

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Right to Life/Oregon PAC

ADDRESS (number and street) ▼

4335 River Road N

☐ Check if different than previously reported. (ACC)

Salem

OR

97303

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00141572

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☒ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mrs. Gayle Atteberry

Signature of Treasurer

Mrs. Gayle Atteberry

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Right to Life/Oregon PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
04		01		2012

To:

M M	/	D D	/	Y Y Y Y Y
06		30		2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date																
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2012</td></tr></table>	Y	Y	Y	Y	Y	2012						<table><tr><td colspan="5"></td><td>282879.64</td></tr></table>						282879.64
Y	Y	Y	Y	Y														
2012																		
					282879.64													
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5"></td><td>222682.15</td></tr></table>						222682.15											
					222682.15													
(c) Total Receipts (from Line 19)	<table><tr><td colspan="5"></td><td>0.00</td></tr></table>						0.00	<table><tr><td colspan="5"></td><td>2095.00</td></tr></table>						2095.00				
					0.00													
					2095.00													
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5"></td><td>222682.15</td></tr></table>						222682.15	<table><tr><td colspan="5"></td><td>284974.64</td></tr></table>						284974.64				
					222682.15													
					284974.64													
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5"></td><td>33944.02</td></tr></table>						33944.02	<table><tr><td colspan="5"></td><td>96236.51</td></tr></table>						96236.51				
					33944.02													
					96236.51													
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table><tr><td colspan="5"></td><td>188738.13</td></tr></table>						188738.13	<table><tr><td colspan="5"></td><td>188738.13</td></tr></table>						188738.13				
					188738.13													
					188738.13													
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5"></td><td>0.00</td></tr></table>						0.00											
					0.00													
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5"></td><td>0.00</td></tr></table>						0.00											
					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

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Right to Life/Oregon PAC

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y Y
04 / 01 / 2012

To:

M M / D D / Y Y Y Y Y Y
06 / 30 / 2012
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).....

0.00

200.00

(ii) Unitemized

0.00

1895.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

0.00

2095.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

0.00

2095.00

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).....

0.00

0.00

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))..... ▶

0.00

2095.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

0.00

2095.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	33235.17	85226.32
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	33235.17	85226.32
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)	708.85	11010.19
25. Coordinated Party Expenditures (2 U.S.C. §441a(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	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	33944.02	96236.51
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	33944.02	96236.51

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	2095.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	2095.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	33235.17	85226.32
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	33235.17	85226.32

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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)

Right to Life/Oregon PAC

Full Name (Last, First, Middle Initial)

A. Ms Lois Anderson

Mailing Address 1220 Jays Dr N

City Keizer State OR Zip Code 97303

Purpose of Disbursement
telephone

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 17 / 2012
Transaction ID : SB21B.9189

Amount of Each Disbursement this Period

75.00

Full Name (Last, First, Middle Initial)

B. Bank of America

Mailing Address PO Box 15026

City Wilmington State DE Zip Code 19850-5026

Purpose of Disbursement
conference hotel for speakers

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 08 / 2012
Transaction ID : SB21B.9175

Amount of Each Disbursement this Period

936.30

Full Name (Last, First, Middle Initial)

C. Alaska Airlines

Mailing Address P.O. Box 68900

City Seattle State WA Zip Code 98168

Purpose of Disbursement
travel

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 13 / 2012
Transaction ID : SB21B.9175.0

Amount of Each Disbursement this Period

936.30

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1011.30

: 97 `A=G79 @C B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SB21B

Transaction ID : SB21B.9189

reimburse lois anderson for use of cell phone/monthly steipend

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Right to Life/Oregon PAC

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address PO Box 15026

City
WilmingtonState
DEZip Code
19850-5026Purpose of Disbursement
internet

Candidate Name

004

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2012

Transaction ID : SB21B.9183

Amount of Each Disbursement this Period

19.98

Full Name (Last, First, Middle Initial)

B. Shawn Carney

Mailing Address 8 Rodeo Court

City
FredericksburgState
VAZip Code
22407Purpose of Disbursement
conference speaker fee

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	21	/	2012

Transaction ID : SB21B.9167

Amount of Each Disbursement this Period

2400.00

Full Name (Last, First, Middle Initial)

