PAGE 1 / 10

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	Other Than An	Authorized Comm	iittee	Offic	e Use Only
NAME OF TY COMMITTEE (in full)	PE OR PRINT ▼	Example: If over the line		12FE4M5	
Grassroots Oregon Voter	rs				1
ADDRESS (number and street)	3681 Windgate Street				
▼ Check if different					
than provinced.	Medford			OR	
2. FEC IDENTIFICATION NUMBER	BER ▼	CITY A	S	TATE 🛦	ZIP CODE ▲
C C00685388		3. IS THIS REPORT	NEW (N) OR	AMEND (A)	ED
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	Aug 20 (N	Year Only)
(a) Quarterly Reports:		Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M	Year Only)
April 15 Quarterly Report (Q1)	(0) 10.5	Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M	
July 15 Quarterly Report (Q2)	(c) 12-Day PRE-Electio			General (12G)	Runoff (12R)
October 15 Quarterly Report (Q3)	Report for the			Special (12S)	
January 31 Year-End Report (YE)	E	Election on	/ D D / Y	Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Electi Report for tl		(30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	E	Election on 11	/ D D / Y	2018	in the State of OR
5. Covering Period 10		018 throug	gh 11	26 Y	2018
I certify that I have examined this F		est of my knowledge a	nd belief it is true	, correct and com	nplete.
Type or Print Name of Treasurer	Cleckner, Joann, Z, ,				
Signature of Treasurer Cleckner,	. Joann, Z, ,	[Electroni	cally Filed] Da	te 12 /	19 / 2018
NOTE: Submission of false, erroneous	s, or incomplete inform	mation may subject the	person signing this	Report to the per	nalties of 52 U.S.C. § 3010
Office Use				F	EC FORM 3X Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name **Grassroots Oregon Voters** 10 01 2018 11 26 2018 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 0.00 January 1, 2018 (b) Cash on Hand at 3010.00 Beginning of Reporting Period..... 7269.00 10279.00 Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 10279.00 10279.00 6(a) and 6(c) for Column B)..... 9675.34 9675.34 7. Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 603.66 603.66 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 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. 05/2016) Page 3

Write or Type Committee Name

Grassroots	Oregon	Voters
O a a a a a a a a a a a a a a a a a a a	CICGOII	V OLGI 3

01 10 2018 11 26 2018 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 250.00 250.00 (i) Itemized (use Schedule A)..... 1257.00 1267.00 (ii) Unitemized (iii) TOTAL (add 1517.00 1507.00 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 5750.00 8750.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 10267.00 7257.00 Totals to Line 33, page 5)▶ 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received..... 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 12.00 12.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... 0.00 0.00 17. Other Federal Receipts 0.00 (Dividends, Interest, etc.)..... 0.00 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3)..... 0.00 0.00 (b) Levin Funds (from Schedule H5) (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 7269.00 10279.00 (subtract Line 18(c) from Line 19)▶

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
 Operating Expenditures: – (a) Allocated Federal/Non-Federal Activity (from Schedule H4) 	3 1 3312 2	3.3.3.3.100110 2010	
(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	
Transfers to Affiliated/Other Party Committees	0.00	0.00	
Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00	
4. Independent Expenditures (use Schedule E)	9623.34	9623.34	
5. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)	0.00	1 1 1 1 1 1 1 1	
	4 4	0.00	
5. Loan Repayments Made	0.00	0.00	
7. Loans Made	0.00	0.00	
Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
9. Other Disbursements (Including Non-Federal Donations)	52.00	52.00	
Federal Election Activity (52 U.S.C. § 30101(20)	4 4	02.00	
(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	
. Total Disbursements (add Lines 21(c), 22,	7 7	7 7 7	
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	9675.34	9675.34	
Total Federal Disbursements			
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	9675.34	9675.34	

34. Total Contribution Refunds

37. Offsets to Operating Expenditures

38. Net Operating Expenditures

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) III. Net Contributions/

Operating Expenditures

Page 5 **COLUMN A** COLUMN B **Total This Period** Calendar Year-to-Date 33. Total Contributions (other than loans) 7257.00 10267.00 (from Line 11(d), page 3) 0.00 0.00 (from Line 28(d))..... 35. Net Contributions (other than loans) 10267.00 7257.00 (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures 0.00 0.00 (add Line 21(a)(i) and Line 21(b))▶ 12.00 12.00 (from Line 15, page 3)..... - 12.00 - 12.00 (subtract Line 37 from Line 36)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 6 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

