

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

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Right to Life/Oregon PAC

ADDRESS (number and street)

4335 River Road N

☐Check if different
than previously
reported. (ACC)

Salem

OR

97303

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00141572

3. IS THIS
REPORT☒NEW
(N)**OR**☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☒October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2009

through

09

30

2009

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

Type or Print Name of Treasurer

Mrs. Gayle Atteberry

Signature of Treasurer

Electronically Filed by Mrs. Gayle Atteberry

Date

10

12

2009

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

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

A. Form/Schedule : **F3XN**

Transaction ID :

Memo 07/09 Conclusive Marketing for \$412.50 belongs to check # 446 on 7/23/09 to Jane Groff. Memo 07/09 to EZ Publishing for \$99.99 belongs to check #447 on 7/23/09 to Michelle Knopp. 07/28/09 check to Oregon Right to Life for \$10 is for this PAC's portion of amount due in customer analysis statement for June 2009. All memo items on June 30, 2009 go with check # 454 to Oregon Right to Life for \$10,191.72 for wages and payroll taxes. Memo item 08/07/09 Dell Inc \$650.50 for computer belongs to check # 453 to Jane Groff. 08/17/09 check to Oregon Right to Life for \$10 is for this PAC's portion of amount due in customer analysis statement for July 2009. Memo items on 8/10/09 for \$67,80 and 9/13/09 for \$64.54 belong to check #460 to Lois Anderson for \$132.34. Memo item on 9/15/09 for \$7.52 for refreshments belongs to # 462 to Michelle Knopp for \$7.52. All memo items on 9/30/09 belong to check # 467 for \$12176.51 to Oregon Right to Life for wages and payroll taxes.

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

3 / 22

Write or Type Committee Name
Right to Life/Oregon PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1		58271.59
(b) Cash on Hand at Beginning of Reporting Period	54094.22	
(c) Total Receipts (from Line 19)	0.00	46181.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	54094.22	104452.59
7. Total Disbursements (from Line 31)	37812.78	88171.15
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	16281.44	16281.44
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)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name
Right to Life/Oregon PAC

Report Covering the Period:

From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	9

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	0.00	0.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	0.00	46181.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	46181.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	0.00	46181.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	0.00	46181.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	0.00	46181.00

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

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.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	37812.78	88121.15	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	37812.78	88121.15	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00	
24. Independent 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	50.00	
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	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	37812.78	88171.15	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	37812.78	88171.15	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	0.00	46181.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	46181.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	37812.78	88121.15
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	37812.78	88121.15

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 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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Right to Life/Oregon PAC

A. Full Name (Last, First, Middle Initial) Adams & Company Mailing Address PO Box 17727	Transaction ID: SB21B.8107 Date of Disbursement <div> <div>07</div> <div>23</div> <div>2009</div> </div>
City Salem State OR Zip Code 97305 Purpose of Disbursement PAC organizational consultant Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div>1750.00</div> <div>001</div> Category/ Type
B. Full Name (Last, First, Middle Initial) Adams & Company Mailing Address PO Box 17727 City Salem State OR Zip Code 97305 Purpose of Disbursement PAC organizational consultant Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ State: District:	Transaction ID: SB21B.8158 Date of Disbursement <div>09</div> <div>21</div> <div>2009</div> Amount of Each Disbursement this Period <div>1750.00</div> <div>001</div> Category/ Type
C. Full Name (Last, First, Middle Initial) Ms Lois Anderson Mailing Address 1220 Jays Dr N City Keizer State OR Zip Code 97303 Purpose of Disbursement Wages Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ State: District:	Transaction ID: SB21B.8131 Date of Disbursement <div>07</div> <div>30</div> <div>2009</div> Amount of Each Disbursement this Period <div>2000.00</div> <div>001</div> Category/ Type [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Right to Life/Oregon PAC

A. Full Name (Last, First, Middle Initial) Ms Lois Anderson	Transaction ID: SB21B.8149 Date of Disbursement
Mailing Address 1220 Jays Dr N	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 5 / 2 0 0 9</div> </div>
City Keizer State OR Zip Code 97303	Amount of Each Disbursement this Period
Purpose of Disbursement Telephone	<div>132.34</div>
Candidate Name	<div>001</div> <div>Category/Type</div>
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) ▼
B. Full Name (Last, First, Middle Initial) Ms Lois Anderson	Transaction ID: SB21B.8164 Date of Disbursement
Mailing Address 1220 Jays Dr N	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 3 0 / 2 0 0 9</div> </div>
City Keizer State OR Zip Code 97303	Amount of Each Disbursement this Period
Purpose of Disbursement Wages Telephone	<div>2000.00</div>
Candidate Name	<div>001</div> <div>Category/Type</div>
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) ▼
C. Full Name (Last, First, Middle Initial) AT&T Mobility	Transaction ID: SB21B.8150 Date of Disbursement
Mailing Address PO Box 30459	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 0 / 2 0 0 9</div> </div>
City Los Angeles State CA Zip Code 90030	Amount of Each Disbursement this Period
Purpose of Disbursement Telephone	<div>67.80</div>
Candidate Name	<div>001</div> <div>Category/Type</div>
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) ▼

