24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)		PAGE 1 OF 3 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Right to Life/Oregon PAC		C C00141572
		M = M / D = D / Y = Y = Y
Check if 24-hour report 48-hour report New rep	port Amends report	filed on
Full Name of Payee Postmaster		Date of Public Distribution/Dissemination
		10 / 10 / 2014
Mailing Address 1050 Sunnyview Rd		Amount
City State	Zip Code	82.80
salem OR	97301	Transaction ID : SE.14326 Date of Disbursement or Obligation
Purpose of Expenditure voter guide mailing	Category/ Type 004	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support C	Office Sought:
JAMES LAURENCE BUCHAL	Oppose	President Senate State: OR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary
Full Name of Payee Postmaster		Date of Public Distribution/Dissemination
		10 10 7 2014
Mailing Address 1050 Sunnyview Rd		Amount
City State	Zip Code	248.40
salem OR	97301	Transaction ID : SE.14327 Date of Disbursement or Obligation
Purpose of Expenditure voter guide mailing	Category/ Type 004	10 10 2014
Name of Federal Candidate	X Support C	Office Sought: X House District: 01
ART ROBINSON	Oppose	President Senate State: OR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General 2014
(a) SUBTOTAL of Itemized Independent Expenditures	·······)	331.20
(b) SUBTOTAL of Unitemized Independent Expenditures		•
(c) TOTAL Independent Expenditures	·······	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.	•	•
Mrs. Gayle Atteberry [Electron	nically Filed] Date	10 10 1 2014
olghatare		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	LFENDENT EXPEND	ITONES	PAGE 2 OF FOR SE OF FORM 24/4	3 18
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBE	R▼
Right to Life/Oregon PAC			C C00141572	
Check if 24-hour report 48-hour report New report Amends report filed on				
Full Name of Payee			Date of Public Distribution/Dissemination	on
Postmaster			10 / 10 / 2014	Y
Mailing Address 1050 Sunnyview Rd			Amount	
City	State	Zip Code	248.	40
salem	OR	97301	Transaction ID : SE.14328 Date of Disbursement or Obligation	_
Purpose of Expenditure voter guide mailing		Category/ Type 004	10 / 10 / 2014	Y
Name of Federal Candidate		X Support	Office Sought: X House District:)5
TOOTIE SMITH		Oppose	President Senate State: O	R
Calendar Year-To-Date Per Election for Office Sought	7	248.40	Disbursement For: Primary ☐ Ger 2014 Other (specify) ▶	neral
Full Name of Payee			Date of Public Distribution/Dissemination	on
Postmaster			10 10 / 2014	Y
Mailing Address 1050 Sunnyview F	Rd		Amount	
City	State	Zip Code	82.80	0
salem	OR	97301	Transaction ID : SE.14329 Date of Disbursement or Obligation	
Purpose of Expenditure voter guide mailing		Category/ Type 004	10 / 10 / Y 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 Sought: House District:	02
GREGORY P WALDEN		Oppose	President Senate State: O	PR
Calendar Year-To-Date Per Election for Office Sought		82.80	Disbursement For: Primary X Ger 2014 Other (specify) ▶	neral
(a) SUBTOTAL of Itemized Independent	ent Expenditures		. • 331.20	
			7 7 7	
(b) SUBTOTAL of Unitemized Independent	ndent 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.				
Mrs. Gayle Atteberry Signature	[Electron	ically Filed] Date	10 10 2014	
-				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

	dule E)	TETT OTTES	PAGE 3 OF 3 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Righ	t to Life/Oregon PAC		C C00141572
Check i	if X 24-hour report 48-hour report New	report Amends report	t filed on Mam / Dab / Yayayay
Full	I Name of Payee		Date of Public Distribution/Dissemination
P	ostmaster		10 10 2014
Mai	iling Address 1050 Sunnyview Rd		Amount
City	y State	Zip Code	248.40
sa	lem OR	97301	Transaction ID : SE.14330 Date of Disbursement or Obligation
	rpose of Expenditure ter guide mailing	Category/ Type 004	10 10 2014
Nar	me of Federal Candidate	X Support	Office Sought: X House District: 01
WI	LLIAM JASON YATES	Oppose	President Senate State: OR
	Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary X General 2014 Other (specify) ▶
Ful	I Name of Payee		Date of Public Distribution/Dissemination
Ma	illing Address		Amount
City	y State	Zip Code	
1			Data (Dishara wasta a Oblination
Pui	rpose of Expenditure	Category/ Type	Date of Disbursement or Obligation
Na	me of Federal Candidate	Support	Office Sought: House District:
1		Oppose	President Senate State:
	Calendar Year-To-Date Per Election for Office Sought	4	Disbursement For:
	<u> </u>		
(a) \$	SUBTOTAL of Itemized Independent Expenditures		248.40
(b) \$	SUBTOTAL of Unitemized Independent Expenditures		•
(c) -	TOTAL Independent Expenditures		910.80
with,	er penalty of perjury I certify that the independent expenditu or at the request or suggestion of, any candidate or author of committee) any political party committee or its agent.		
S	Mrs. Gayle Atteberry [Elect	tronically Filed] Date	10 / 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y