

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
Oregon Republican Party

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 2 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To:

| | |
|---|---|
| M | M |
| 0 | 2 |

| | |
|---|---|
| D | D |
| 2 | 9 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|---------|
| 6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 0 | 8 | | 7182.41 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 0 | 8 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 32455.66 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 111791.03 | 167225.62 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 144246.69 | 174408.03 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 135962.73 | 166124.07 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 8283.96 | 8283.96 | | | | | | | | |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 265040.66 | | | | | | | | | |

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**

Write or Type Committee Name
Oregon Republican Party

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 2 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To:

| | |
|---|---|
| M | M |
| 0 | 2 |

| | |
|---|---|
| D | D |
| 2 | 9 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

| 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 | 15210.00 | 31030.00 |
| (i) Itemized (use Schedule A) | | |
| (ii) Unitemized | 29452.60 | 32727.60 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 44662.60 | 63757.60 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 1000.00 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 44662.60 | 64757.60 |
| 12. Transfers From Affiliated/Other Party Committees | 17038.52 | 20046.52 |
| 13. All Loans Received | 10000.00 | 40000.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 17189.91 | 17189.91 |
| 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) | 22900.00 | 25231.59 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 22900.00 | 25231.59 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 111791.03 | 167225.62 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 88891.03 | 141994.03 |

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) Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share..... | 22190.74 | 24234.87 |
| (ii) Non-Federal Share..... | 39450.17 | 43084.16 |
| (b) Other Federal Operating Expenditures..... | 1637.51 | 6887.51 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶ | 63278.42 | 74206.54 |
| 22. Transfers to Affiliated/Other Party Committees..... | 287.72 | 10287.72 |
| 23. Contributions to Federal Candidates/Committees..... and Other Political Committees..... | 0.00 | 0.00 |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (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) Shared 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 | 72396.59 | 81629.81 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 72396.59 | 81629.81 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 135962.73 | 166124.07 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 96512.56 | 123039.91 |

DETAILED SUMMARY PAGE
of Disbursements

| 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) | 44662.60 | 64757.60 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 44662.60 | 64757.60 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 23828.25 | 31122.38 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 17189.91 | 17189.91 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 6638.34 | 13932.47 |

Form/Schedule : **F3XA**

Transaction ID :

Memo #1: Note that on Schedule D, payments in the amounts of \$101.20 towards Discover Card debt and \$1,034 towards expense reimbursements to Brianne Hyder are properly reflected in the Outstanding Balance at Close of This Period box, but, not in the Payment This Period box. The Committees software contains an error that affects the proper disclosure of payments against debt when those payments require memo entries on Schedule B or H4. The Committee is working with the software vendor to resolve this issue. Memo #2: The receipt and disbursement from the Levin account relate to an erroneous IRS tax levy that was withdrawn from the account and subsequently refunded.

SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

Transaction ID: SL1

| |
|--|
| NAME OF COMMITTEE (In Full) Oregon Republican Party |
| NAME OF ACCOUNT KEY LEVIN |

| | COLUMN A TOTAL THIS PERIOD | COLUMN B YEAR-TO-DATE |
|---|-------------------------------|--------------------------|
| 1. RECEIPTS FROM PERSONS | | |
| a. Itemized..... <small>(Use Schedule L-A)</small> | 0.00 | 0.00 |
| b. Unitemized..... | 0.00 | 0.00 |
| c. Total..... | 0.00 | 0.00 |
| 2. OTHER RECEIPTS..... | 3636.50 | 3636.50 |
| 3. TOTAL RECEIPTS..... <small>(Add Lines 1c and 2)</small> | 3636.50 | 3636.50 |
| 4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT <small>(Use Schedule L-B)</small> | | |
| a. Voter Registration..... | 0.00 | 0.00 |
| b. Voter ID..... | 0.00 | 0.00 |
| c. GOTV..... | 0.00 | 0.00 |
| d. Generic Campaign..... | 0.00 | 0.00 |
| e. Total..... | 0.00 | 0.00 |
| 5. OTHER DISBURSEMENTS..... | 3636.50 | 3636.50 |
| 6. TOTAL DISBURSEMENTS..... <small>(Add Lines 4e and 5)</small> | 3636.50 | 3636.50 |
| 7. BEGINNING CASH ON HAND..... <small>(for Column B, use cash as of January 1st)</small> | 3636.50 | 3636.50 |
| 8. RECEIPTS..... <small>(from Line 3)</small> | 3636.50 | 3636.50 |
| 9. SUBTOTAL..... <small>(Add Lines 7 and 8)</small> | 7273.00 | 7273.00 |
| 10. DISBURSEMENTS..... <small>(From Line 6)</small> | 3636.50 | 3636.50 |
| 11. ENDING CASH ON HAND..... <small>(Subtract Line 10 From Line 9)</small> | 3636.50 | 3636.50 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 58

(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Oregon Republican Party

A.

Full Name (Last, First, Middle Initial)
Steven Anderson

Mailing Address 14100 Heritage Ln

City State Zip Code
Arlington OR 97812-6503

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation Farmer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
02 / 21 / 2008

Transaction ID: 90219.C94573

Amount of Each Receipt this Period 250.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Gaylord Bennett

Mailing Address 26225 SE Wally Rd

City State Zip Code
Boring OR 97009-8488

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt MM / DD / YYYY
02 / 13 / 2008

Transaction ID: 90219.C94065

Amount of Each Receipt this Period 200.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Gaylord Bennett

Mailing Address 26225 SE Wally Rd

City State Zip Code
Boring OR 97009-8488

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt MM / DD / YYYY
02 / 22 / 2008

Transaction ID: 90219.C94428

Amount of Each Receipt this Period 600.00

Receipt

SUBTOTAL of Receipts This Page (optional) 1050.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 58
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Oregon Republican Party

A. Full Name (Last, First, Middle Initial)
Morris Bergman

Mailing Address 324 Woodbridge Ct SE

City Salem State OR Zip Code 97302-3860

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 26 / 2008

Transaction ID: 90219.C94659

Amount of Each Receipt this Period 300.00

Receipt

B. Full Name (Last, First, Middle Initial)
William Bishop

Mailing Address 6825 SW Raleighwood Ln

City Portland State OR Zip Code 97225-1924

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 02 / 20 / 2008

Transaction ID: 90219.C94527

Amount of Each Receipt this Period 225.00

Receipt

C. Full Name (Last, First, Middle Initial)
Brian Boquist

Mailing Address 17080 Butler Hill Road

City Dallas State OR Zip Code 97338

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation ICI of Oregon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 12 / 2008

Transaction ID: 90219.C93934

Amount of Each Receipt this Period 250.00

Receipt

SUBTOTAL of Receipts This Page (optional) 775.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 58
(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Oregon Republican Party

A.

Full Name (Last, First, Middle Initial)
A. Craig Brooks

Mailing Address 5353 NW Coyner Ave

City State Zip Code
Redmond OR 97756-9247

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Holland & Brooks, LLP CPA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 12 / 2008

Transaction ID: 90219.C93936

Amount of Each Receipt this Period
300.00

Receipt

B.

Full Name (Last, First, Middle Initial)
John Bryan

Mailing Address PO Box 1929

City State Zip Code
Lake Oswego OR 97035-0019

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2008

Transaction ID: 90219.C94533

Amount of Each Receipt this Period
500.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Knute Buehler

Mailing Address 1122 NW Foxwood Pl

City State Zip Code
Bend OR 97701-8606

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Orthopedic Center for the Casc Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2008

Transaction ID: 90219.C94411

Amount of Each Receipt this Period
250.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **1050.00**

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 58
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Oregon Republican Party

A. Full Name (Last, First, Middle Initial)
Joseph Cholick
Mailing Address 9541 NW Skyline Blvd
City Portland State OR Zip Code 97231-2634
FEC ID number of contributing federal political committee. **C**
Name of Employer Retired Occupation Retired
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 02 / 15 / 2008
Transaction ID: 90219.C94226
Amount of Each Receipt this Period 250.00
Receipt

B. Full Name (Last, First, Middle Initial)
Lester Hawkins
Mailing Address 4473 SE Aldercrest Rd
City Milwaukie State OR Zip Code 97222-4774
FEC ID number of contributing federal political committee. **C**
Name of Employer Oregon Decorative Rock Inc Occupation Business Owner
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 02 / 12 / 2008
Transaction ID: 90219.C93937
Amount of Each Receipt this Period 250.00
Receipt

C. Full Name (Last, First, Middle Initial)
Nancy Lematta
Mailing Address 800 NE Tenney Rd Ste 110
City Vancouver State WA Zip Code 98685-2831
FEC ID number of contributing federal political committee. **C**
Name of Employer Homemaker Occupation Homemaker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 10000.00
Date of Receipt 02 / 20 / 2008
Transaction ID: 90219.C94535
Amount of Each Receipt this Period 10000.00
Receipt

