

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines.
Oregon Right To Life Victory PAC

ADDRESS (number and street)
 Check if different than previously reported. (ACC) -

2. **FEC IDENTIFICATION NUMBER ▼** **CITY ▲** **STATE ▲** **ZIP CODE ▲**
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 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day **POST-Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

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 Gayle Atteberry

Signature of Treasurer Gayle Atteberry [Electronically Filed] Date / /

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

Office Use Only									FEC FORM 3X Rev. 12/2004
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Oregon Right To Life Victory PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		196249.07
(b) Cash on Hand at Beginning of Reporting Period.....	252481.21	
(c) Total Receipts (from Line 19)	14275.00	89454.10
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	266756.21	285703.17
7. Total Disbursements (from Line 31).....	72781.43	91728.39
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	193974.78	193974.78
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Oregon Right To Life Victory PAC

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	1250.00
(ii) Unitemized	1275.00	75204.10
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1275.00	76454.10
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	13000.00	13000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	14275.00	89454.10
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (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))..... ▶	14275.00	89454.10
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	14275.00	89454.10

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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	31119.95	49477.18
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	31119.95	49477.18
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	41561.48	41561.48
25. Coordinated Party Expenditures (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	100.00	133.73
(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)).....	100.00	133.73
29. Other Disbursements	0.00	556.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	72781.43	91728.39
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	72781.43	91728.39

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	14275.00	89454.10
34. Total Contribution Refunds (from Line 28(d))	100.00	133.73
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14175.00	89320.37
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	31119.95	49477.18
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	31119.95	49477.18

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

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

FOR LINE NUMBER: PAGE 6 OF 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
Oregon Right To Life Victory PAC

Full Name (Last, First, Middle Initial)
A. NATIONAL RIGHT TO LIFE VICTORY FUND

Mailing Address 512 10TH STREET, NW

City State Zip Code
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C** C00509893

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
13000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 25 / 2016
Transaction ID : SA11C.4328

Amount of Each Receipt this Period
 13000.00

Memo Item
DONATION

Full Name (Last, First, Middle Initial)
B.

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

Full Name (Last, First, Middle Initial)
C.

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	13000.00
TOTAL This Period (last page this line number only).....▶	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)

<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 Right To Life Victory PAC

Full Name (Last, First, Middle Initial)

A. ALPHA MEDIA LLC

Mailing Address 1211 SW 5TH AVENUE SUITE 600

City PORTLAND State OR Zip Code 97204

Purpose of Disbursement
RADIO ADS FOR COLM FOR CONGRESS

007

Candidate Name
COLM WILLIS

Category/
Type

Office Sought: House
 Senate
 President
State: OR District: 05

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 18 / 2016

Transaction ID : **SB21B.4299**

Amount of Each Disbursement this Period

10000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Columbia Bank

Mailing Address 4260 River Rd N

City Keizer State OR Zip Code 97303

Purpose of Disbursement
bank fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2016

Transaction ID : **SB21B.4414**

Amount of Each Disbursement this Period

109.37

Memo Item

Full Name (Last, First, Middle Initial)

C. Columbia Bank

Mailing Address 4260 River Rd N

City Keizer State OR Zip Code 97303

Purpose of Disbursement
bank fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : **SB21B.4415**

Amount of Each Disbursement this Period

111.64

Memo Item

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

10221.01

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 Right To Life Victory PAC

Full Name (Last, First, Middle Initial)

A. Columbia Bank

Mailing Address 4260 River Rd N

City Keizer State OR Zip Code 97303

Purpose of Disbursement
bank fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4423

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. De Lage Landin

Mailing Address PO Box 41602

City Philadelphia State PA Zip Code 19101-1602

Purpose of Disbursement
equipment leasing

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4392

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Gateway Communications, Inc

Mailing Address 16805 NE Mason Court

City Portland State OR Zip Code 97230

Purpose of Disbursement
MAILING FOR COLM FOR CONGRESS

Category/
Type

Candidate Name

COLM WILLIS

Office Sought: House Senate President
State: OR District: 05

Disbursement For: 2016 Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4317

Amount of Each Disbursement this Period

Memo Item

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)