10

for each category of the Detailed Summary Page 13 14 15 16 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** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Graven, Susannah, , , Date of Receipt Mailing Address 1 Glen Oak Court 2018 16 City Zip Code State Transaction ID: SA11AI.4147 OR Medford 97504 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self LMT Crowdfund Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 SUBTOTAL of Receipts This Page (optional)..... 250.00 TOTAL This Period (last page this line number only).....

S 17

C	NIEDIUE A (FEO Forms 2V)					
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 7 OF 10 (check only one)		
IT	EMIZED RECEIPTS		for each category of the	11a 11b X 11c 12		
			Detailed Summary Page	13 14 15 16 17		
	y information copied from such Reports and Sta for commercial purposes, other than using the r			erson for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full)					
	Grassroots Oregon Voters					
Α.	Full Name of Individual (Last, First, Middle Initia Oregon District 2	al) or Full C	Organization Name	Date of Receipt		
	Mailing Address			10 31 2018		
	City	State	Zip Code	Transaction ID : SA11C.4176		
		OR		Amount of Each Receipt this Period		
	FEC ID number of contributing			5750.00		
	federal political committee.			5750.00		
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item		
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General	33 13 111		1		
	Other (specify) ▼		8750.00			
_	Full Name of Individual (Last, First, Middle Initia	al) or Full O	Organization Namo			
В.	Tuli Name of marvidual (Last, 1 list, Middle lillia	ai) oi i uii o	nganization Name	Date of Receipt		
	Mailing Address			M = M / D = D / Y = Y = Y		
	Oth	04-4-	7:- 0-1-	_		
	City	State	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.		С				
	Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item		
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General			1		
	Other (specify) ▼		<u> </u>			
C.	Full Name of Individual (Last, First, Middle Initia	Organization Name	Date of Receipt			
	Mailing Address			M = M / D = D / Y = Y = Y		
	City	State	Zip Code	Amount of Each Receipt this Period		
	FEC ID number of contributing			Amount of Each receipt this renod		
	federal political committee.	C		, ,		
Name of Employer (for Individual)		Occ	upation (for Individual)	Memo Item		
	Traine of Employer (for individual)		apation (ioi maividual)			
Receipt For: Aggre		Aggregate	Year-to-Date ▼			
	Primary General			1		
Other (specify)			<u> </u>	I		
г						
s	UBTOTAL of Receipts This Page (optional)			5750.00		

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

5750.00

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES				PAGE 8 OF 10		
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼		
Grassroots Oregon Voters						
				C C00685388		
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y		
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination		
Campbell, Darren, , ,			1	/ M = M / D = D / Y = Y = Y		
Mailing Address 210 Jessica Lane						
			Amou	nt		
City	State	Zip Code		1260.00		
Ashland	OR	97520		saction ID : SE.4205 of Disbursement or Obligation		
Purpose of Expenditure Inv. 1018 - Video Services	,	Category/ Type		10 18 2018		
Name of Federal Candidate:		✗ Support	Office Sough	nt: K House District: 02		
MCLEOD-SKINNER, JAMIE, , ,		Oppose	Presid			
Calendar Year-To-Date Per Election for Office Sought		1260.00	Disbursemer			
Full Name of Page				Other (specify)		
Full Name of Payee Campbell, Darren, , ,		☐ Memo		of Public Distribution/Dissemination		
Moiling Address						
Mailing Address 210 Jessica Lane			Amou	nt		
City	State	Zip Code		976.00		
Ashland	OR	97520		saction ID : SE.4204 of Disbursement or Obligation		
Purpose of Expenditure		Category/		M M / D D / Y Y Y		
Inv. 1019 - Video Services		Type		11 15 2018		
Name of Federal Candidate:		x Support	Office Sough			
MCLEOD-SKINNER, JAMIE, , ,		Oppose	Presid	ent Senate State: OR		
Calendar Year-To-Date		4847.00	Disbursemer	nt For: Primary 🗶 General		
Per Election for Office Sought	7 7		2018 c	Other (specify)		
(a) SUBTOTAL of Itemized Independent Expenditures						
(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 Fil	odl	M = M /	D D / Y Y Y Y Y		
Signature	<u> 2 опишну Г</u> и	Date	12	19 2018		