SUBTOTAL of Receipts This Page (optional) ► 10500.00
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 / 58 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Oregon Republican Party

| | | |
|-----------|--|---|
| A. | Full Name (Last, First, Middle Initial) Robert McNitt | Date of Receipt MM / DD / YYYY 02 / 01 / 2008 |
| | Mailing Address 40823 Huntley Rd SE | Transaction ID: 90219.C93897 |
| | City State Zip Code Stayton OR 97383-9712 | Amount of Each Receipt this Period 15.00 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| | Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 15.00 | |

| | | |
|-----------|---|---|
| B. | Full Name (Last, First, Middle Initial) Robert McNitt | Date of Receipt MM / DD / YYYY 02 / 26 / 2008 |
| | Mailing Address 40823 Huntley Rd SE | Transaction ID: 90219.C94660 |
| | City State Zip Code Stayton OR 97383-9712 | Amount of Each Receipt this Period 300.00 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| | Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 315.00 | |

| | | |
|-----------|--|---|
| C. | Full Name (Last, First, Middle Initial) Andrew Over | Date of Receipt MM / DD / YYYY 02 / 28 / 2008 |
| | Mailing Address 1485 SW 134th Ave | Transaction ID: 90219.C97254 |
| | City State Zip Code Beaverton OR 97005-0986 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| | Name of Employer Oregon Republican Party Occupation Executive Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 250.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) | 565.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 58

(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Oregon Republican Party

A.

Full Name (Last, First, Middle Initial)
Marylin Shannon

Mailing Address 7955 Portland Rd NE

City State Zip Code
Brooks OR 97305-9401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired Retired

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 4 / 2 0 0 8

Transaction ID: 90219.C93905

Amount of Each Receipt this Period

20.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Bond Starker

Mailing Address PO Box 809

City State Zip Code
Corvallis OR 97339-0809

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Starker Forests Forester

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 0 / 2 0 0 8

Transaction ID: 90219.C94536

Amount of Each Receipt this Period

1000.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Mike Tyrholm

Mailing Address 3703 Collier Ln

City State Zip Code
Klamath Falls OR 97603-9644

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired Retired

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 5 / 2 0 0 8

Transaction ID: 90219.C94225

Amount of Each Receipt this Period

250.00

Receipt

SUBTOTAL of Receipts This Page (optional)

1270.00

TOTAL This Period (last page this line number only)

15210.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 58
(check only one)

11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Oregon Republican Party

A. Full Name (Last, First, Middle Initial)
Gordon Smith Victory Committee

Mailing Address 228 S Washington St Ste 115

City State Zip Code
Alexandria VA 22314-5404

FEC ID number of contributing federal political committee. **C** C00441287

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 10071.55

Date of Receipt
MM / DD / YYYY
02 / 01 / 2008

Transaction ID: 90219.C93898

Amount of Each Receipt this Period
7063.55

Transfers From Affil./Auth.

B. Full Name (Last, First, Middle Initial)
Janet Geary

Mailing Address 1211 SW 5th Ave., Suite 2980

City State Zip Code
Portland OR 97204-

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt
MM / DD / YYYY
02 / 01 / 2008

Transaction ID: 90219.C93970

Amount of Each Receipt this Period
10000.00

Transfer Memo
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Gordon Smith Victory Committee

Mailing Address 228 S Washington St Ste 115

City State Zip Code
Alexandria VA 22314-5404

FEC ID number of contributing federal political committee. **C** C00441287

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 13079.50

Date of Receipt
MM / DD / YYYY
02 / 13 / 2008

Transaction ID: 90219.C94054

Amount of Each Receipt this Period
3007.95

Transfers From Affil./Auth.

SUBTOTAL of Receipts This Page (optional) ► 10071.50

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 58

(check only one)

| | | | | | | | | |
|------------------------------|------------------------------|------------------------------|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input checked="" type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------|------------------------------|------------------------------|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
Oregon Republican Party

A.

Full Name (Last, First, Middle Initial)
Dulcich Development LLC

Mailing Address PO Box 97

City State Zip Code
Clackamas OR 97015-

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Dulcich Development LLC Partnership

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 9600.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 3 / 2 0 0 8

Transaction ID: 90219.C94820

Amount of Each Receipt this Period

9600.00

Transfer Memo

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Frank Dulcich

Mailing Address 5555 E Evergreen Blvd #316

City State Zip Code
Vancouver WA 98661-

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Pacific Seafood Co. CEO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 9600.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 3 / 2 0 0 8

Transaction ID: 90219.C94990

Amount of Each Receipt this Period

9600.00

Transfer Memo

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Allyn Ford

Mailing Address PO Box 1088

City State Zip Code
Roseburg OR 97470-0252

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Roseburg Forest Products Executive

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1900.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 3 / 2 0 0 8

Transaction ID: 90219.C93971

Amount of Each Receipt this Period

1900.00

Transfer Memo

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) ▶

0.00

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 58
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Oregon Republican Party

A. Full Name (Last, First, Middle Initial)
Gordon Smith Victory Committee

Mailing Address 228 S Washington St Ste 115

City State Zip Code
Alexandria VA 22314-5404

FEC ID number of contributing federal political committee. **C** C00441287

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 20046.52

Date of Receipt
MM / DD / YYYY
02 / 28 / 2008

Transaction ID: 90219.C94684

Amount of Each Receipt this Period
6967.02

Transfers From Affil./Auth.

B. Full Name (Last, First, Middle Initial)
Joan Austin

Mailing Address PO Box 209

City State Zip Code
Newberg OR 97132-0209

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
A-dec, Inc. CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2008

Transaction ID: 90219.C94630

Amount of Each Receipt this Period
10000.00

Transfer Memo
[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) ► 6967.02

TOTAL This Period (last page this line number only) ► 17038.52

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 17 / 58 |
| | (check only one) | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input checked="" type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Oregon Republican Party

A.

| | | |
|---|---------------------------------------|---|
| Full Name (Last, First, Middle Initial) F. Douglas Day | | Date of Receipt |
| Mailing Address 4386 Rowan Ave N | | <input type="text" value="02"/> / <input type="text" value="04"/> / <input type="text" value="2008"/> |
| City | State | Zip Code |
| Keizer | OR | 97303-5824 |
| FEC ID number of contributing federal political committee. | | Transaction ID: 90219.C93909 |
| <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| | | <input type="text" value="10000.00"/> |
| Name of Employer | Occupation | Other Loans |
| Retired | Retired | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="10000.00"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|---------------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text" value="10000.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text" value="10000.00"/> |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 18 / 58 |
| | (check only one) | |
| | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Oregon Republican Party

| | | | |
|---|---|--------------------------------------|---|
| A. | Full Name (Last, First, Middle Initial) United States Treasury | | Date of Receipt MM / DD / YYYY 02 / 28 / 2008 |
| | Mailing Address US Department of Treasury | | Transaction ID: 90219.C100842 |
| | City Ogden | State UT | Zip Code 84403- |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 16915.65 |
| | Name of Employer | Occupation | Offsets to Operating Expenditure |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 16915.65 | |

| | | | |
|---|---|--------------------------------------|---|
| B. | Full Name (Last, First, Middle Initial) United States Treasury | | Date of Receipt MM / DD / YYYY 02 / 28 / 2008 |
| | Mailing Address US Department of Treasury | | Transaction ID: 90219.C100841 |
| | City Ogden | State UT | Zip Code 84403- |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 274.26 |
| | Name of Employer | Occupation | Offsets to Operating Expenditure |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 17189.91 | |

| | | |
|--|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 17189.91 |
| TOTAL This Period (last page this line number only) | ▶ | 17189.91 |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 / 58

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
Oregon Republican Party

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) Brienne Hyder</p> <p>Mailing Address 7068 SW Valenta Ct</p> <p>City Portland State OR Zip Code 97223-2260</p> <p>Purpose of Disbursement Phone Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 90219.E13607 Date of Disbursement 02 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 96.53</p> <p>Category/Type PHONE EXPENSE</p> |
| <p>B. Full Name (Last, First, Middle Initial) Brienne Hyder</p> <p>Mailing Address 7068 SW Valenta Ct</p> <p>City Portland State OR Zip Code 97223-2260</p> <p>Purpose of Disbursement Reimbursement: See Below</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 90219.E13591 Date of Disbursement 02 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 1034.74</p> <p>Category/Type REIMBURSEMENT: SEE BELOW</p> |
| <p>C. Full Name (Last, First, Middle Initial) Hotel George</p> <p>Mailing Address 15 E Street NE</p> <p>City Washington State DC Zip Code 20001-</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 90219.E16694 Date of Disbursement 02 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 503.40</p> <p>Category/Type [MEMO ITEM] MEMO: TRAVEL</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

1131.27

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 20 / 58

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
Oregon Republican Party

| | | | |
|-----------|--|---|--|
| A. | Full Name (Last, First, Middle Initial) Northwest Airlines Mailing Address 7500 Airline Drive City Minneapolis State MN Zip Code 55450- Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 90219.E16695 Date of Disbursement 02 / 19 / 2008 Amount of Each Disbursement this Period 302.00 [MEMO ITEM] MEMO: TRAVEL | |
| B. | Full Name (Last, First, Middle Initial) World Trade Center & Catering Mailing Address PO Box 3340 City Portland State OR Zip Code 97208- Purpose of Disbursement Catering/ORGOP Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 90219.E13565 Date of Disbursement 02 / 22 / 2008 Amount of Each Disbursement this Period 256.00 CATERING/ORGOP | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 256.00 |
| TOTAL This Period (last page this line number only) ▶ | 1387.27 |

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 21 / 58

| | | | | | |
|------------------------------|--|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input checked="" 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)
Oregon Republican Party

A.