<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 Right To Life Victory PAC

Full Name (Last, First, Middle Initial) A. David Kilada		Date of Disbursement MM / DD / YYYY 06 / 01 / 2016
Mailing Address 4335 River Rd N		Transaction ID : SB21B.4411
City Keizer	State OR	
Zip Code 97303	Purpose of Disbursement reimburse meeting	Amount of Each Disbursement this Period 40.00
Candidate Name	Category/Type 001	<input type="checkbox"/> Memo Item
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:		

Full Name (Last, First, Middle Initial) B. David Kilada		Date of Disbursement MM / DD / YYYY 06 / 01 / 2016
Mailing Address 4335 River Rd N		Transaction ID : SB21B.4413
City Keizer	State OR	
Zip Code 97303	Purpose of Disbursement phone stipend	Amount of Each Disbursement this Period 50.00
Candidate Name	Category/Type 001	<input type="checkbox"/> Memo Item
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:		

Full Name (Last, First, Middle Initial) C. KPDQ THE FISH		Date of Disbursement MM / DD / YYYY 04 / 18 / 2016
Mailing Address 6400 SE LAKE RD, SUITE 350		Transaction ID : SB21B.4297
City PORTLAND	State OR	
Zip Code 97222	Purpose of Disbursement RADIO ADS FOR COLM FOR CONGRESS	Amount of Each Disbursement this Period 8969.00
Candidate Name COLM WILLIS	Category/Type 007	<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OR District: 05		

SUBTOTAL of Disbursements This Page (optional).....▶	9059.00
TOTAL This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.4411

On 5/23/2016, David Kilada paid for meeting registration for \$40.00, reimbursed on 6/1/2016 check #124.

Form/Schedule:

Transaction ID:

**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 Right To Life Victory PAC

Full Name (Last, First, Middle Initial)

A. KYKN

Mailing Address PO BOX 1430

City SALEM State OR Zip Code 97308

Purpose of Disbursement
RADIO ADS FOR COLM FOR CONGRESS

007

Candidate Name
COLM WILLIS

Category/
Type

Office Sought: House
 Senate
 President
State: OR District: 05

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 18 / 2016

Transaction ID : **SB21B.4293**

Amount of Each Disbursement this Period

2025.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Oregon Right To Life Education Foundation

Mailing Address 4335 River Rd North

City Salem State OR Zip Code 97308

Purpose of Disbursement
rent

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 01 / 2016

Transaction ID : **SB21B.4410**

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Pitney Bowes

Mailing Address 1 Elmcroft Rd

City Stamford State CT Zip Code 06926

Purpose of Disbursement
equipment leasing

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 23 / 2016

Transaction ID : **SB21B.4393**

Amount of Each Disbursement this Period

227.46

Memo Item

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

2752.46

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 Right To Life Victory PAC

Full Name (Last, First, Middle Initial)

A. Postmaster

Mailing Address 1050 Sunnyview Rd NE

City Salem State OR Zip Code 97301

Purpose of Disbursement
postage permit

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4292

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Postmaster

Mailing Address 1050 Sunnyview Rd NE

City Salem State OR Zip Code 97301

Purpose of Disbursement
mailing of newsletter

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4330

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Postmaster

Mailing Address 1050 Sunnyview Rd NE

City Salem State OR Zip Code 97301

Purpose of Disbursement
postage

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4368

Amount of Each Disbursement this Period

Memo Item

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

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

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Oregon Right To Life Victory PAC		FEC IDENTIFICATION NUMBER C C00592303
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee Eagle Mailing Service		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 28 / 2016
Mailing Address 4907 Indian School Rd NE			Amount 1.31
City Salem	State OR	Zip Code 97305	Transaction ID : SE.4360
Purpose of Expenditure voter guide	Category/Type 006		Date of Disbursement or Obligation MM / DD / YYYY 05 / 02 / 2016
Name of Federal Candidate FAYE STEWART		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OR
Calendar Year-To-Date Per Election for Office Sought		1.31	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Eagle Mailing Service		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 28 / 2016
Mailing Address 4907 Indian School Rd NE			Amount 2.14
City Salem	State OR	Zip Code 97305	Transaction ID : SE.4361
Purpose of Expenditure voter guide	Category/Type 006		Date of Disbursement or Obligation MM / DD / YYYY 05 / 02 / 2016
Name of Federal Candidate COLM WILLIS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR
Calendar Year-To-Date Per Election for Office Sought		5.93	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3.45
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gayle Ateberry
Signature