C. Comcast

Mailing Address 9605 SW Nimbus Ave

City
BeavertonState
ORZip Code
97008-7198Purpose of Disbursement
telephone

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	21	/	2012

Transaction ID : SB21B.9177

Amount of Each Disbursement this Period

87.07

SUBTOTAL of Disbursements This Page (optional).....▶

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

2507.05

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Right to Life/Oregon PAC

Full Name (Last, First, Middle Initial)

A. Common Ground

Mailing Address PO Box 8170

City Salem State OR Zip Code 97303

Purpose of Disbursement
enewsletter

004

Candidate Name

Category/
Type
Office Sought: ☐ House
 ☐ Senate
 ☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 14 2012
Transaction ID : SB21B.9176

Amount of Each Disbursement this Period

345.00

Full Name (Last, First, Middle Initial)

B. Gateway Communications, Inc

Mailing Address 16805 NE Mason Court

City Portland State OR Zip Code 97230

Purpose of Disbursement
printing

001

Candidate Name

Category/
Type
Office Sought: ☐ House
 ☐ Senate
 ☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 11 2012
Transaction ID : SB21B.9186

Amount of Each Disbursement this Period

239.00

Full Name (Last, First, Middle Initial)

C. Oregon Right to Life

Mailing Address 4335 River Road N

City Salem State OR Zip Code 97303

Purpose of Disbursement
supplies

001

Candidate Name

Category/
Type
Office Sought: ☐ House
 ☐ Senate
 ☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 02 2012
Transaction ID : SB21B.9164

Amount of Each Disbursement this Period

166.66

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

750.66

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Right to Life/Oregon PAC

Full Name (Last, First, Middle Initial)

A. Oregon Right to Life

Mailing Address 4335 River Road N

City Salem State OR Zip Code 97303

Purpose of Disbursement
salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 30 2012

Transaction ID : SB21B.9171

Amount of Each Disbursement this Period

12114.00

Full Name (Last, First, Middle Initial)

B. Ms Lois Anderson

Mailing Address 1220 Jays Dr N

City Keizer State OR Zip Code 97303

Purpose of Disbursement
salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 30 2012

Transaction ID : SB21B.9171.0

Amount of Each Disbursement this Period

2845.48

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Ms Mary Groff

Mailing Address 4576 Janice Ave NE

City Salem State OR Zip Code 97305

Purpose of Disbursement
salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 30 2012

Transaction ID : SB21B.9171.1

Amount of Each Disbursement this Period

2467.81

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ►

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

12114.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Right to Life/Oregon PAC

Full Name (Last, First, Middle Initial)

A. Chelsey A. Taylor

Mailing Address 5011 Elizabeth St N

City Keizer State OR Zip Code 97303

Purpose of Disbursement
salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 30 2012
Transaction ID : SB21B.9171.2

Amount of Each Disbursement this Period

2039.31

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Ms Theresa Vandecoevering

Mailing Address 2160 Trade St SE

City Salem State OR Zip Code 97301

Purpose of Disbursement
salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 30 2012
Transaction ID : SB21B.9171.3

Amount of Each Disbursement this Period

1333.72

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Mr. Colm Willis

Mailing Address 619 SW Arboretum Circle

City Portland State OR Zip Code 97221

Purpose of Disbursement
salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 30 2012
Transaction ID : SB21B.9171.4

Amount of Each Disbursement this Period

3427.68

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Right to Life/Oregon PAC

Full Name (Last, First, Middle Initial)

A. Oregon Right to Life

Mailing Address 4335 River Road N

City Salem State OR Zip Code 97303

Purpose of Disbursement
supplies

001

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 04 / 2012

Transaction ID : SB21B.9181

Amount of Each Disbursement this Period

166.66

Full Name (Last, First, Middle Initial)

B. Oregon Right to Life

Mailing Address 4335 River Road N

City Salem State OR Zip Code 97303

Purpose of Disbursement
salary

001

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2012

Transaction ID : SB21B.9188

Amount of Each Disbursement this Period

12898.37

Full Name (Last, First, Middle Initial)