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES				PAGE 9 OF 10
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
Grassroots Oregon Voters				C C00685388
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed o	n M " M / D " D / Y " Y " Y " Y
Full Name of Payer			11	Date of Public Distribution/Dissemination
Full Name of Payee Emerald Empire Consulting		∐ Memo	item	M M / D D / Y Y Y Y Y
Mailing Address 2143 W. 16th Court			,	Amount
City	State	Zip Code		4776.34
Eugene	OR	97402		Transaction ID : SE.4201 Date of Disbursement or Obligation
Purpose of Expenditure Facebook Ads/EEC Fee		Category/ Type		11 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		X Support	Office S	Sought: X House District: 02
MCLEOD-SKINNER, JAMIE, , ,		Oppose	F	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	4776.34	Disburs 2018	ement For: Primary General Other (specify) ▶
Full Name of Payee		☐ Memo	Item I	Date of Public Distribution/Dissemination
KOBI				M = M / D = D / Y = Y = Y
Mailing Address PO Box 1489				
			'	Amount
City	State	Zip Code		1511.00
Medford	OR	97501		Transaction ID : SE.4206 Date of Disbursement or Obligation
Purpose of Expenditure Debit Card - TV		Category/ Type		10 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office S	Sought: X House District: 02
MCLEOD-SKINNER, JAMIE, , ,		Oppose	F	President Senate State: OR
Calendar Year-To-Date Per Election for Office Sought		2771.00	Disburs 2018	ement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	,		· [6287.34
(b) SUBTOTAL of Unitemized Independent Expenditure	res			
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Cleckner, Joann, Z, ,	[Electronically File	ed1	M = N	/ D D / Y Y Y Y Y
Signature		Date	e 12	19 2018

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDE	NT EXPENDITURES	;			PAGE 10 OF 10 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In F	Full)				FEC IDENTIFICATION NUMBER ▼
Grassroots Oregon	Voters				C C00685388
Check if 24-hour report	48-hour report	New rep	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee			Memo	Item Date	e of Public Distribution/Dissemination
KOBI					M M / D D / Y Y Y Y
Mailing Address PO Box	1489			Amo	punt
City		State	Zip Code	-	1100.00
Medford		OR	97501		nsaction ID : SE.4207 e of Disbursement or Obligation
Purpose of Expenditure Debit Card - TV			Category/ Type		10 31 / 2018
Name of Federal Candida	ate:		X Support	Office Sou	ight: X House District: 02
MCLEOD-SKINNER, JAM	IE, , ,		Oppose		ident Senate State: OR
Calendar Year-To-Da Per Election for Offic		7 1 7	3871.00	Disbursem 2018	ent For: Primary X General Other (specify) ▶
Full Name of Payee			Memo	Item Date	e of Public Distribution/Dissemination
					M M / D D / Y Y Y Y
Mailing Address					
Walling / taarooo				Amo	punt
City		State	Zip Code	— г	
Oity		Otato	Zip Code		
Dumana of Europeditum				Date	e of Disbursement or Obligation
Purpose of Expenditure			Category/ Type		M = M / D = D / Y = Y = Y
Name of Federal Candida	nte:		Support	Office Sou	ght: House District:
			Oppose	l —	ident Senate State:
Calendar Year-To-Da	to			Disbursem	
Per Election for Office		7			Other (specify)
(a) SUBTOTAL of Itemized	Independent Expenditures	3		· • [1100.00
(b) SUBTOTAL of Unitemize	ed Independent Expenditu	ıres		· -	
(c) TOTAL Independent Exp	penditures			•	9623.34
	suggestion of, any candid	ate or authorized			n cooperation, consultation, or concert (if the reporting entity is not a political
Cleckner, Joann, Z, ,		[Electronically Fil	led] Date	e 12	19 2018
Signature				لتنا	