[Electronically Filed]

Date **07 / 13 / 2016**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Oregon Right To Life Victory PAC		FEC IDENTIFICATION NUMBER C C00592303	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Eagle Mailing Service		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 28 / 2016	
Mailing Address 4907 Indian School Rd NE				Amount 0.42	
City Salem	State OR	Zip Code 97305		Transaction ID : SE.4362	
Purpose of Expenditure voter guide		Category/Type 006		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 02 / 2016	
Name of Federal Candidate PAUL WEAVER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OR	
Calendar Year-To-Date Per Election for Office Sought		1.73		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Eagle Mailing Service		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 28 / 2016	
Mailing Address 4907 Indian School Rd NE				Amount 1.25	
City Salem	State OR	Zip Code 97305		Transaction ID : SE.4363	
Purpose of Expenditure voter guide		Category/Type 006		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 02 / 2016	
Name of Federal Candidate JO RAE PERKINS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR	
Calendar Year-To-Date Per Election for Office Sought		5.67		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1.67
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gayle Ateberry
Signature

[Electronically Filed]

Date **07 / 13 / 2016**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Oregon Right To Life Victory PAC	FEC IDENTIFICATION NUMBER ▼ C C00592303
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee Eagle Mailing Service <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 28 / 2016
Mailing Address 4907 Indian School Rd NE	Amount 1.25
City State Zip Code Salem OR 97305	Transaction ID : SE.4365 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 02 / 2016
Purpose of Expenditure voter guide	Category/Type 006
Name of Federal Candidate ART ROBINSON	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President State: OR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
6.92	

Full Name of Payee Eagle Mailing Service <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 28 / 2016
Mailing Address 4907 Indian School Rd NE	Amount 0.42
City State Zip Code Salem OR 97305	Transaction ID : SE.4366 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 02 / 2016
Purpose of Expenditure voter guide	Category/Type 006
Name of Federal Candidate GREGORY P MR. WALDEN	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President State: OR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
1.16	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1.67
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gayle Ateberry [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
07 / 13 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Oregon Right To Life Victory PAC		FEC IDENTIFICATION NUMBER C C00592303
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Eagle Mailing Service		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 28 / 2016	
Mailing Address 4907 Indian School Rd NE		Amount 1.31		Transaction ID : SE.4358	
City Salem	State OR	Zip Code 97305	Date of Disbursement or Obligation MM / DD / YYYY 05 / 03 / 2016		
Purpose of Expenditure voter guide		Category/Type 006	Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		
		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		23282.77	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee Eagle Web Press		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 28 / 2016	
Mailing Address 4901 Indian School Rd NE		Amount 3.14		Transaction ID : SE.4371	
City Salem	State OR	Zip Code 97305	Date of Disbursement or Obligation MM / DD / YYYY 05 / 02 / 2016		
Purpose of Expenditure voter guide		Category/Type 006	Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		
		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		23281.46	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4.45
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gayle Ateberry
Signature

[Electronically Filed]

Date **07 / 13 / 2016**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Oregon Right To Life Victory PAC		FEC IDENTIFICATION NUMBER C C00592303
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee Eagle Web Press		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination 04 / 28 / 2016	
Mailing Address 4901 Indian School Rd NE				Amount 3.14	
City Salem	State OR	Zip Code 97305		Transaction ID : SE.4372	
Purpose of Expenditure voter guide		Category/Type 006	Date of Disbursement or Obligation 05 / 02 / 2016		
Name of Federal Candidate FAYE STEWART		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OR		
Calendar Year-To-Date Per Election for Office Sought		4.87		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Eagle Web Press		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination 04 / 28 / 2016	
Mailing Address 4901 Indian School Rd NE				Amount 5.12	
City Salem	State OR	Zip Code 97305		Transaction ID : SE.4373	
Purpose of Expenditure voter guide		Category/Type 006	Date of Disbursement or Obligation 05 / 02 / 2016		
Name of Federal Candidate COLM WILLIS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR		
Calendar Year-To-Date Per Election for Office Sought		11.05		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	8.26
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gayle Ateberry
Signature

