursement MM / DD / YYYY 04 / 16 / 2008
	Mailing Address 687 SW Concord Way	Amount of Each Disbursement this Period 624.44
	City Beaverton State OR Zip Code 97006-	
	Purpose of Disbursement FEA Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		FEA PAYROLL

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	3656.13
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Oregon Republican Party

A.	Full Name (Last, First, Middle Initial) Janice Williamson	Transaction ID: 80515.E13703 Date of Disbursement 04 / 01 / 2008
	Mailing Address 4065 Mandy Ave SE	
	City Salem State OR Zip Code 97302-1712	Amount of Each Disbursement this Period 898.16
	Purpose of Disbursement FEA Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		FEA PAYROLL

B.	Full Name (Last, First, Middle Initial) Janice Williamson	Transaction ID: 80515.E13704 Date of Disbursement 04 / 16 / 2008
	Mailing Address 4065 Mandy Ave SE	
	City Salem State OR Zip Code 97302-1712	Amount of Each Disbursement this Period 898.15
	Purpose of Disbursement FEA Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		FEA PAYROLL

C.	Full Name (Last, First, Middle Initial) Janice Williamson	Transaction ID: 80515.E13739 Date of Disbursement 04 / 30 / 2008
	Mailing Address 4065 Mandy Ave SE	
	City Salem State OR Zip Code 97302-1712	Amount of Each Disbursement this Period 898.16
	Purpose of Disbursement FEA Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		FEA PAYROLL

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	2694.47
<b>TOTAL</b> This Period (last page this line number only) .....	▶	25225.07

**SCHEDULE C (FEC Form 3X)**

**LOANS**

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

NAME OF COMMITTEE (In Full)  
Oregon Republican Party

Transaction ID: LS80213.C93909

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

F. Douglas Day

Election:

- Primary
- General
- Other (specify) ▼

Mailing Address 4386 Rowan Ave N

City Keizer State OR ZIP Code 97303-5824

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

**TERMS**

Date Incurred: MM/02 DD/04 YYYY/2008 Date Due: 20080630 Interest Rate: .0800 % (apr) Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>10000.00</b>
<b>TOTALS</b> This Period (last page in this line only) .....	<b>.00</b>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3X)**

**LOANS**

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

NAME OF COMMITTEE (In Full)  
Oregon Republican Party

Transaction ID: LS80218.C93964

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Michael Scheel

Election:

- Primary
- General
- Other (specify) ▼

Mailing Address 3951 Croisan Creek Rd S

City Salem State OR ZIP Code 97302-9474

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

**TERMS**

Date Incurred: MM/ DD / YYYY = 01 / 31 / 2008  
 Date Due: 20080630  
 Interest Rate: .0800 % (apr)  
 Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional) .....	10000.00
<b>TOTALS</b> This Period (last page in this line only) .....	.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3X)**

**LOANS**

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

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FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)  
Oregon Republican Party

**Transaction ID:** LS80218.C93966

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Donald Malarkey	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2495 E Nob Hill St SE	
City Salem State OR ZIP Code 97302-3733	

Original Amount of Loan 10000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 10000.00
-------------------------------------	------------------------------------	---

**TERMS**

Date Incurred MM DD YY 01 31 2008	Date Due 20080630	Interest Rate .0800 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	----------------------	--------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input style="width: 100%;" type="text" value="10000.00"/>
<b>TOTALS</b> This Period (last page in this line only) .....	<input style="width: 100%;" type="text" value=".00"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3X)**

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

**LOANS**

NAME OF COMMITTEE (In Full)  
Oregon Republican Party

Transaction ID: LS80218.C93965

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Julie Scheel

Election:

- Primary
- General
- Other (specify) ▼

Mailing Address 3951 Croisan Creek Rd S

City Salem State OR ZIP Code 97302-9474

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

**TERMS**

Date Incurred: MM DD YYYY 01 31 2008  
 Date Due: 20080630  
 Interest Rate: .0800 % (apr)  
 Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	10000.00
<b>TOTALS</b> This Period (last page in this line only) .....	40000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
Oregon Republican Party

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Aristotle			Nature of Debt (Purpose): Software & support
Mailing Address 205 Pennsylvania Ave SE			
City Washington	State DC	ZIP Code 20003-	

Outstanding Balance Beginning This Period <input type="text" value="3900.00"/>		<b>Transaction ID:</b> LS80402.E13643	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="1950.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1950.00"/>	