Full Name (Last, First, Middle Initial)
Oregon Republican Party

Transaction ID: 90219.E13617

Date of Disbursement

Mailing Address c/o Key Bank Federal Acct
1500 Edgewater St NW

/ /

City Salem State OR Zip Code 97302-

Amount of Each Disbursement this Period

Purpose of Disbursement
Reallocation of refunds

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 22 / 58

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Oregon Republican Party

| | | |
|-----------|--|---|
| A. | Full Name (Last, First, Middle Initial) Brianne Hyder <hr/> Mailing Address 7068 SW Valenta Ct <hr/> City Portland State OR Zip Code 97223-2260 <hr/> Purpose of Disbursement FEA Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 90219.E13604 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 1870.93 <hr/> FEA PAYROLL |
| B. | Full Name (Last, First, Middle Initial) Brianne Hyder <hr/> Mailing Address 7068 SW Valenta Ct <hr/> City Portland State OR Zip Code 97223-2260 <hr/> Purpose of Disbursement FEA Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 90219.E13605 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 1870.93 <hr/> FEA PAYROLL |
| C. | Full Name (Last, First, Middle Initial) Internal Revenue Svc-Payroll Tax Dept. <hr/> Mailing Address c/o Key Bank 1500 Edgewater St NW <hr/> City Salem State OR Zip Code 97304- <hr/> Purpose of Disbursement FEA Payroll Taxes Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 90219.E13632 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 1945.14 <hr/> FEA PAYROLL TAXES |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 5687.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Oregon Republican Party

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) Internal Revenue Svc-Payroll Tax Dept. Mailing Address c/o Key Bank 1500 Edgewater St NW City Salem State OR Zip Code 97304- Purpose of Disbursement FEA Payroll Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 90219.E13626 Date of Disbursement 02 / 01 / 2008 Amount of Each Disbursement this Period 1923.08 FEA PAYROLL TAXES |
| B. | Full Name (Last, First, Middle Initial) Internal Revenue Svc-Payroll Tax Dept. Mailing Address c/o Key Bank 1500 Edgewater St NW City Salem State OR Zip Code 97304- Purpose of Disbursement FEA Payroll Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 90219.E13627 Date of Disbursement 02 / 01 / 2008 Amount of Each Disbursement this Period 64.62 FEA PAYROLL TAXES |
| C. | Full Name (Last, First, Middle Initial) Internal Revenue Svc-Payroll Tax Dept. Mailing Address c/o Key Bank 1500 Edgewater St NW City Salem State OR Zip Code 97304- Purpose of Disbursement FEA Payroll Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 90219.E13631 Date of Disbursement 02 / 21 / 2008 Amount of Each Disbursement this Period 31.64 FEA PAYROLL TAXES |

SUBTOTAL of Disbursements This Page (optional) ▶

2019.34

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 24 / 58

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Oregon Republican Party

| | |
|--|---|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) United States Treasury</p> <p>Mailing Address US Department of Treasury</p> <p>City Ogden State UT Zip Code 84403-</p> <p>Purpose of Disbursement Tax Levy</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 90219.E16650 Date of Disbursement 02 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 274.26</p> <p>TAX LEVY</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) United States Treasury</p> <p>Mailing Address US Department of Treasury</p> <p>City Ogden State UT Zip Code 84403-</p> <p>Purpose of Disbursement Tax Levy</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 90219.E16648 Date of Disbursement 02 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 16915.65</p> <p>TAX LEVY</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) United States Treasury</p> <p>Mailing Address US Department of Treasury</p> <p>City Ogden State UT Zip Code 84403-</p> <p>Purpose of Disbursement FEA Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 90219.E13592 Date of Disbursement 02 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 34205.44</p> <p>FEA PAYROLL TAXES</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

51395.35

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 25 / 58

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Oregon Republican Party

| | | | |
|----|---|--|---|
| A. | Full Name (Last, First, Middle Initial) Amy Langdon Mailing Address 2830 Foxhaven Dr SE City Salem State OR Zip Code 97306-2526 Purpose of Disbursement FEA Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 90219.E13621 Date of Disbursement 02 / 05 / 2008 | Amount of Each Disbursement this Period 2100.62 FEA PAYROLL |
| B. | Full Name (Last, First, Middle Initial) Amy Langdon Mailing Address 2830 Foxhaven Dr SE City Salem State OR Zip Code 97306-2526 Purpose of Disbursement FEA Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 90219.E13534 Date of Disbursement 02 / 15 / 2008 | Amount of Each Disbursement this Period 2100.62 FEA PAYROLL |
| C. | Full Name (Last, First, Middle Initial) LifeWise Mailing Address 815 SW Bond St City Bend State OR Zip Code 97702- Purpose of Disbursement Insurance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 90219.E13582 Date of Disbursement 02 / 01 / 2008 | Amount of Each Disbursement this Period 354.45 INSURANCE |

SUBTOTAL of Disbursements This Page (optional) ▶

4555.69

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 26 / 58

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Oregon Republican Party

| | | | |
|----|--|--|--|
| A. | Full Name (Last, First, Middle Initial) LifeWise Mailing Address 815 SW Bond St City Bend State OR Zip Code 97702- Purpose of Disbursement Insurance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 90219.E13581 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 8 | Amount of Each Disbursement this Period 354.45 INSURANCE |
| B. | Full Name (Last, First, Middle Initial) Oregon Department of Revenue Mailing Address P.O. Box 14800 City Salem State OR Zip Code 97309-0920 Purpose of Disbursement FEA Payroll Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 90219.E14727 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 8 | Amount of Each Disbursement this Period 689.83 FEA PAYROLL TAXES |
| C. | Full Name (Last, First, Middle Initial) Oregon Department of Revenue Mailing Address P.O. Box 14800 City Salem State OR Zip Code 97309-0920 Purpose of Disbursement FEA Payroll Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 90219.E14726 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 8 | Amount of Each Disbursement this Period 694.80 FEA PAYROLL TAXES |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1739.08 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Oregon Republican Party

| | | |
|-----------|---|---|
| A. | Full Name (Last, First, Middle Initial) Oregon Department of Revenue Mailing Address P.O. Box 14800 City Salem State OR Zip Code 97309-0920 Purpose of Disbursement FEA Payroll Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 90219.E16651 Date of Disbursement 02 / 29 / 2008 Amount of Each Disbursement this Period 1870.93 FEA PAYROLL TAXES |
| B. | Full Name (Last, First, Middle Initial) Belinda Smith Mailing Address 687 SW Concord Way City Beaverton State OR Zip Code 97006- Purpose of Disbursement FEA Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 90219.E13622 Date of Disbursement 02 / 05 / 2008 Amount of Each Disbursement this Period 624.44 FEA PAYROLL |
| C. | Full Name (Last, First, Middle Initial) Belinda Smith Mailing Address 687 SW Concord Way City Beaverton State OR Zip Code 97006- Purpose of Disbursement FEA Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 90219.E13612 Date of Disbursement 02 / 15 / 2008 Amount of Each Disbursement this Period 624.43 FEA PAYROLL |

SUBTOTAL of Disbursements This Page (optional) ▶

3119.80

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Oregon Republican Party

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) Smith Barney Investments | Transaction ID: 90219.E13625 Date of Disbursement MM / DD / YYYY 02 / 01 / 2008 |
| | Mailing Address 121 SW Morrison St Ste 1600 | Amount of Each Disbursement this Period 1028.51 |
| | City Portland State OR Zip Code 97204-3146 | |
| | Purpose of Disbursement FEA IRA Contribution | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | FEA IRA CONTRIBUTION |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) Smith Barney Investments | Transaction ID: 90219.E13614 Date of Disbursement MM / DD / YYYY 02 / 15 / 2008 |
| | Mailing Address 121 SW Morrison St Ste 1600 | Amount of Each Disbursement this Period 1028.51 |
| | City Portland State OR Zip Code 97204-3146 | |
| | Purpose of Disbursement FEA IRA Contribution | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | FEA IRA CONTRIBUTION |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) Janice Williamson | Transaction ID: 90219.E13623 Date of Disbursement MM / DD / YYYY 02 / 05 / 2008 |
| | Mailing Address 4065 Mandy Ave SE | Amount of Each Disbursement this Period 925.16 |
| | City Salem State OR Zip Code 97302-1712 | |
| | Purpose of Disbursement FEA Payroll | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | FEA PAYROLL |

SUBTOTAL of Disbursements This Page (optional) ► 2982.18

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Oregon Republican Party

A.

