

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

 PAGE 1 OF 3
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Right to Life/Oregon PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00141572 </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Postmaster		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 10 / 2014	
Mailing Address 1050 Sunnyview Rd		Amount 82.80	
City salem	State OR	Zip Code 97301	Transaction ID : SE.14326
Purpose of Expenditure voter guide mailing	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 10 / 2014	
Name of Federal Candidate JAMES LAURENCE BUCHAL		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Postmaster		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 10 / 2014	
Mailing Address 1050 Sunnyview Rd		Amount 248.40	
City salem	State OR	Zip Code 97301	Transaction ID : SE.14327
Purpose of Expenditure voter guide mailing	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 10 / 2014	
Name of Federal Candidate ART ROBINSON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(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 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

[Electronically Filed]

Date

MM / DD / YYYY
10 / 10 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Right to Life/Oregon PAC		FEC IDENTIFICATION NUMBER ▼ C C00141572	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Postmaster		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 10 / 2014	
Mailing Address 1050 Sunnyview Rd		Amount 248.40	
City salem	State OR	Zip Code 97301	Transaction ID : SE.14328
Purpose of Expenditure voter guide mailing		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 10 / 2014
Name of Federal Candidate TOOTIE SMITH		<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		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Postmaster		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 10 / 2014	
Mailing Address 1050 Sunnyview Rd		Amount 82.80	
City salem	State OR	Zip Code 97301	Transaction ID : SE.14329
Purpose of Expenditure voter guide mailing		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 10 / 2014
Name of Federal Candidate GREGORY P 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		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	331.20
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Mrs. Gayle Atteberry

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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Postmaster		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 10 / 2014	
Mailing Address 1050 Sunnyview Rd		Amount 248.40	
City salem	State OR	Zip Code 97301	Transaction ID : SE.14330 Date of Disbursement or Obligation MM / DD / YYYY 10 / 10 / 2014
Purpose of Expenditure voter guide mailing		Category/Type 004	
Name of Federal Candidate WILLIAM JASON YATES		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR
Calendar Year-To-Date Per Election for Office Sought 496.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	248.40
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	910.80

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Mrs. Gayle Atteberry

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