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

Outstanding Balance Beginning This Period <input type="text" value="42015.14"/>		<b>Transaction ID:</b> LS80515.E13724	
Amount Incurred This Period <input type="text" value="1243.15"/>	Payment This Period <input type="text" value="1243.15"/>	Outstanding Balance at Close of This Period <input type="text" value="42015.14"/>	

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

Outstanding Balance Beginning This Period <input type="text" value="14628.27"/>		<b>Transaction ID:</b> LS80515.E13709	
Amount Incurred This Period <input type="text" value="4100.00"/>	Payment This Period <input type="text" value="4350.00"/>	Outstanding Balance at Close of This Period <input type="text" value="14378.27"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="58343.41"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
Oregon Republican Party

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Office Depot	Nature of Debt (Purpose): Office Supplies
Mailing Address 10520 SW Cascade Blvd	
City State ZIP Code Tigard OR 97223-	

Outstanding Balance Beginning This Period 551.22	<b>Transaction ID:</b> LS80402.E13648	
Amount Incurred This Period 0.00	Payment This Period 225.16	Outstanding Balance at Close of This Period 326.06

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor South Salem Mini Storage	Nature of Debt (Purpose): Storage Rental
Mailing Address 5585 SE Commercial St	
City State ZIP Code Salem OR 97306-	

Outstanding Balance Beginning This Period 90.00	<b>Transaction ID:</b> LS80319.E13602	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 90.00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Electric Lightwave	Nature of Debt (Purpose): generic auto dial calls
Mailing Address PO Box 20553	
City State ZIP Code Rochester NY 14602-	

Outstanding Balance Beginning This Period 348.88	<b>Transaction ID:</b> LSE8962	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 348.88

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	764.94
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
Oregon Republican Party

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Certified Property			Nature of Debt (Purpose): March Late Fee
Mailing Address PO Box 269			
City Salem	State OR	ZIP Code 97308-0269	

Outstanding Balance Beginning This Period		Transaction ID: LS80515.E13690	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
7415.00	2000.00	5415.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Pitney Bowes Purchase Power			Nature of Debt (Purpose): Postage
Mailing Address PO Box 856042			
City Louisville	State KY	ZIP Code 40285-	

Outstanding Balance Beginning This Period		Transaction ID: LS80402.E13647	
3343.35			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	1000.00	2343.35	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Kevin Hoar			Nature of Debt (Purpose): consulting
Mailing Address 12563 NW Millford St			
City Portland	State OR	ZIP Code 97229-9303	

Outstanding Balance Beginning This Period		Transaction ID: LS71218.E13369	
2419.66			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	2419.66	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	10178.01
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
Oregon Republican Party

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Eagle Teleconferencing			Nature of Debt (Purpose): phone bill
Mailing Address 207 West Washington Street			
City	State	ZIP Code	
Rushville	IL	62681-	

Outstanding Balance Beginning This Period <input type="text" value="183.84"/>		<b>Transaction ID: LSE11695</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="183.84"/>	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Eagle Teleconferencing			Nature of Debt (Purpose): Teleconferencing
Mailing Address 207 West Washington Street			
City	State	ZIP Code	
Rushville	IL	62681-	

Outstanding Balance Beginning This Period <input type="text" value="227.47"/>		<b>Transaction ID: LS80402.E13642</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="227.47"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> AT&T Wireless			Nature of Debt (Purpose): Telephone/Total debt in dispute
Mailing Address PO Box 30459			
City	State	ZIP Code	
Los Angeles	CA	90030-	

Outstanding Balance Beginning This Period <input type="text" value="67180.90"/>		<b>Transaction ID: LSE11336</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="67180.90"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="67364.74"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 36 / 43
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
Oregon Republican Party

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Freres Lumber Co. Inc.	Nature of Debt (Purpose): Excess Levin Contribution Refund
Mailing Address PO Box 276	
City State ZIP Code Lyons OR 97358-0276	

Outstanding Balance Beginning This Period 2500.00	<b>Transaction ID:</b> LS71120.E13313	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2500.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Discover Corporate Card	Nature of Debt (Purpose): Travel & Exps DEBT 2/07
Mailing Address PO Box 30423	
City State ZIP Code Salt Lake City UT 84130-0423	

Outstanding Balance Beginning This Period 7575.92	<b>Transaction ID:</b> LS80218.E13500	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 7575.92

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Barbs Professional Bookkeeping &Tax	Nature of Debt (Purpose): Bank reconciliation services
Mailing Address 3295 Triangle Dr. SE #112	
City State ZIP Code Salem OR 97302-	