Full Name (Last, First, Middle Initial)
Janice Williamson

Mailing Address 4065 Mandy Ave SE

City Salem State OR Zip Code 97302-1712

Purpose of Disbursement
FEA Payroll

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90219.E13613
Date of Disbursement

02 / 15 / 2008

Amount of Each Disbursement this Period

898.15

FEA PAYROLL

SUBTOTAL of Disbursements This Page (optional)

898.15

TOTAL This Period (last page this line number only)

72396.59

SCHEDULE C (FEC Form 3X)

Use separate schedule(s)
for each category of the
Detailed Summary Page

LOANS

NAME OF COMMITTEE (In Full)
Oregon Republican Party

Transaction ID: LS90219.C93909

| | |
|--|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) F. Douglas Day | Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 4386 Rowan Ave N | |
| City Keizer State OR ZIP Code 97303-5824 | |

| | | |
|-------------------------------------|------------------------------------|---|
| Original Amount of Loan 10000.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 10000.00 |
|-------------------------------------|------------------------------------|---|

TERMS

| | | | |
|--|----------------------|-------------------------------|---|
| Date Incurred MM DD YY YY 02 04 2008 | Date Due 20091231 | Interest Rate 8.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|----------------------|-------------------------------|---|

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|---|--|
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |

| | |
|---|--|
| SUBTOTALS This Period This Page (optional) | <input style="width: 100%;" type="text" value="10000.00"/> |
| TOTALS This Period (last page in this line only) | <input style="width: 100%;" type="text" value=".00"/> |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE 13 OF FORM 3X

LOANS

NAME OF COMMITTEE (In Full)
Oregon Republican Party

Transaction ID: LS90219.C93964

LOAN SOURCE Full Name (Last, First, Middle Initial)
Michael Scheel

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 3951 Croisan Creek Rd S

City Salem State OR ZIP Code 97302-9474

| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
|-------------------------|----------------------------|---|
| 10000.00 | 0.00 | 10000.00 |

TERMS

Date Incurred: MM DD YYYY 01 31 2008
 Date Due: 20091231
 Interest Rate: 8.00 % (apr)
 Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

| Full Name (Last, First, Middle Initial) | Name of Employer |
|---|------------------------------------|
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

| | | |
|---|---|----------|
| SUBTOTALS This Period This Page (optional) | ▶ | 10000.00 |
| TOTALS This Period (last page in this line only) | ▶ | .00 |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 32 / 58
FOR LINE 13 OF FORM 3X

LOANS

NAME OF COMMITTEE (In Full)
Oregon Republican Party

Transaction ID: LS90219.C93966

| | |
|---|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) Donald Malarkey | Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 2495 E Nob Hill St SE | |
| City Salem State OR ZIP Code 97302-3733 | |

| | | |
|-------------------------------------|------------------------------------|---|
| Original Amount of Loan 10000.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 10000.00 |
|-------------------------------------|------------------------------------|---|

TERMS

| | | | |
|--|----------------------|-------------------------------|---|
| Date Incurred MM DD YY YY 01 30 2008 | Date Due 20091231 | Interest Rate 8.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|----------------------|-------------------------------|---|

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|---|------------------------------------|
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

| | |
|---|----------|
| SUBTOTALS This Period This Page (optional) | 10000.00 |
| TOTALS This Period (last page in this line only) | .00 |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

Use separate schedule(s)
for each category of the
Detailed Summary Page

LOANS

NAME OF COMMITTEE (In Full)
Oregon Republican Party

Transaction ID: LS90219.C93965

| | |
|--|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) Julie Scheel | Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 3951 Croisan Creek Rd S | |
| City Salem State OR ZIP Code 97302-9474 | |

| | | |
|-------------------------------------|------------------------------------|---|
| Original Amount of Loan 10000.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 10000.00 |
|-------------------------------------|------------------------------------|---|

TERMS

| | | | |
|--|----------------------|-------------------------------|---|
| Date Incurred MM DD YY YY 01 31 2008 | Date Due 20091231 | Interest Rate 8.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|----------------------|-------------------------------|---|

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|---|--|
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |

| | |
|---|-----------------|
| SUBTOTALS This Period This Page (optional) | 10000.00 |
| TOTALS This Period (last page in this line only) | 40000.00 |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Oregon Republican Party

| | | | |
|--|-------------|------------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Aristotle International | | | Nature of Debt (Purpose): Computer Support |
| Mailing Address 205 Pennsylvania Ave SE | | | |
| City Washington | State DC | ZIP Code 20003-1182 | |

| | | | |
|---|--|---|--|
| Outstanding Balance Beginning This Period <input type="text" value="1950.00"/> | | Transaction ID: LS90219.E13586 | |
| Amount Incurred This Period <input type="text" value="1950.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="3900.00"/> | |

| | | | |
|--|-------------|------------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Amy Langdon | | | Nature of Debt (Purpose): Travel/Phone Expense |
| Mailing Address 2830 Foxhaven Dr SE | | | |
| City Salem | State OR | ZIP Code 97306-2526 | |

| | | | |
|---|--|---|--|
| Outstanding Balance Beginning This Period <input type="text" value="24.39"/> | | Transaction ID: LS90219.E16625 | |
| Amount Incurred This Period <input type="text" value="2870.01"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="2894.40"/> | |

| | | | |
|--|-------------|------------------------|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor FLS Connect | | | Nature of Debt (Purpose): Fundraising Phone Calls OGOP |
| Mailing Address 7320 N Dreamy Draw Dr | | | |
| City Phoenix | State AZ | ZIP Code 85020-5212 | |

| | | | |
|--|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="47593.24"/> | | Transaction ID: LS90219.E13554 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="47593.24"/> | |

| | |
|--|---------------------------------------|
| 1) SUBTOTALS This Period This Page (optional)..... | <input type="text" value="54387.64"/> |
| 2) TOTALS This Period (last page this line number only)..... | <input type="text"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | <input type="text"/> |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Oregon Republican Party

| | | | |
|---|-------|----------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Direct Mail Systems, Inc | | | Nature of Debt (Purpose): List Management Services-OR GOP |
| Mailing Address 12450 Automobile Boulevard | | | |
| City | State | ZIP Code | |
| Clearwater | FL | 34622- | |

| | | | |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period | | Transaction ID: LS90219.E15056 | |
| 24143.77 | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| 0.00 | 0.00 | 24143.77 | |

| | | | |
|---|-------|------------|-------------------------------------|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor June Hartley | | | Nature of Debt (Purpose): Travel |
| Mailing Address PO Box 2643 3149 Shay Way | | | |
| City | State | ZIP Code | |
| Nyssa | OR | 97913-0643 | |

| | | | |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period | | Transaction ID: LS90219.E16664 | |
| 0.00 | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| 4654.70 | 0.00 | 4654.70 | |

| | | | |
|---|-------|----------|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor United States Treasury | | | Nature of Debt (Purpose): FEA Payroll Taxes |
| Mailing Address US Department of Treasury | | | |
| City | State | ZIP Code | |
| Ogden | UT | 84403- | |

| | | | |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period | | Transaction ID: LS90219.E13592 | |
| 30183.46 | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| 4021.98 | 34205.44 | 0.00 | |

| | | |
|--|---|----------|
| 1) SUBTOTALS This Period This Page (optional)..... | ▶ | 28798.47 |
| 2) TOTALS This Period (last page this line number only)..... | ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | ▶ | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 36 / 58 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
Oregon Republican Party

| | |
|--|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Wes Lematta | Nature of Debt (Purpose): Contribution Refund |
| Mailing Address 800 NE Tenney Rd Ste 110 | |
| City Vancouver State WA ZIP Code 98685-2899 | |

| | | |
|--|---------------------------------------|--|
| Outstanding Balance Beginning This Period 2500.00 | Transaction ID: LS90219.E16256 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 2500.00 |

| | |
|---|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Office Depot | Nature of Debt (Purpose): Office supplies |
| Mailing Address 10520 SW Cascade Ave | |
| City Portland State OR ZIP Code 97223-4302 | |