C. Ms Lois Anderson

Mailing Address 1220 Jays Dr N

City Keizer State OR Zip Code 97303

Purpose of Disbursement
salary

001

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2012

Transaction ID : SB21B.9188.0

Amount of Each Disbursement this Period

2845.35

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ►

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

13065.03

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 26

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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)

Right to Life/Oregon PAC

Full Name (Last, First, Middle Initial)

A. Ms Jane Groff

Mailing Address 6399 Crampton Dr N

City Keizer State OR Zip Code 97303

Purpose of Disbursement
salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2012
Transaction ID : SB21B.9188.1

Amount of Each Disbursement this Period

2464.63

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Mrs. Mary C. Parsons

Mailing Address 1675 Ewald Ave SE

City Salem State OR Zip Code 97302

Purpose of Disbursement
salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2012
Transaction ID : SB21B.9188.2

Amount of Each Disbursement this Period

1448.63

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Mark Toffler

Mailing Address 1010 Sw Cheltenham st

City portland State OK Zip Code 97289

Purpose of Disbursement
salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2012
Transaction ID : SB21B.9188.3

Amount of Each Disbursement this Period

348.29

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 26

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Right to Life/Oregon PAC

Full Name (Last, First, Middle Initial)

A. Ms Theresa Vandecoeveing

Mailing Address 2160 Trade St SE

City Salem State OR Zip Code 97301

Purpose of Disbursement
salary

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 30 2012
Transaction ID : SB21B.9188.4

Amount of Each Disbursement this Period

1299.42

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Linda vollman

Mailing Address 236 Sw Water St

City sheridan State OR Zip Code 97378

Purpose of Disbursement
salary

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 30 2012
Transaction ID : SB21B.9188.5

Amount of Each Disbursement this Period

1065.20

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Mr. Colm Willis

Mailing Address 619 SW Arboretum Circle

City Portland State OR Zip Code 97221

Purpose of Disbursement
salary

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 30 2012
Transaction ID : SB21B.9188.6

Amount of Each Disbursement this Period

3426.85

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 26

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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)

Right to Life/Oregon PAC

Full Name (Last, First, Middle Initial)

A. Oregon Right to Life Ed. Foundation

Mailing Address 4335 River Road N

City Salem State OR Zip Code 97303

Purpose of Disbursement
rent

001

Candidate Name

Category/
Type
Office Sought: ☐ House
 ☐ Senate
 ☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 02 2012

Transaction ID : SB21B.9163

Amount of Each Disbursement this Period

366.67

Full Name (Last, First, Middle Initial)

B. Oregon Right to Life Ed. Foundation

Mailing Address 4335 River Road N

City Salem State OR Zip Code 97303

Purpose of Disbursement
rent

001

Candidate Name

Category/
Type
Office Sought: ☐ House
 ☐ Senate
 ☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 04 2012

Transaction ID : SB21B.9182

Amount of Each Disbursement this Period

366.67

Full Name (Last, First, Middle Initial)

C. Regence Bluecross Blueshield of Oregon

Mailing Address PO Box 91128

City Seattle State WA Zip Code 98111

Purpose of Disbursement
medical insurance

001

Candidate Name

Category/
Type
Office Sought: ☐ House
 ☐ Senate
 ☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 23 2012

Transaction ID : SB21B.9170

Amount of Each Disbursement this Period

882.80

SUBTOTAL of Disbursements This Page (optional)..... ►

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

1616.14

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Right to Life/Oregon PAC

A. Regence Bluecross Blueshield of Oregon

Mailing Address PO Box 91128

City	State	Zip Code
Seattle	WA	98111

Purpose of Disbursement
medical insurance

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.9187

Amount of Each Disbursement this Period

455.40

Full Name (Last, First, Middle Initial)

B. Us Airways Card Services

Mailing Address 4000 E. Sky Harbor BLVD

City	State	Zip Code
Phoenix	AZ	85034

Purpose of Disbursement	travel

Candidate Name	
1	1
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99	99
100	100

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.9184

Amount of Each Disbursement this Period

602.20

Full Name (Last, First, Middle Initial)

C. United Airlines

Mailing Address P.O. Box 66100

City	State	Zip Code
Chicago	IL	60666

Purpose of Disbursement
travel

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.9184.1

Amount of Each Disbursement this Period

591.70

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....