Outstanding Balance Beginning This Period 962.50	<b>Transaction ID:</b> LS71218.E13364	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 962.50

1) <b>SUBTOTALS</b> This Period This Page (optional).....	<b>11038.42</b>
2) <b>TOTALS</b> This Period (last page this line number only).....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

**SCHEDULE D (FEC Form 3X)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 37 / 43
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
 Oregon Republican Party

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor IN Compliance Inc.	Nature of Debt (Purpose): Printing
Mailing Address PO Box 751271	
City State ZIP Code Las Vegas NV 89131-	

Outstanding Balance Beginning This Period <input type="text" value="20381.30"/>	<b>Transaction ID:</b> LS71219.E13380	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="20381.30"/>

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Discover Card - Federal	Nature of Debt (Purpose): Auto Exps & Off Supp/CC DEBT 4/07
Mailing Address PO Box 30423	
City State ZIP Code Salt Lake City UT 84130-0423	

Outstanding Balance Beginning This Period <input type="text" value="1106.84"/>	<b>Transaction ID:</b> LS70801.E12961	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1106.84"/>

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Discover Card - Federal	Nature of Debt (Purpose): OGOP Office Supplies/ CC DEBT 11/07
Mailing Address PO Box 30423	
City State ZIP Code Salt Lake City UT 84130-0423	

Outstanding Balance Beginning This Period <input type="text" value="360.35"/>	<b>Transaction ID:</b> LS71220.E13392	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="360.35"/>

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="21848.49"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 38 / 43
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
Oregon Republican Party

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Lynx Group Inc.	Nature of Debt (Purpose): OGOP Printing
Mailing Address 2746 Front St Ne	
City Salem State OR ZIP Code 97301-	

Outstanding Balance Beginning This Period 493.00	<b>Transaction ID:</b> LS80307.E13542	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 493.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor D.R. Johnson Lumber Co.	Nature of Debt (Purpose): Excess Levin Contribution Refund
Mailing Address PO Box 66	
City Riddle State OR ZIP Code 97469-	

Outstanding Balance Beginning This Period 10000.00	<b>Transaction ID:</b> LS71120.E13314	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 10000.00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor World Trade Center & Catering	Nature of Debt (Purpose): Catering/ORLC
Mailing Address PO Box 3340	
City Portland State OR ZIP Code 97208-	

Outstanding Balance Beginning This Period 8761.04	<b>Transaction ID:</b> LS80402.E13644	
Amount Incurred This Period 0.00	Payment This Period 1750.00	Outstanding Balance at Close of This Period 7011.04

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<b>17504.04</b>
<b>2) TOTALS</b> This Period (last page this line number only).....	
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

**SCHEDULE D (FEC Form 3X)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 39 / 43	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
 Oregon Republican Party

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Complete Campaigns			Nature of Debt (Purpose): Database System
Mailing Address 610 Gateway Center Way Ste K			
City San Diego	State CA	ZIP Code 92102-4548	

Outstanding Balance Beginning This Period		<b>Transaction ID: LS80402.E13646</b>	
1875.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	625.00	1250.00	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	1250.00
2) <b>TOTALS</b> This Period (last page this line number only).....	188292.05
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	40000.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	228292.05

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
Oregon Republican Party

<b>A. Full Name (Last, First, Middle Initial)</b> Integra Telecom			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 34988			Allocated Activity or Event Year-To-Date 67409.36		
City Seattle	State WA	Zip Code 98124-1988	Date <input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2008"/>		
Purpose of Disbursement: Telephone			Transaction ID: H480402.E13641		
Activity or Event Identifier: ADMINISTRATION B 2					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
237.36		421.96		659.32

<b>B. Full Name (Last, First, Middle Initial)</b> Eagle Teleconferencing			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 207 West Washington Street			Allocated Activity or Event Year-To-Date 66750.04		
City Rushville	State IL	Zip Code 62681-	Date <input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2008"/>		
Purpose of Disbursement: Teleconferencing			Transaction ID: H480402.E13642		
Activity or Event Identifier: ADMINISTRATION B 2					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
81.89		145.58		227.47

<b>C. Full Name (Last, First, Middle Initial)</b> Aristotle			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 205 Pennsylvania Ave SE			Allocated Activity or Event Year-To-Date 65297.41		
City Washington	State DC	Zip Code 20003-	Date <input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2008"/>		
Purpose of Disbursement: Software & support			Transaction ID: H480402.E13643		
Activity or Event Identifier: ADMINISTRATION B 2					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
702.00		1248.00		1950.00