| | | |
|---|---------------------------------------|---|
| Outstanding Balance Beginning This Period 791.04 | Transaction ID: LS90219.E13568 | |
| Amount Incurred This Period 34.99 | Payment This Period 306.60 | Outstanding Balance at Close of This Period 519.43 |

| | |
|--|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor U.S. Postmaster | Nature of Debt (Purpose): Postage - OR GOP |
| Mailing Address Tigard or Main Branch | |
| City Tigard State OR ZIP Code 97223- | |

| | | |
|---|---------------------------------------|---|
| Outstanding Balance Beginning This Period 175.00 | Transaction ID: LS90219.E16638 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 175.00 |

| | | |
|--|---|---------|
| 1) SUBTOTALS This Period This Page (optional)..... | ▶ | 3194.43 |
| 2) TOTALS This Period (last page this line number only)..... | ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | ▶ | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Oregon Republican Party

| | | | |
|--|-------------|------------------------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Donna Woolley | | | Nature of Debt (Purpose): Contribution Refund |
| Mailing Address PO Box 43 | | | |
| City Drain | State OR | ZIP Code 97435-0043 | |

| | | | |
|---|--|---|--|
| Outstanding Balance Beginning This Period <input type="text" value="6000.00"/> | | Transaction ID: LS90219.E15765 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="6000.00"/> | |

| | | | |
|--|-------------|------------------------|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Joan Austin | | | Nature of Debt (Purpose): Contribution Refund |
| Mailing Address PO Box 209 | | | |
| City Newberg | State OR | ZIP Code 97132-0209 | |

| | | | |
|---|--|---|--|
| Outstanding Balance Beginning This Period <input type="text" value="2500.00"/> | | Transaction ID: LS90219.E15760 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="2500.00"/> | |

| | | | |
|--|-------------|------------------------|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Qwest | | | Nature of Debt (Purpose): Phone Service |
| Mailing Address PO Box 91155 | | | |
| City Seattle | State WA | ZIP Code 98111-9255 | |

| | | | |
|---|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="55.50"/> | | Transaction ID: LS90219.E16636 | |
| Amount Incurred This Period <input type="text" value="56.44"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="111.94"/> | |

| | |
|--|--------------------------------------|
| 1) SUBTOTALS This Period This Page (optional)..... | <input type="text" value="8611.94"/> |
| 2) TOTALS This Period (last page this line number only)..... | <input type="text"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | <input type="text"/> |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Oregon Republican Party

| | | | |
|---|-------------|--------------------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Dell Financial | | | Nature of Debt (Purpose): Equipment Lease |
| Mailing Address PO Box 120001 | | | |
| City Dallas | State TX | ZIP Code 75312- | |

| | | | |
|---|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="97.30"/> | | Transaction ID: LS90219.E13573 | |
| Amount Incurred This Period <input type="text" value="349.90"/> | Payment This Period <input type="text" value="223.60"/> | Outstanding Balance at Close of This Period <input type="text" value="223.60"/> | |

| | | | |
|---|-------------|--------------------|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor South Salem Mini Storage | | | Nature of Debt (Purpose): Facility Rental |
| Mailing Address 5585 SE Commercial St | | | |
| City Salem | State OR | ZIP Code 97306- | |

| | | | |
|---|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="90.00"/> | | Transaction ID: LS90219.E16654 | |
| Amount Incurred This Period <input type="text" value="90.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="180.00"/> | |

| | | | |
|---|-------------|------------------------|-----------------------------------|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Certified Property | | | Nature of Debt (Purpose): Rent |
| Mailing Address PO Box 269 | | | |
| City Salem | State OR | ZIP Code 97308-0269 | |

| | | | |
|--|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="38773.34"/> | | Transaction ID: LS90219.E13495 | |
| Amount Incurred This Period <input type="text" value="8225.90"/> | Payment This Period <input type="text" value="46999.24"/> | Outstanding Balance at Close of This Period <input type="text" value="0.00"/> | |

| | |
|--|-------------------------------------|
| 1) SUBTOTALS This Period This Page (optional)..... | <input type="text" value="403.60"/> |
| 2) TOTALS This Period (last page this line number only)..... | <input type="text"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | <input type="text"/> |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Oregon Republican Party

| | | | |
|---|-------------|--------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Eagle Security | | | Nature of Debt (Purpose): Utilities - OR GOP |
| Mailing Address PO Box 4531 | | | |
| City Salem | State OR | ZIP Code 97302- | |

| | | | |
|---|---|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="74.85"/> | | Transaction ID: LS90219.E13569 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="74.85"/> | Outstanding Balance at Close of This Period <input type="text" value="0.00"/> | |

| | | | |
|---|-------------|--------------------|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor LifeWise | | | Nature of Debt (Purpose): Insurance |
| Mailing Address 815 SW Bond St | | | |
| City Bend | State OR | ZIP Code 97702- | |

| | | | |
|--|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="354.45"/> | | Transaction ID: LS90219.E13581 | |
| Amount Incurred This Period <input type="text" value="354.45"/> | Payment This Period <input type="text" value="708.90"/> | Outstanding Balance at Close of This Period <input type="text" value="0.00"/> | |

| | | | |
|--|-------------|------------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Pitney Bowes Purchase Power | | | Nature of Debt (Purpose): Postage - OR GOP |
| Mailing Address PO Box 856042 | | | |
| City Louisville | State KY | ZIP Code 40285-6042 | |

| | | | |
|---|---|---|--|
| Outstanding Balance Beginning This Period <input type="text" value="8016.60"/> | | Transaction ID: LS90219.E13571 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="2144.34"/> | Outstanding Balance at Close of This Period <input type="text" value="5872.26"/> | |

| | |
|--|--------------------------------------|
| 1) SUBTOTALS This Period This Page (optional)..... | <input type="text" value="5872.26"/> |
| 2) TOTALS This Period (last page this line number only)..... | <input type="text"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | <input type="text"/> |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Oregon Republican Party

| | | | |
|---|-------|----------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Eagle Teleconferencing | | | Nature of Debt (Purpose): Phone service |
| Mailing Address 207 West Washington Street | | | |
| City | State | ZIP Code | |
| Rushville | IL | 62681- | |

| | | | |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period | | Transaction ID: LS90219.E13560 | |
| 690.97 | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| 66.91 | 352.50 | 405.38 | |

| | | | |
|--|-------|----------|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor AT&T Wireless | | | Nature of Debt (Purpose): Phone service |
| Mailing Address PO Box 30459 | | | |
| City | State | ZIP Code | |
| Los Angeles | CA | 90030- | |

| | | | |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period | | Transaction ID: LS90219.E11336 | |
| 67180.90 | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| 0.00 | 0.00 | 67180.90 | |

| | | | |
|--|-------|----------|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor U.S. Postmaster | | | Nature of Debt (Purpose): Postage--OR GOP |
| Mailing Address 410 Mill St SE | | | |
| City | State | ZIP Code | |
| Salem | OR | 97301- | |

| | | | |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period | | Transaction ID: LS90219.E13578 | |
| 84.00 | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| 0.00 | 84.00 | 0.00 | |

| | | |
|--|---|----------|
| 1) SUBTOTALS This Period This Page (optional)..... | ▶ | 67586.28 |
| 2) TOTALS This Period (last page this line number only)..... | ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | ▶ | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Oregon Republican Party

| | | | |
|--|-------|----------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Pacific Northwest Telco | | | Nature of Debt (Purpose): Phone Service |
| Mailing Address 10200 Greenburg Road, Suite 340 | | | |
| City | State | ZIP Code | |
| Portland | OR | 97223- | |

| | | | |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period | | Transaction ID: LS90219.E16666 | |
| 0.00 | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| 230.00 | 0.00 | 230.00 | |

| | | | |
|--|-------|------------|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Integra Telecom | | | Nature of Debt (Purpose): Phone service |
| Mailing Address PO Box 34988 | | | |
| City | State | ZIP Code | |
| Seattle | WA | 98124-1988 | |

| | | | |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period | | Transaction ID: LS90219.E13567 | |
| 663.39 | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| 655.85 | 1319.24 | 0.00 | |

| | | | |
|---|-------|------------|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ricoh Customer Finance Corp. | | | Nature of Debt (Purpose): Equipment Lease |
| Mailing Address PO Box 310010273 | | | |
| City | State | ZIP Code | |
| Pasadena | CA | 91110-0001 | |

| | | | |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period | | Transaction ID: LS90219.E13570 | |
| 137.00 | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| 22.00 | 159.00 | 0.00 | |

| | | |
|--|---|--------|
| 1) SUBTOTALS This Period This Page (optional)..... | ▶ | 230.00 |
| 2) TOTALS This Period (last page this line number only)..... | ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | ▶ | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Oregon Republican Party