SUBTOTAL of Disbursements This Page (optional)

132.34

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Right to Life/Oregon PAC

A. Full Name (Last, First, Middle Initial) AT&T Mobility	Transaction ID: SB21B.8151 Date of Disbursement																				
Mailing Address PO Box 30459	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	3		2	0	0	9												
City Los Angeles State CA Zip Code 90030	Amount of Each Disbursement this Period																				
Purpose of Disbursement Telephone	<table border="1"> <tr> <td colspan="10">64.54</td> </tr> </table>	64.54																			
64.54																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	001	Category/ Type																		
001																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]																				
B. Full Name (Last, First, Middle Initial) Mrs. Gayle Atteberry	Transaction ID: SB21B.8166 Date of Disbursement																				
Mailing Address 87366 Dukhobar Rd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		3	0		2	0	0	9												
City Eugene State OR Zip Code 97402	Amount of Each Disbursement this Period																				
Purpose of Disbursement Wages	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	001	Category/ Type																		
001																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]																				
C. Full Name (Last, First, Middle Initial) Conclusive Marketing	Transaction ID: SB21B.8114 Date of Disbursement																				
Mailing Address 830 Crescent Centre D # 510	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		0	9		2	0	0	9												
City Franklin State TN Zip Code 37067	Amount of Each Disbursement this Period																				
Purpose of Disbursement Address corrections	<table border="1"> <tr> <td colspan="10">412.50</td> </tr> </table>	412.50																			
412.50																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	001	Category/ Type																		
001																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]																				

SUBTOTAL of Disbursements This Page (optional)

0.00

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)

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

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NAME OF COMMITTEE (In Full)
Right to Life/Oregon PAC

A. Full Name (Last, First, Middle Initial) Dell Inc. Mailing Address 1 Dell Way	Transaction ID: SB21B.8144 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 7 / 2 0 0 9</div> </div>
City Round Rock State TX Zip Code 78682 Purpose of Disbursement Computer 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) ▼	Amount of Each Disbursement this Period <div>650.50</div> [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) EZ Publishing, Inc. & Stream Send Mailing Address 1215 21st St # B City Sacramento State CA Zip Code 95814 Purpose of Disbursement E-mailing service 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: SB21B.8117 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 9 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>99.90</div> [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) Gateway Communications Mailing Address 14107 NE Airport Way City Portland State OR Zip Code 97230 Purpose of Disbursement Budgetary & financial services 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: SB21B.8146 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 3 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>1100.00</div>

SUBTOTAL of Disbursements This Page (optional) ►

1100.00

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

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

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

PAGE 11 / 22

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

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NAME OF COMMITTEE (In Full)
Right to Life/Oregon PAC

A. Full Name (Last, First, Middle Initial) Ms Jane Groff	Transaction ID: SB21B.8111 Date of Disbursement																				
Mailing Address 6399 Crampton Dr N	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	3		2	0	0	9												
City Keizer State OR Zip Code 97303	Amount of Each Disbursement this Period																				
Purpose of Disbursement Address corrections Candidate Name	<table border="1"> <tr> <td>412.50</td> </tr> </table>	412.50																			
412.50																					
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) ▼																				
B. Full Name (Last, First, Middle Initial) Ms Jane Groff	Transaction ID: SB21B.8132 Date of Disbursement																				
Mailing Address 6399 Crampton Dr N	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		3	0		2	0	0	9												
City Keizer State OR Zip Code 97303	Amount of Each Disbursement this Period																				
Purpose of Disbursement Wages Candidate Name	<table border="1"> <tr> <td>2125.00</td> </tr> </table>	2125.00																			
2125.00																					
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) ▼																				
C. Full Name (Last, First, Middle Initial) Ms Jane Groff	Transaction ID: SB21B.8141 Date of Disbursement																				
Mailing Address 6399 Crampton Dr N	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	7		2	0	0	9												
City Keizer State OR Zip Code 97303	Amount of Each Disbursement this Period																				
Purpose of Disbursement Computer Candidate Name	<table border="1"> <tr> <td>650.50</td> </tr> </table>	650.50																			
650.50																					
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) ▼																				

SUBTOTAL of Disbursements This Page (optional)

1063.00

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)

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

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NAME OF COMMITTEE (In Full)
Right to Life/Oregon PAC