[Electronically Filed]

Date **07 / 13 / 2016**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Oregon Right To Life Victory PAC	FEC IDENTIFICATION NUMBER ▼ C C00592303
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee Eagle Web Press <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 28 / 2016
Mailing Address 4901 Indian School Rd NE	Amount 0.99
City State Zip Code Salem OR 97305	Transaction ID : SE.4374 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 02 / 2016
Purpose of Expenditure voter guide	Category/Type 006
Name of Federal Candidate PAUL WEAVER <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>OR</u>
Calendar Year-To-Date Per Election for Office Sought 5.86	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Eagle Web Press <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 28 / 2016
Mailing Address 4901 Indian School Rd NE	Amount 2.97
City State Zip Code Salem OR 97305	Transaction ID : SE.4375 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 02 / 2016
Purpose of Expenditure voter guide	Category/Type 006
Name of Federal Candidate JO RAE PERKINS <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>04</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OR</u>
Calendar Year-To-Date Per Election for Office Sought 9.89	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	3.96
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gayle Ateberry [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
07 / 13 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Oregon Right To Life Victory PAC		FEC IDENTIFICATION NUMBER C C00592303
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Eagle Web Press		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 28 / 2016	
Mailing Address 4901 Indian School Rd NE		Amount 2.97		Transaction ID : SE.4376	
City Salem	State OR	Zip Code 97305	Date of Disbursement or Obligation MM / DD / YYYY 05 / 02 / 2016		
Purpose of Expenditure voter guide		Category/Type 006	Name of Federal Candidate ART ROBINSON		
		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR		
Calendar Year-To-Date Per Election for Office Sought		12.86	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Eagle Web Press		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 28 / 2016	
Mailing Address 4901 Indian School Rd NE		Amount 0.99		Transaction ID : SE.4432	
City Salem	State OR	Zip Code 97305	Date of Disbursement or Obligation MM / DD / YYYY 05 / 02 / 2016		
Purpose of Expenditure voter guide		Category/Type 006	Name of Federal Candidate GREGORY P MR. WALDEN		
		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR		
Calendar Year-To-Date Per Election for Office Sought		2.15	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3.96
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gayle Ateberry
Signature

[Electronically Filed]

Date **07 / 13 / 2016**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Oregon Right To Life Victory PAC	FEC IDENTIFICATION NUMBER ▼ C C00592303
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee Gateway Communications, Inc <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 28 / 2016
Mailing Address 16805 NE Mason Court	Amount 23276.00
City State Zip Code Portland OR 97230	Transaction ID : SE.4380 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 29 / 2016
Purpose of Expenditure post card mailing	Category/Type 006
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought 23278.32	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Gateway Communications, Inc <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 05 / 06 / 2016
Mailing Address 16805 NE Mason Court	Amount 331.33
City State Zip Code Portland OR 97230	Transaction ID : SE.4381 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 10 / 2016
Purpose of Expenditure post card mailing	Category/Type 006
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought 23619.10	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	23607.33
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gayle Ateberry [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
07 / 13 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Oregon Right To Life Victory PAC		FEC IDENTIFICATION NUMBER C C00592303
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Gateway Communications, Inc		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 06 / 2016	
Mailing Address 16805 NE Mason Court		Amount 331.32		Transaction ID : SE.4382	
City Portland	State OR	Zip Code 97230	Date of Disbursement or Obligation MM / DD / YYYY 05 / 10 / 2016		
Purpose of Expenditure postcard mailing		Category/Type 006	Name of Federal Candidate FAYE STEWART		
			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OR
Calendar Year-To-Date Per Election for Office Sought		337.18	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee Gateway Communications, Inc		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 06 / 2016	
Mailing Address 16805 NE Mason Court		Amount 250.33		Transaction ID : SE.4383	
City Portland	State OR	Zip Code 97230	Date of Disbursement or Obligation MM / DD / YYYY 05 / 10 / 2016		
Purpose of Expenditure postcard mailing		Category/Type 006	Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		
			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		23869.43	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	581.65
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gayle Ateberry
Signature