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1021.25		1815.54		2836.79

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
Oregon Republican Party

**A. Full Name (Last, First, Middle Initial)**  
World Trade Center & Catering

Mailing Address  
PO Box 3340

City State Zip Code  
Portland OR 97208-

Purpose of Disbursement:  
Catering/ORLC

Category/  
Type

Type of Allocated Activity:

Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

72513.98

Activity or Event Identifier:  
ADMINISTRATION B 2

Date MM / DD / YYYY  
04 / 01 / 2008

Transaction ID: H480402.E13644

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
540.00		960.00		1500.00

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

Mailing Address  
610 Gateway Center Way Ste K

City State Zip Code  
San Diego CA 92102-4548

Purpose of Disbursement:  
Database System

Category/  
Type

Type of Allocated Activity:

Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

73138.98

Activity or Event Identifier:  
ADMINISTRATION B 2

Date MM / DD / YYYY  
04 / 01 / 2008

Transaction ID: H480402.E13646

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
225.00		400.00		625.00

**C. Full Name (Last, First, Middle Initial)**  
Pitney Bowes Purchase Power

Mailing Address  
PO Box 856042

City State Zip Code  
Louisville KY 40285-

Purpose of Disbursement:  
Postage

Category/  
Type

Type of Allocated Activity:

Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

66522.57

Activity or Event Identifier:  
ADMINISTRATION B 2

Date MM / DD / YYYY  
04 / 01 / 2008

Transaction ID: H480402.E13647

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
360.00		640.00		1000.00

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1125.00		2000.00		3125.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
Oregon Republican Party

<b>A. Full Name (Last, First, Middle Initial)</b> Office Depot			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 10520 SW Cascade Blvd			Allocated Activity or Event Year-To-Date 65522.57	
City Tigard	State OR	Zip Code 97223-	Date <input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2008"/>	
Purpose of Disbursement: Office Supplies			Transaction ID: H480402.E13648	
Activity or Event Identifier: ADMINISTRATION B 2				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
81.06		144.10		225.16

<b>B. Full Name (Last, First, Middle Initial)</b> Certified Property			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 269			Allocated Activity or Event Year-To-Date 75138.98	
City Salem	State OR	Zip Code 97308-0269	Date <input type="text" value="04"/> / <input type="text" value="18"/> / <input type="text" value="2008"/>	
Purpose of Disbursement: Rent			Transaction ID: H480515.E13690	
Activity or Event Identifier: ADMINISTRATION B 2				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
720.00		1280.00		2000.00

<b>C. Full Name (Last, First, Middle Initial)</b> Textron Financial			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 40 Westminster Street			Allocated Activity or Event Year-To-Date 71013.98	
City Providence	State RI	Zip Code 02903-	Date <input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2008"/>	
Purpose of Disbursement: Rent			Transaction ID: H480515.E13711	
Activity or Event Identifier: ADMINISTRATION B 2				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1297.66		2306.96		3604.62

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2098.72		3731.06		5829.78

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
Oregon Republican Party

**A. Full Name (Last, First, Middle Initial)**  
World Trade Center & Catering

Mailing Address  
PO Box 3340

City	State	Zip Code
Portland	OR	97208-

Purpose of Disbursement:  
Catering/ORGOP

Category/  
Type

Type of Allocated Activity:

Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

75699.44

Activity or Event Identifier:  
ADMINISTRATION B 2

Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	5	/	2	0	0	8

Transaction ID: H480515.E13725

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
90.00		160.00		250.00

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

Mailing Address  
400 High Street

City	State	Zip Code
Salem	OR	97312-1000

Purpose of Disbursement:  
Workers Compensation Insurance

Category/  
Type

Type of Allocated Activity:

Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

75449.44

Activity or Event Identifier:  
ADMINISTRATION B 2

Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	5	/	2	0	0	8

Transaction ID: H480515.E13734

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
111.77		198.69		310.46

**C. Full Name (Last, First, Middle Initial)**  
US Postmaster

Mailing Address  
410 Mill St SE

City	State	Zip Code
Salem	OR	97301-

Purpose of Disbursement:  
Postage for BRM mail return

Category/  
Type

Type of Allocated Activity:

Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

75949.44

Activity or Event Identifier:  
ADMINISTRATION B 2

Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	8	/	2	0	0	8

Transaction ID: H480515.E13735

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
90.00		160.00		250.00

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
291.77		518.69		810.46

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
4536.74		8065.29		12602.03