| | | | |
|--|-------------|------------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Robert Freres | | | Nature of Debt (Purpose): Excess Levin Contribution Refund |
| Mailing Address PO Box 276 | | | |
| City Lyons | State OR | ZIP Code 97358-0276 | |

| | | | |
|---|--|---|--|
| Outstanding Balance Beginning This Period <input type="text" value="2500.00"/> | | Transaction ID: LS90219.E13313 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="2500.00"/> | |

| | | | |
|--|-------------|------------------------|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Barbs Professional Bookkeeping &Tax | | | Nature of Debt (Purpose): Payroll Service |
| Mailing Address 3295 Triangle Dr SE Ste 112 | | | |
| City Salem | State OR | ZIP Code 97302-4566 | |

| | | | |
|--|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="962.50"/> | | Transaction ID: LS90219.E13364 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="962.50"/> | |

| | | | |
|---|-------------|------------------------|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Andrew Frazier | | | Nature of Debt (Purpose): Facility Rental - ORGOP |
| Mailing Address 6400 NE 30th Ave 812 SW Washington St, 3rd floor 9 | | | |
| City Portland | State OR | ZIP Code 97211-6607 | |

| | | | |
|--|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="0.00"/> | | Transaction ID: LS90219.E16657 | |
| Amount Incurred This Period <input type="text" value="774.48"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="774.48"/> | |

| | |
|--|--------------------------------------|
| 1) SUBTOTALS This Period This Page (optional)..... | <input type="text" value="4236.98"/> |
| 2) TOTALS This Period (last page this line number only)..... | <input type="text"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | <input type="text"/> |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Oregon Republican Party

| | | | |
|--|-------------|------------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Discover Corporate Card | | | Nature of Debt (Purpose): Travel/office supplies |
| Mailing Address PO Box 30423 | | | |
| City Salt Lake City | State UT | ZIP Code 84130-0423 | |

| | | | |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period | | Transaction ID: LS90219.E13499 | |
| 8839.23 | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| 234.35 | 0.00 | 8972.38 | |

| | | | |
|---|-------------|--------------------|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor IN Compliance Inc. | | | Nature of Debt (Purpose): Compliance Consulting |
| Mailing Address PO Box 751271 | | | |
| City Las Vegas | State NV | ZIP Code 89131- | |

| | | | |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period | | Transaction ID: LS90219.E13574 | |
| 23381.30 | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| 0.00 | 2000.00 | 21381.30 | |

| | | | |
|--|-------------|--------------------|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Lynx Group Inc. | | | Nature of Debt (Purpose): Printing - OR GOP |
| Mailing Address 2746 Front St Ne | | | |
| City Salem | State OR | ZIP Code 97301- | |

| | | | |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period | | Transaction ID: LS90219.E13542 | |
| 493.00 | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| 0.00 | 0.00 | 493.00 | |

| | | |
|--|---|----------|
| 1) SUBTOTALS This Period This Page (optional)..... | ▶ | 30846.68 |
| 2) TOTALS This Period (last page this line number only)..... | ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | ▶ | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 44 / 58 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
Oregon Republican Party

| | |
|--|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor D.R. Johnson Lumber Co. | Nature of Debt (Purpose): Excess Levin Contribution Refund |
| Mailing Address PO Box 66 | |
| City Riddle State OR ZIP Code 97469- | |

| | | |
|---|---------------------------------------|---|
| Outstanding Balance Beginning This Period 10000.00 | Transaction ID: LS90219.E13314 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 10000.00 |

| | |
|--|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor World Trade Center & Catering | Nature of Debt (Purpose): Catering/ORGOP |
| Mailing Address PO Box 3340 | |
| City Portland State OR ZIP Code 97208- | |

| | | |
|--|---------------------------------------|--|
| Outstanding Balance Beginning This Period 9017.04 | Transaction ID: LS90219.E13565 | |
| Amount Incurred This Period 0.00 | Payment This Period 256.00 | Outstanding Balance at Close of This Period 8761.04 |

| | |
|--|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Janice Williamson | Nature of Debt (Purpose): Office Supplies/Travel/Postage |
| Mailing Address 4065 Mandy Ave SE | |
| City Salem State OR ZIP Code 97302-1712 | |

| | | |
|---|---------------------------------------|---|
| Outstanding Balance Beginning This Period 0.00 | Transaction ID: LS90219.E16661 | |
| Amount Incurred This Period 146.54 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 146.54 |

| | | |
|--|---|----------|
| 1) SUBTOTALS This Period This Page (optional)..... | ▶ | 18907.58 |
| 2) TOTALS This Period (last page this line number only)..... | ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | ▶ | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Oregon Republican Party

| | | | |
|--|-------------|------------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Brianne Hyder | | | Nature of Debt (Purpose): Travel/Office Supplies |
| Mailing Address 7068 SW Valenta Ct | | | |
| City Portland | State OR | ZIP Code 97223-2260 | |

| | | | |
|--|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="0.00"/> | | Transaction ID: LS90219.E16659 | |
| Amount Incurred This Period <input type="text" value="1224.54"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="189.80"/> | |

| | | | |
|---|-------------|------------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Complete Campaigns | | | Nature of Debt (Purpose): Computer Support |
| Mailing Address 3635 Ruffin Rd Fl 3 | | | |
| City San Diego | State CA | ZIP Code 92123-1880 | |

| | | | |
|--|--|---|--|
| Outstanding Balance Beginning This Period <input type="text" value="875.00"/> | | Transaction ID: LS90219.E13506 | |
| Amount Incurred This Period <input type="text" value="250.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="1125.00"/> | |

| | | | |
|--|-------------|------------------------|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Donald Malarkey | | | Nature of Debt (Purpose): Contribution Refund |
| Mailing Address 2495 E Nob Hill St SE | | | |
| City Salem | State OR | ZIP Code 97302-3733 | |

| | | | |
|--|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="100.00"/> | | Transaction ID: LS90219.E16910 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="100.00"/> | |

| | |
|--|--------------------------------------|
| 1) SUBTOTALS This Period This Page (optional)..... | <input type="text" value="1414.80"/> |
| 2) TOTALS This Period (last page this line number only)..... | <input type="text"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | <input type="text"/> |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 46 / 58 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
Oregon Republican Party

| | | | |
|--|-------------|------------------------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Oregon Federation of College Republicans | | | Nature of Debt (Purpose): Contribution Refund |
| Mailing Address PO Box 808 | | | |
| City Corvallis | State OR | ZIP Code 97339-0808 | |

| | | | |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period | | Transaction ID: LS90219.E16376 | |
| 550.00 | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| 0.00 | 0.00 | 550.00 | |

| | |
|--|-----------|
| 1) SUBTOTALS This Period This Page (optional)..... | 550.00 |
| 2) TOTALS This Period (last page this line number only)..... | 225040.66 |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | 40000.00 |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | 265040.66 |

**SCHEDULE H3 (FEC Form 3X)
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
 Oregon Republican Party

| | | |
|---|---|--------------------------------------|
| NAME OF ACCOUNT OREGON NON-FED STA- TE ACCT c/o Key Ba- nk | DATE OF RECEIPT M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 0 8 | TOTAL AMOUNT TRANSFERRED 11900.00 |
|---|---|--------------------------------------|

BREAKDOWN OF TRANSFER RECEIVED

| | | |
|---|----------|--------------------------------|
| i) Total Administrative | 11900.00 | Transaction ID: H390219.C94817 |
| ii) Generic Voter Drive | | Transaction ID: |
| iii) Exempt Activities | | Transaction ID: |
| iv) Direct Fundraising (List Activity or Event Identifier) | | |
| a) _____ | | Transaction ID: |
| b) _____ | | Transaction ID: |
| c) Total Amount Transferred for Direct Fundraising | | |
| v) Direct Candidate Support (List of Activity or Event Identifier) | | |
| a) _____ | | Transaction ID: |
| b) _____ | | Transaction ID: |
| c) Total Amount Transferred For Direct Candidate Support | | |
| vi) Public Communications Referring Only to Party (Made by PAC) | | Transaction ID: |

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

| | |
|--|--|
| TOTAL This Period (Administrative) | |
| TOTAL This Period (Generic Voter Drive) | |
| TOTAL This Period (Exempt Activities) | |
| TOTAL This Period (Direct Fundraising) | |
| TOTAL This Period (Direct Candidate Support) | |
| TOTAL This Period (Public Communications Referring Only to Party) | |
| TOTAL This Period (Total Amount Transferred) | |