[Electronically Filed]

Date **07 / 13 / 2016**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Oregon Right To Life Victory PAC	FEC IDENTIFICATION NUMBER ▼ C C00592303
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee <input type="checkbox"/> Memo Item Gateway Communications, Inc	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 05 / 06 / 2016
Mailing Address 16805 NE Mason Court	Amount 250.33
City State Zip Code Portland OR 97230	Transaction ID : SE.4384 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 10 / 2016
Purpose of Expenditure postcard mailing	Category/Type 006
Name of Federal Candidate FAYE STEWART	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General State: OR
Calendar Year-To-Date Per Election for Office Sought 587.51	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item Gateway Communications, Inc	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 05 / 11 / 2016
Mailing Address 16805 NE Mason Court	Amount 7713.42
City State Zip Code Portland OR 97230	Transaction ID : SE.4386 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 12 / 2016
Purpose of Expenditure postcard mailing	Category/Type 006
Name of Federal Candidate COLM WILLIS	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General District: 05 State: OR
Calendar Year-To-Date Per Election for Office Sought 7844.47	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	7963.75
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gayle Ateberry [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
07 / 13 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Oregon Right To Life Victory PAC	FEC IDENTIFICATION NUMBER ▼ C C00592303
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee Gateway Communications, Inc <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 05 / 09 / 2016
Mailing Address 16805 NE Mason Court	Amount 3000.00
City State Zip Code Portland OR 97230	
Purpose of Expenditure polling	Category/Type 005
Name of Federal Candidate COLM WILLIS	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 16 / 2016
Name of Federal Candidate COLM WILLIS	Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
10844.47	

Full Name of Payee Gateway Communications, Inc <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 05 / 11 / 2016
Mailing Address 16805 NE Mason Court	Amount 6242.00
City State Zip Code Portland OR 97230	
Purpose of Expenditure voter calls	Category/Type 005
Name of Federal Candidate COLM WILLIS	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 23 / 2016
Name of Federal Candidate COLM WILLIS	Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
17086.47	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	9242.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gayle Ateberry [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
07 / 13 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Oregon Right To Life Victory PAC	FEC IDENTIFICATION NUMBER ▼ C C00592303
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee David Kilada	Memo Item <input type="checkbox"/>	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 4335 River Rd N		Amount <input type="text"/>
City Keizer	State OR	Zip Code 97303
Purpose of Expenditure facebook ads charged on David's Kilada's credit card	Category/Type <input type="text"/>	Transaction ID : SE.4378 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ	Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/>	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	<input type="text"/>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee David Kilada	Memo Item <input type="checkbox"/>	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 4335 River Rd N		Amount <input type="text"/>
City Keizer	State OR	Zip Code 97303
Purpose of Expenditure Facebooks ads David Kilada paid by credit card	Category/Type <input type="text"/>	Transaction ID : SE.4379 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate COLM WILLIS	Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/>	Office Sought: <input checked="" type="checkbox"/> House District: <u>05</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OR</u>
Calendar Year-To-Date Per Election for Office Sought	<input type="text"/>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<input type="text"/>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<input type="text"/>
(c) TOTAL Independent Expenditures.....▶	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Gayle Ateberry [Electronically Filed] Date / /

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SE

Transaction ID : SE.4378

The Facebook account is set up using David Kilada's credit card. He is reimbursed for these charges.