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

1057.60

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SB21B

Transaction ID : SB21B.9184

this was a reimbursement to credit card for gayle attteberry

Form/Schedule:

Transaction ID:

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Right to Life/Oregon PAC

A. Verizon Wireless

Mailing Address P.O. Box 25505

City	State	Zip Code
LeHigh Valley	PA	18002-5505

Purpose of Disbursement	telephone

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.9179

Amount of Each Disbursement this Period

113.39

Full Name (Last, First, Middle Initial)

B. WISCONSIN RIGHT TO LIFE POLITICAL ACTION COMMITTEE

Mailing Address 10625 W NORTH AVE

City	State	Zip Code
MILWAUKEE	WI	53226

Purpose of Disbursement	contribution

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

05 / 31 / 2012

Transaction ID : SB21B.9180

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mailing Address

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

Purpose of Disbursement	
1	2
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99	100

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....

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

1113.39

33235.17

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 19 OF 26
 FOR LINE 24 OF FORM 3X

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

Full Name (Last, First, Middle Initial) of Payee Eagle Web Press		Date MM / DD / YYYY 05 / 07 / 2012
Mailing Address PO Box 12009		Amount 5.32
City Salem	State OR	
Zip Code 97309	Transaction ID : SE.9202	
Purpose of Expenditure printing of voters guide	Category/ Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: OR District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: NEWT GINGRICH		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5 5 692.89		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Eagle Web Press		Date MM / DD / YYYY 05 / 07 / 2012
Mailing Address PO Box 12009		Amount 5.32
City Salem	State OR	
Zip Code 97309	Transaction ID : SE.9203	
Purpose of Expenditure printing of voters guide	Category/ Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: OR District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: RON PAUL		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5 5 698.21		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	10.64
(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
09 / 25 / 2012

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 20 OF 26
 FOR LINE 24 OF FORM 3X

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

Full Name (Last, First, Middle Initial) of Payee Eagle Web Press		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 05 / 07 / 2012 </div>
Mailing Address PO Box 12009		Amount <div style="border: 1px solid black; padding: 2px;"> 5.32 </div>
City Salem	State OR	
Purpose of Expenditure printing of voters guide		Category/ Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: MITT ROMNEY		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5.32		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Transaction ID : SE.9204

Full Name (Last, First, Middle Initial) of Payee Eagle Web Press		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 05 / 07 / 2012 </div>
Mailing Address PO Box 12009		Amount <div style="border: 1px solid black; padding: 2px;"> 5.32 </div>
City Salem	State OR	
Purpose of Expenditure printing of voters guide		Category/ Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD J. SANTORUM		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 703.53		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Transaction ID : SE.9205

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;"> 10.64 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px;"> </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;"> </div>

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

Signature

M M / D D / Y Y Y Y Y Y
 09 / 25 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 21 OF 26
 FOR LINE 24 OF FORM 3X

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 type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY	

Full Name (Last, First, Middle Initial) of Payee Gateway Communications		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 05 / 04 / 2012 </div>
Mailing Address 14107 NE Airport Way		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 153.10 </div>
City Portland	State OR	
Purpose of Expenditure printing and postage of voter guide	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: OR District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: NEWT GINGRICH		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">228.30</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Transaction ID : SE.9195

Full Name (Last, First, Middle Initial) of Payee Gateway Communications, Inc		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 05 / 04 / 2012 </div>
Mailing Address 16805 NE Mason Court		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 153.09 </div>
City Portland	State OR	
Purpose of Expenditure printing and postage for voters guide	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: OR District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: RON PAUL		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">381.39</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Transaction ID : SE.9196

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">306.19</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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
09 / 25 / 2012

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 22 OF 26
 FOR LINE 24 OF FORM 3X

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

Full Name (Last, First, Middle Initial) of Payee Gateway Communications, Inc		Date MM / DD / YYYY 05 / 04 / 2012	
Mailing Address 16805 NE Mason Court		Amount 153.09	
City Portland	State OR	Zip Code 97230	Transaction ID : SE.9198
Purpose of Expenditure printing and postage for voters guide		Category/ Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: OR District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: MITT ROMNEY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 534.48		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Gateway Communications, Inc		Date MM / DD / YYYY 05 / 04 / 2012	
Mailing Address 16805 NE Mason Court		Amount 153.09	
City Portland	State OR	Zip Code 97230	Transaction ID : SE.9200
Purpose of Expenditure printing and postage of voters guide		Category/ Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: OR District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD J. SANTORUM		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 687.57		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	306.18
(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
09 / 25 / 2012