**SCHEDULE H3 (FEC Form 3X)
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
 Oregon Republican Party

| | | |
|---|---|--------------------------------------|
| NAME OF ACCOUNT OREGON NON-FED STA- TE ACCT c/o Key Ba- nk | DATE OF RECEIPT M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 8 | TOTAL AMOUNT TRANSFERRED 11000.00 |
|---|---|--------------------------------------|

BREAKDOWN OF TRANSFER RECEIVED

| | | |
|---|----------|--------------------------------|
| i) Total Administrative | 11000.00 | Transaction ID: H390219.C94736 |
| ii) Generic Voter Drive | | Transaction ID: |
| iii) Exempt Activities | | Transaction ID: |
| iv) Direct Fundraising (List Activity or Event Identifier) | | |
| a) _____ | | Transaction ID: |
| b) _____ | | Transaction ID: |
| c) Total Amount Transferred for Direct Fundraising | | |
| v) Direct Candidate Support (List of Activity or Event Identifier) | | |
| a) _____ | | Transaction ID: |
| b) _____ | | Transaction ID: |
| c) Total Amount Transferred For Direct Candidate Support | | |
| vi) Public Communications Referring Only to Party (Made by PAC) | | Transaction ID: |

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

| | |
|--|----------|
| TOTAL This Period (Administrative) | 22900.00 |
| TOTAL This Period (Generic Voter Drive) | 0.00 |
| TOTAL This Period (Exempt Activities) | 0.00 |
| TOTAL This Period (Direct Fundraising) | 0.00 |
| TOTAL This Period (Direct Candidate Support) | 0.00 |
| TOTAL This Period (Public Communications Referring Only to Party) | 0.00 |
| TOTAL This Period (Total Amount Transferred) | 22900.00 |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Oregon Republican Party

| | | | | | |
|---|-------------|------------------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) Certified Property | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address PO Box 269 | | | Allocated Activity or Event Year-To-Date 50057.46 | | |
| City Salem | State OR | Zip Code 97308-0269 | Date MM / DD / YYYY 02 / 05 / 2008 | | |
| Purpose of Disbursement: Rent | | | Transaction ID: H490219.E13495 | | |
| Activity or Event Identifier: ADMINISTRATION B 21 | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 14640.27 | | 26027.15 | | 40667.42 |

| | | | | | |
|---|-------------|------------------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) Certified Property | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address PO Box 269 | | | Allocated Activity or Event Year-To-Date 56955.80 | | |
| City Salem | State OR | Zip Code 97308-0269 | Date MM / DD / YYYY 02 / 13 / 2008 | | |
| Purpose of Disbursement: Rent | | | Transaction ID: H490219.E13498 | | |
| Activity or Event Identifier: ADMINISTRATION B 21 | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 2279.46 | | 4052.36 | | 6331.82 |

| | | | | | |
|---|-------------|--------------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) Eagle Teleconferencing | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 207 West Washington Street | | | Allocated Activity or Event Year-To-Date 50623.98 | | |
| City Rushville | State IL | Zip Code 62681- | Date MM / DD / YYYY 02 / 12 / 2008 | | |
| Purpose of Disbursement: Phone service | | | Transaction ID: H490219.E13560 | | |
| Activity or Event Identifier: ADMINISTRATION B 21 | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 126.90 | | 225.60 | | 352.50 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 17046.63 | | 30305.11 | | 47351.74 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Oregon Republican Party

| | | | | | |
|--|-------|------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) Integra Telecom | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address PO Box 34988 | | | Allocated Activity or Event Year-To-Date 63400.61 | | |
| City | State | Zip Code | Date <input type="text" value="02"/> / <input type="text" value="22"/> / <input type="text" value="2008"/> | | |
| Seattle | WA | 98124-1988 | | | |
| Purpose of Disbursement: Phone service | | | Category/ Type | | |
| Activity or Event Identifier: ADMINISTRATION B 21 | | | Transaction ID: H490219.E13567 | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 474.93 | | 844.31 | | 1319.24 |

| | | | | | |
|---|-------|------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) Office Depot | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 10520 SW Cascade Ave | | | Allocated Activity or Event Year-To-Date 59662.18 | | |
| City | State | Zip Code | Date <input type="text" value="02"/> / <input type="text" value="22"/> / <input type="text" value="2008"/> | | |
| Portland | OR | 97223-4302 | | | |
| Purpose of Disbursement: Office supplies | | | Category/ Type | | |
| Activity or Event Identifier: ADMINISTRATION B 21 | | | Transaction ID: H490219.E13568 | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 67.17 | | 119.41 | | 186.58 |

| | | | | | |
|---|-------|----------|---|--|--|
| C. Full Name (Last, First, Middle Initial) Eagle Security | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address PO Box 4531 | | | Allocated Activity or Event Year-To-Date 59737.03 | | |
| City | State | Zip Code | Date <input type="text" value="02"/> / <input type="text" value="22"/> / <input type="text" value="2008"/> | | |
| Salem | OR | 97302- | | | |
| Purpose of Disbursement: Utilities - OR GOP | | | Category/ Type | | |
| Activity or Event Identifier: ADMINISTRATION B 21 | | | Transaction ID: H490219.E13569 | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 26.95 | | 47.90 | | 74.85 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 569.05 | | 1011.62 | | 1580.67 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Oregon Republican Party

| | | | | | |
|---|-------|------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) Ricoh Customer Finance Corp. | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address PO Box 310010273 | | | Allocated Activity or Event Year-To-Date 63559.61 | | |
| City | State | Zip Code | Category/ Type | | |
| Pasadena | CA | 91110-0001 | | | |
| Purpose of Disbursement: Equipment Lease | | | Date <input type="text" value="02"/> / <input type="text" value="22"/> / <input type="text" value="2008"/> | | |
| Activity or Event Identifier: ADMINISTRATION B 21 | | | Transaction ID: H490219.E13570 | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 57.24 | | 101.76 | | 159.00 |

| | | | | | |
|--|-------|------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) Pitney Bowes Purchase Power | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address PO Box 856042 | | | Allocated Activity or Event Year-To-Date 61742.03 | | |
| City | State | Zip Code | Category/ Type | | |
| Louisville | KY | 40285-6042 | | | |
| Purpose of Disbursement: Postage - OR GOP | | | Date <input type="text" value="02"/> / <input type="text" value="22"/> / <input type="text" value="2008"/> | | |
| Activity or Event Identifier: ADMINISTRATION B 21 | | | Transaction ID: H490219.E13571 | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 721.80 | | 1283.20 | | 2005.00 |

| | | | | | |
|---|-------|----------|---|--|--|
| C. Full Name (Last, First, Middle Initial) Dell Financial | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address PO Box 120001 | | | Allocated Activity or Event Year-To-Date 9380.04 | | |
| City | State | Zip Code | Category/ Type | | |
| Dallas | TX | 75312- | | | |
| Purpose of Disbursement: Equipment Lease | | | Date <input type="text" value="02"/> / <input type="text" value="02"/> / <input type="text" value="2008"/> | | |
| Activity or Event Identifier: ADMINISTRATION B 21 | | | Transaction ID: H490219.E13573 | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 35.03 | | 62.27 | | 97.30 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 814.07 | | 1447.23 | | 2261.30 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Oregon Republican Party

| | | | | | |
|---|-------------|--------------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) IN Compliance Inc. | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address PO Box 751271 | | | Allocated Activity or Event Year-To-Date 59155.80 | | |
| City Las Vegas | State NV | Zip Code 89131- | Date <input type="text" value="02"/> / <input type="text" value="13"/> / <input type="text" value="2008"/> | | |
| Purpose of Disbursement: Compliance Consulting | | | Transaction ID: H490219.E13574 | | |
| Activity or Event Identifier: ADMINISTRATION B 21 | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 720.00 | | 1280.00 | | 2000.00 |

| | | | | | |
|---|-------------|------------------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) Office Depot | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 10520 SW Cascade Ave | | | Allocated Activity or Event Year-To-Date 50177.48 | | |
| City Portland | State OR | Zip Code 97223-4302 | Date <input type="text" value="02"/> / <input type="text" value="06"/> / <input type="text" value="2008"/> | | |
| Purpose of Disbursement: Office supplies | | | Transaction ID: H490219.E13575 | | |
| Activity or Event Identifier: ADMINISTRATION B 21 | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 43.21 | | 76.81 | | 120.02 |

| | | | | | |
|---|-------------|--------------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) Dell Financial | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address PO Box 120001 | | | Allocated Activity or Event Year-To-Date 59475.60 | | |
| City Dallas | State TX | Zip Code 75312- | Date <input type="text" value="02"/> / <input type="text" value="19"/> / <input type="text" value="2008"/> | | |
| Purpose of Disbursement: Equipment Lease | | | Transaction ID: H490219.E13576 | | |
| Activity or Event Identifier: ADMINISTRATION B 21 | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 45.47 | | 80.83 | | 126.30 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 808.68 | | 1437.64 | | 2246.32 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Oregon Republican Party

