



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**Grassroots Oregon Voters**

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="2018"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="3010.00"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="7269.00"/>	<input type="text" value="10279.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="10279.00"/>	<input type="text" value="10279.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="9675.34"/>	<input type="text" value="9675.34"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="603.66"/>	<input type="text" value="603.66"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**Grassroots Oregon Voters**

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).....	250.00	250.00
(ii) Unitemized .....	1257.00	1267.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1507.00	1517.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	5750.00	8750.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	7257.00	10267.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	12.00	12.00
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)).....▶	7269.00	10279.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	7269.00	10279.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
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) .....	9623.34	9623.34
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	52.00	52.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	9675.34	9675.34
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9675.34	9675.34

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	7257.00	10267.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7257.00	10267.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	12.00	12.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	- 12.00	- 12.00

**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 10  
(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

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)  
**Grassroots Oregon Voters**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Graven, Susannah, , ,

Mailing Address 1 Glen Oak Court

City Medford	State OR	Zip Code 97504
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self	Occupation (for Individual) LMT
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		16		2018

**Transaction ID : SA11AI.4147**

Amount of Each Receipt this Period  
250.00

Memo Item  
Crowdfund

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 10
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Grassroots Oregon Voters**

**A. Oregon District 2**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

**10 / 31 / 2018**

**Transaction ID : SA11C.4176**

Amount of Each Receipt this Period

**5750.00**

Memo Item

**B.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

**C.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>5750.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>5750.00</b>

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Grassroots Oregon Voters
FEC IDENTIFICATION NUMBER
C C00685388

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
Campbell, Darren, ,
Memo Item
Date of Public Distribution/Dissemination
M M / D D / Y Y Y Y Y Y
Mailing Address
210 Jessica Lane
Amount
1260.00
Transaction ID : SE.4205
Date of Disbursement or Obligation
M M / D D / Y Y Y Y Y Y
10 / 18 / 2018
Purpose of Expenditure
Inv. 1018 - Video Services
Category/ Type

Name of Federal Candidate:
MCLEOD-SKINNER, JAMIE, ,
Support Oppose
Office Sought: House District: 02
President Senate State: OR
Calendar Year-To-Date
Per Election for Office Sought
1260.00
Disbursement For: Primary General
2018 Other (specify)

Full Name of Payee
Campbell, Darren, ,
Memo Item
Date of Public Distribution/Dissemination
M M / D D / Y Y Y Y Y Y
Mailing Address
210 Jessica Lane
Amount
976.00
Transaction ID : SE.4204
Date of Disbursement or Obligation
M M / D D / Y Y Y Y Y Y
11 / 15 / 2018
Purpose of Expenditure
Inv. 1019 - Video Services
Category/ Type

Name of Federal Candidate:
MCLEOD-SKINNER, JAMIE, ,
Support Oppose
Office Sought: House District: 02
President Senate State: OR
Calendar Year-To-Date
Per Election for Office Sought
4847.00
Disbursement For: Primary General
2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 2236.00
(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.

Cleckner, Joann, Z,
[Electronically Filed]
Date 12 / 19 / 2018
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Grassroots Oregon Voters
FEC IDENTIFICATION NUMBER
C C00685388

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
Emerald Empire Consulting
Mailing Address
2143 W. 16th Court
City
Eugene State
OR Zip Code
97402
Purpose of Expenditure
Facebook Ads/EEC Fee
Category/Type
Date of Public Distribution/Dissemination
Amount
4776.34
Transaction ID : SE.4201
Date of Disbursement or Obligation
11 / 15 / 2018

Name of Federal Candidate:
MCLEOD-SKINNER, JAMIE, ,
Support
Office Sought: House District: 02
Disbursement For: Primary
Calendar Year-To-Date
Per Election for Office Sought
4776.34

Full Name of Payee
KOB1
Mailing Address
PO Box 1489
City
Medford State
OR Zip Code
97501
Purpose of Expenditure
Debit Card - TV
Category/Type
Date of Public Distribution/Dissemination
Amount
1511.00
Transaction ID : SE.4206
Date of Disbursement or Obligation
10 / 29 / 2018

Name of Federal Candidate:
MCLEOD-SKINNER, JAMIE, ,
Support
Office Sought: House District: 02
Disbursement For: General
Calendar Year-To-Date
Per Election for Office Sought
2771.00

(a) SUBTOTAL of Itemized Independent Expenditures
6287.34
(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.

Cleckner, Joann, Z, ,

[Electronically Filed]

Date
12 / 19 / 2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Grassroots Oregon Voters
FEC IDENTIFICATION NUMBER
C C00685388

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee KOB I
Mailing Address PO Box 1489
City Medford State OR Zip Code 97501
Purpose of Expenditure Debit Card - TV
Category/Type
Date of Public Distribution/Dissemination
Amount 1100.00
Transaction ID : SE.4207
Date of Disbursement or Obligation 10 / 31 / 2018

Name of Federal Candidate:
MCLEOD-SKINNER, JAMIE, ,
Support Oppose
Office Sought: House District: 02
President Senate State: OR
Calendar Year-To-Date Per Election for Office Sought 3871.00
Disbursement For: Primary General
Other (specify)

Full Name of Payee
Mailing Address
City State Zip Code
Purpose of Expenditure
Category/Type
Date of Public Distribution/Dissemination
Amount
Date of Disbursement or Obligation

Name of Federal Candidate:
Support Oppose
Office Sought: House District:
President Senate State:
Calendar Year-To-Date Per Election for Office Sought
Disbursement For: Primary General
Other (specify)

Table with 2 columns: Description and Amount. Row (a) SUBTOTAL of Itemized Independent Expenditures 1100.00. Row (b) SUBTOTAL of Unitemized Independent Expenditures. Row (c) TOTAL Independent Expenditures 9623.34.

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.

Cleckner, Joann, Z, ,

[Electronically Filed]

Date 12 / 19 / 2018

Signature