

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 ▼ C C00141572	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee ALPHA BROADCASTING			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 16 / 2014		
Mailing Address 1211 SW 5TH AVE			Amount 12992.00		
City PORTLAND	State OR	Zip Code 97204	Transaction ID : SE.14143		
Purpose of Expenditure RADIO ADS		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 10 / 2014		
Name of Federal Candidate JASON CONGER		<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		105116.39	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee Bicoastal Media			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 16 / 2014		
Mailing Address 1500 Valley River Drive, Suite 350			Amount 2700.00		
City Eugene	State OR	Zip Code 97401	Transaction ID : SE.14140		
Purpose of Expenditure RADIO ADS		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 10 / 2014		
Name of Federal Candidate JASON CONGER		<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		112760.39	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	15692.00
(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.

Mrs. Gayle Atteberry

[Electronically Filed]

Date

MM / DD / YYYY
04 / 10 / 2014

Signature

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

Full Name of Payee COMBINED COMMUNICATIONS			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 16 / 2014		
Mailing Address PO BOX 5037			Amount 1344.00		
City BEND	State OR	Zip Code 97708	Transaction ID : SE.14138		
Purpose of Expenditure RADIO ADS		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 10 / 2014		
Name of Federal Candidate JASON CONGER		<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		106460.39	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee DAVE & DAVE INCORPORATED			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 10 / 2014		
Mailing Address 4421 LANKERSHIM BLVD			Amount 869.73		
City TOLUCA LAKE	State CA	Zip Code 91602	Transaction ID : SE.14136		
Purpose of Expenditure RADIO AD		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 09 / 2014		
Name of Federal Candidate JASON CONGER		<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		92124.39	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2213.73
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Full Name of Payee KPDQ-FM		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 14 / 2014	
Mailing Address 6400 SE LAKE RD SUITE 350		Amount 13053.00	
City PORTLAND	State OR	Zip Code 97222	Transaction ID : SE.14141
Purpose of Expenditure RADIO ADS	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 10 / 2014	
Name of Federal Candidate JASON CONGER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: OR	
Calendar Year-To-Date Per Election for Office Sought 125813.39		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee KYKN		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 16 / 2014	
Mailing Address 4205 Cherry Ave		Amount 3600.00	
City Keizer	State OR	Zip Code 97303	Transaction ID : SE.14139
Purpose of Expenditure RADIO ADS	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 10 / 2014	
Name of Federal Candidate JASON CONGER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: OR	
Calendar Year-To-Date Per Election for Office Sought 110060.39		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	16653.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	34558.73

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