| | | | | | |
|---|-------------|------------------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) Legislative Administration | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 900 Court St NE Rm 140C | | | Allocated Activity or Event Year-To-Date 50271.48 | | |
| City Salem | State OR | Zip Code 97301-4041 | Date <input type="text" value="02"/> / <input type="text" value="11"/> / <input type="text" value="2008"/> | | |
| Purpose of Disbursement: Facility Rental - OR GOP | | | Transaction ID: H490219.E13577 | | |
| Activity or Event Identifier: ADMINISTRATION B 21 | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 3.60 | | 6.40 | | 10.00 |

| | | | | | |
|--|-------------|--------------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) U.S. Postmaster | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 410 Mill St SE | | | Allocated Activity or Event Year-To-Date 50261.48 | | |
| City Salem | State OR | Zip Code 97301- | Date <input type="text" value="02"/> / <input type="text" value="06"/> / <input type="text" value="2008"/> | | |
| Purpose of Disbursement: Postage--OR GOP | | | Transaction ID: H490219.E13578 | | |
| Activity or Event Identifier: ADMINISTRATION B 21 | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 30.24 | | 53.76 | | 84.00 |

| | | | | | |
|--|-------------|--------------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) U.S. Postmaster | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 410 Mill St SE | | | Allocated Activity or Event Year-To-Date 57155.80 | | |
| City Salem | State OR | Zip Code 97301- | Date <input type="text" value="02"/> / <input type="text" value="13"/> / <input type="text" value="2008"/> | | |
| Purpose of Disbursement: Postage--OR GOP | | | Transaction ID: H490219.E13579 | | |
| Activity or Event Identifier: ADMINISTRATION B 21 | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 72.00 | | 128.00 | | 200.00 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 105.84 | | 188.16 | | 294.00 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Oregon Republican Party

| | | | | | |
|--|-------|----------|---|--|--|
| A. Full Name (Last, First, Middle Initial) U.S. Postmaster | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 410 Mill St SE | | | Allocated Activity or Event Year-To-Date 62081.37 | | |
| City | State | Zip Code | Date <input type="text" value="02"/> / <input type="text" value="22"/> / <input type="text" value="2008"/> Transaction ID: H490219.E13580 | | |
| Salem | OR | 97301- | | | |
| Purpose of Disbursement: Postage--OR GOP | | | Category/ Type | | |
| Activity or Event Identifier: ADMINISTRATION B 21 | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 72.00 | | 128.00 | | 200.00 |

| | | | | | |
|--|-------|----------|---|--|--|
| B. Full Name (Last, First, Middle Initial) Textron Financial | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 40 Westminster Street | | | Allocated Activity or Event Year-To-Date 67265.43 | | |
| City | State | Zip Code | Date <input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2008"/> Transaction ID: H490219.E13583 | | |
| Providence | RI | 02903- | | | |
| Purpose of Disbursement: Rent | | | Category/ Type | | |
| Activity or Event Identifier: ADMINISTRATION B 21 | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1297.66 | | 2306.96 | | 3604.62 |

| | | | | | |
|--|-------|----------|---|--|--|
| C. Full Name (Last, First, Middle Initial) Textron Financial | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 40 Westminster Street | | | Allocated Activity or Event Year-To-Date 9282.74 | | |
| City | State | Zip Code | Date <input type="text" value="02"/> / <input type="text" value="01"/> / <input type="text" value="2008"/> Transaction ID: H490219.E13584 | | |
| Providence | RI | 02903- | | | |
| Purpose of Disbursement: Rent | | | Category/ Type | | |
| Activity or Event Identifier: ADMINISTRATION B 21 | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1297.66 | | 2306.96 | | 3604.62 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 2667.32 | | 4741.92 | | 7409.24 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Oregon Republican Party

| | | | | | |
|--|-------------|------------------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) Pitney Bowes Purchase Power | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address PO Box 856042 | | | Allocated Activity or Event Year-To-Date 61881.37 | | |
| City Louisville | State KY | Zip Code 40285-6042 | | | |
| Purpose of Disbursement: Postage - OR GOP | | Category/ Type | | | |
| Activity or Event Identifier: ADMINISTRATION B 21 | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 50.16 | | 89.18 | | 139.34 |

| | | | | | |
|--|-------------|------------------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) Discover Corporate Card | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address PO Box 30423 | | | Allocated Activity or Event Year-To-Date 63660.81 | | |
| City Salt Lake City | State UT | Zip Code 84130-0423 | | | |
| Purpose of Disbursement: Credit Card Payment: See below | | Category/ Type | | | |
| Activity or Event Identifier: ADMINISTRATION B 21 | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 36.43 | | 64.77 | | 101.20 |

| | | | | | |
|--|-------------|------------------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) Vonage Telephone | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 23 Main St | | | Allocated Activity or Event Year-To-Date 101.20 | | |
| City Holmdel | State NJ | Zip Code 07733-2136 | | | |
| Purpose of Disbursement: Phone service | | Category/ Type | | | |
| Activity or Event Identifier: ADMINISTRATION B 21 [MEMO ITEM] Phone service | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 36.43 | | 64.77 | | 101.20 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 86.59 | | 153.95 | | 240.54 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Oregon Republican Party

| | | | | | |
|---|-------------|--------------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) Key Bank | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 1500 Edgewater St NW | | | Allocated Activity or Event Year-To-Date 59349.30 | | |
| City Salem | State OR | Zip Code 97304- | Date M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 8 | | |
| Purpose of Disbursement: Bank Fee | | | Transaction ID: H490219.E16644 | | |
| Activity or Event Identifier: ADMINISTRATION B 21 | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 69.66 | | 123.84 | | 193.50 |

| | | | | | |
|---|-------------|--------------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) Key Bank | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 1500 Edgewater St NW | | | Allocated Activity or Event Year-To-Date 67319.03 | | |
| City Salem | State OR | Zip Code 97304- | Date M M / D D / Y Y Y Y 0 2 / 2 9 / 2 0 0 8 | | |
| Purpose of Disbursement: Bank Fee | | | Transaction ID: H490219.E16652 | | |
| Activity or Event Identifier: ADMINISTRATION B 21 | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 19.30 | | 34.30 | | 53.60 |

| | | | | | |
|--|-------------|--------------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) Authorize.net/Gateway | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 915 South 500 East #200 | | | Allocated Activity or Event Year-To-Date 9390.04 | | |
| City Provo | State UT | Zip Code 84603- | Date M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 0 8 | | |
| Purpose of Disbursement: Credit Card Fee | | | Transaction ID: H490219.E16668 | | |
| Activity or Event Identifier: ADMINISTRATION B 21 | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 3.60 | | 6.40 | | 10.00 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 92.56 | | 164.54 | | 257.10 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| 22190.74 | | 39450.17 | | 61640.91 |

SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

Use separate schedule(s)
 for each category of the
 Aggregation Page

FOR LINE NUMBER: 1a 2
 (check only one)

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NAME OF COMMITTEE (In Full)
 Oregon Republican Party

A. Full Name (Last, First, Middle Initial)
 United States Treasury

Mailing Address US Department of Treasury

City Ogden State UT Zip Code 84403-

Name of Employer or Principal Place of Business

Occupation

Transaction ID: SL90219.C100840

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | / | 2 | 8 | / | 2 | 0 | 0 | 8 |

Amount of Each Receipt this Period

| |
|---------|
| 3636.50 |
|---------|

Aggregate Year-to-Date

| |
|---------|
| 3636.50 |
|---------|

Account: 8

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 3636.50 |
| TOTAL This Period (last page this line number only) | 3636.50 |

**SCHEDULE L-B (FEC Form 3X)
ITEMIZED DISBURSEMENTS
OF LEVIN FUNDS**

| | | | |
|--|-----------------------------------|-----------------------------|---------------------------------------|
| Use separate schedule(s) for each category of the Aggregation Page | FOR LINE NUMBER: (check only one) | | PAGE 58 / 58 |
| | <input type="checkbox"/> 4a | <input type="checkbox"/> 4c | <input checked="" type="checkbox"/> 5 |
| | <input type="checkbox"/> 4b | <input type="checkbox"/> 4d | |

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NAME OF COMMITTEE (In Full)
Oregon Republican Party

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) / Full Organization Name United States Treasury | Transaction ID: 4B90219.E16849 Date of Disbursement |
| | Mailing Address US Department of Treasury | <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/> |
| | City State Zip Code Ogden UT 84403 | Amount of Each Disbursement this Period <input type="text" value="3636.50"/> |
| | Purpose of Disbursement Tax Levy | Account: 8 |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 3636.50 |
| TOTAL This Period (last page this line number only) | 3636.50 |