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 23 OF 26
 FOR LINE 24 OF FORM 3X

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

Full Name (Last, First, Middle Initial) of Payee New Media NW		Date MM / DD / YYYY 04 / 19 / 2012
Mailing Address PO Box 17727		Amount 10.00
City Salem	State OR	
Zip Code 97305		Transaction ID : SE.9206
Purpose of Expenditure design of voters guide	Category/ Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: OR District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: NEWT GINGRICH		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 45.20		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee New Media NW		Date MM / DD / YYYY 04 / 19 / 2012
Mailing Address PO Box 17727		Amount 10.00
City Salem	State OR	
Zip Code 97305		Transaction ID : SE.9207
Purpose of Expenditure design of voters guide	Category/ Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: OR District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: RON PAUL		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 55.20		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	20.00
(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]

Signature

Date

MM / DD / YYYY
09 / 25 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 24 OF 26
 FOR LINE 24 OF FORM 3X

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

Full Name (Last, First, Middle Initial) of Payee New Media NW		Date MM / DD / YYYY 04 / 19 / 2012
Mailing Address PO Box 17727		Amount 10.00
City Salem	State OR	
Zip Code 97305		Transaction ID : SE.9208
Purpose of Expenditure design of voters guide	Category/ Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: OR District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: MITT ROMNEY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 65.20		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee New Media NW		Date MM / DD / YYYY 04 / 19 / 2012
Mailing Address PO Box 17727		Amount 10.00
City Salem	State OR	
Zip Code 97305		Transaction ID : SE.9209
Purpose of Expenditure design of voters guide	Category/ Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: OR District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD J. SANTORUM		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 75.20		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	20.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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Mrs. Gayle Atteberry

[Electronically Filed]

Date

MM / DD / YYYY
09 / 25 / 2012

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 25 OF 26
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life/Oregon PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00141572 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>	

Full Name (Last, First, Middle Initial) of Payee Postmaster		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>
Mailing Address 1050 Sunnyview Rd		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">8.80</div>
City salem	State OR	
Purpose of Expenditure postage for voters guide	Category/ Type <div style="border: 1px solid black; padding: 2px;">004</div>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: OR District:
Name of Federal Candidate Supported or Opposed by Expenditure: NEWT GINGRICH		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">8.80</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

Transaction ID : SE.9210

Full Name (Last, First, Middle Initial) of Payee Postmaster		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>
Mailing Address 1050 Sunnyview Rd		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">8.80</div>
City salem	State OR	
Purpose of Expenditure postage for voters guide	Category/ Type <div style="border: 1px solid black; padding: 2px;">004</div>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: OR District:
Name of Federal Candidate Supported or Opposed by Expenditure: RON PAUL		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">17.60</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

Transaction ID : SE.9211

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;">17.60</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px;"></div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;"></div>

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

Signature

M M M

D D D

Y Y Y Y Y Y

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 26 OF 26
 FOR LINE 24 OF FORM 3X

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

Full Name (Last, First, Middle Initial) of Payee Postmaster		Date MM / DD / YYYY 04 / 17 / 2012
Mailing Address 1050 Sunnyview Rd		Amount 8.80
City salem	State OR Zip Code 97301	
Purpose of Expenditure postage for voters guide	Category/ Type 004	Transaction ID : SE.9212
Name of Federal Candidate Supported or Opposed by Expenditure: MITT ROMNEY		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: OR District: _____
Calendar Year-To-Date Per Election for Office Sought 26.40		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Postmaster		Date MM / DD / YYYY 04 / 17 / 2012
Mailing Address 1050 Sunnyview Rd		Amount 8.80
City salem	State OR Zip Code 97301	
Purpose of Expenditure postage for voters guide	Category/ Type 004	Transaction ID : SE.9213
Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD J. SANTORUM		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: OR District: _____
Calendar Year-To-Date Per Election for Office Sought 35.20		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	17.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	708.85

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]

Signature

Date

MM / DD / YYYY
09 / 25 / 2012