Form/Schedule:

Transaction ID:

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Oregon Right To Life Victory PAC	FEC IDENTIFICATION NUMBER ▼ C C00592303
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee David Kilada <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 05 / 11 / 2016
Mailing Address 4335 River Rd N	Amount 100.00
City State Zip Code Keizer OR 97303	
Purpose of Expenditure Facebook paid by David Kilada's credit card	Category/Type 006
Name of Federal Candidate COLM WILLIS	Date of Disbursement or Obligation 05 / 12 / 2016
Name of Federal Candidate COLM WILLIS	Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate District: <u>05</u> State: <u>OR</u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
131.05	

Full Name of Payee Postmaster <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 04 / 28 / 2016
Mailing Address 1050 Sunnyview Rd NE	Amount 2.32
City State Zip Code Salem OR 97301	
Purpose of Expenditure voter guide	Category/Type 006
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ	Date of Disbursement or Obligation 04 / 28 / 2016
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ	Office Sought: <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
2.32	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	102.32
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Gayle Ateberry [Electronically Filed] Date 07 / 13 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Oregon Right To Life Victory PAC		FEC IDENTIFICATION NUMBER C C00592303
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Postmaster		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 28 / 2016
Mailing Address 1050 Sunnyview Rd NE			Amount 2.32
City Salem	State OR	Zip Code 97301	Transaction ID : SE.4352
Purpose of Expenditure voter guide	Category/Type 006		Date of Disbursement or Obligation MM / DD / YYYY 04 / 28 / 2016
Name of Federal Candidate FAYE STEWART		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>05</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>OR</u>
Calendar Year-To-Date Per Election for Office Sought 2.32			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Postmaster		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 28 / 2016
Mailing Address 1050 Sunnyview Rd NE			Amount 3.79
City Salem	State OR	Zip Code 97301	Transaction ID : SE.4353
Purpose of Expenditure voter guide	Category/Type 006		Date of Disbursement or Obligation MM / DD / YYYY 04 / 28 / 2016
Name of Federal Candidate COLM WILLIS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>05</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OR</u>
Calendar Year-To-Date Per Election for Office Sought 3.79			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	6.11
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Gayle Ateberry
Signature

[Electronically Filed]

Date **07 / 13 / 2016**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Oregon Right To Life Victory PAC	FEC IDENTIFICATION NUMBER ▼ C C00592303
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee Postmaster <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 28 / 2016
Mailing Address 1050 Sunnyview Rd NE	Amount 0.74
City State Zip Code Salem OR 97301	Transaction ID : SE.4354 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 28 / 2016
Purpose of Expenditure voter guide	Category/Type 006
Name of Federal Candidate PAUL WEAVER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>05</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>OR</u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
3.06	

Full Name of Payee Postmaster <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 28 / 2016
Mailing Address 1050 Sunnyview Rd NE	Amount 2.21
City State Zip Code Salem OR 97301	Transaction ID : SE.4355 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 28 / 2016
Purpose of Expenditure voter guide	Category/Type 006
Name of Federal Candidate JO RAE PERKINS	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>04</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OR</u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
2.21	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2.95
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Gayle Ateberry
Signature

[Electronically Filed] Date M M / D D / Y Y Y Y Y Y
07 / 13 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Oregon Right To Life Victory PAC
FEC IDENTIFICATION NUMBER C C00592303
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Postmaster
Mailing Address 1050 Sunnyview Rd NE
City Salem State OR Zip Code 97301
Purpose of Expenditure voter guide Category/Type 006
Name of Federal Candidate ART ROBINSON Support
Office Sought: House District: 04 State: OR
Calendar Year-To-Date Per Election for Office Sought 4.42
Disbursement For: Primary 2016

Full Name of Payee Postmaster
Mailing Address 1050 Sunnyview Rd NE
City Salem State OR Zip Code 97301
Purpose of Expenditure voter guide Category/Type 006
Name of Federal Candidate GREGORY P MR. WALDEN Support
Office Sought: House District: 02 State: OR
Calendar Year-To-Date Per Election for Office Sought 0.74
Disbursement For: Primary 2016

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 2.95; (b) SUBTOTAL of Unitemized Independent Expenditures; (c) TOTAL Independent Expenditures 41561.48

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Signature Gayle Ateberry [Electronically Filed] Date 07 / 13 / 2016