A. Full Name (Last, First, Middle Initial) Integra Telecom	Transaction ID: SB21B.8127 Date of Disbursement								
Mailing Address 730 Second Avenue South, Suite 900	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 8 / 2 0 0 9</div> </div>								
<table border="1"> <tr> <td>City Minneapolis</td> <td>State MN</td> <td>Zip Code 55402</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Phone</td> <td rowspan="2">001 Category/ Type</td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Minneapolis	State MN	Zip Code 55402	Purpose of Disbursement Phone		001 Category/ Type	Candidate Name		Amount of Each Disbursement this Period <div>88.71</div>
City Minneapolis	State MN	Zip Code 55402							
Purpose of Disbursement Phone		001 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) ▼								
B. Full Name (Last, First, Middle Initial) Integra Telecom	Transaction ID: SB21B.8161 Date of Disbursement								
Mailing Address 730 Second Avenue South, Suite 900	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 8 / 2 0 0 9</div> </div>								
<table border="1"> <tr> <td>City Minneapolis</td> <td>State MN</td> <td>Zip Code 55402</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Telephone</td> <td rowspan="2">001 Category/ Type</td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Minneapolis	State MN	Zip Code 55402	Purpose of Disbursement Telephone		001 Category/ Type	Candidate Name		Amount of Each Disbursement this Period <div>95.37</div>
City Minneapolis	State MN	Zip Code 55402							
Purpose of Disbursement Telephone		001 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) ▼								
C. Full Name (Last, First, Middle Initial) Michelle Knopp	Transaction ID: SB21B.8133 Date of Disbursement								
Mailing Address 8310 E Burnside	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 0 / 2 0 0 9</div> </div>								
<table border="1"> <tr> <td>City Portland</td> <td>State OR</td> <td>Zip Code 97216</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Wages</td> <td rowspan="2">001 Category/ Type</td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Portland	State OR	Zip Code 97216	Purpose of Disbursement Wages		001 Category/ Type	Candidate Name		Amount of Each Disbursement this Period <div>2125.00</div>
City Portland	State OR	Zip Code 97216							
Purpose of Disbursement Wages		001 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) ▼								

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

184.08

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)

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

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NAME OF COMMITTEE (In Full)
Right to Life/Oregon PAC

A.

Full Name (Last, First, Middle Initial)
Michelle Knopp

Mailing Address 8310 E Burnside

City Portland State OR Zip Code 97216

Purpose of Disbursement
Wages

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.8167

Date of Disbursement

09 / 30 / 2009

Amount of Each Disbursement this Period

2125.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Oregon Department of Revenue

Mailing Address PO Box 14800

City Salem State OR Zip Code 97309

Purpose of Disbursement
Oregon payroll taxes

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.8140

Date of Disbursement

07 / 30 / 2009

Amount of Each Disbursement this Period

228.26

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Oregon Department of Revenue

Mailing Address PO Box 14800

City Salem State OR Zip Code 97309

Purpose of Disbursement
Oregon payroll taxes

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.8172

Date of Disbursement

09 / 30 / 2009

Amount of Each Disbursement this Period

273.63

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

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)

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

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NAME OF COMMITTEE (In Full)
Right to Life/Oregon PAC

A. Full Name (Last, First, Middle Initial) Oregon Right to Life	Transaction ID: SB21B.8108 Date of Disbursement								
Mailing Address 4335 River Road N	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 3 / 2 0 0 9</div> </div>								
<table border="1"> <tr> <td>City Salem</td> <td>State OR</td> <td>Zip Code 97303</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Postage</td> <td rowspan="2">001 Category/ Type</td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Salem	State OR	Zip Code 97303	Purpose of Disbursement Postage		001 Category/ Type	Candidate Name		Amount of Each Disbursement this Period <div>15.30</div>
City Salem	State OR	Zip Code 97303							
Purpose of Disbursement Postage		001 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) ▼								
B. Full Name (Last, First, Middle Initial) Oregon Right to Life	Transaction ID: SB21B.8126 Date of Disbursement								
Mailing Address 4335 River Road N	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 8 / 2 0 0 9</div> </div>								
<table border="1"> <tr> <td>City Salem</td> <td>State OR</td> <td>Zip Code 97303</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Bank service charges in analysis statement</td> <td rowspan="2">Category/ Type</td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Salem	State OR	Zip Code 97303	Purpose of Disbursement Bank service charges in analysis statement		Category/ Type	Candidate Name		Amount of Each Disbursement this Period <div>10.00</div>
City Salem	State OR	Zip Code 97303							
Purpose of Disbursement Bank service charges in analysis statement		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) ▼								
C. Full Name (Last, First, Middle Initial) Oregon Right to Life	Transaction ID: SB21B.8129 Date of Disbursement								
Mailing Address 4335 River Road N	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 0 / 2 0 0 9</div> </div>								
<table border="1"> <tr> <td>City Salem</td> <td>State OR</td> <td>Zip Code 97303</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Office supplies</td> <td rowspan="2">001 Category/ Type</td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Salem	State OR	Zip Code 97303	Purpose of Disbursement Office supplies		001 Category/ Type	Candidate Name		Amount of Each Disbursement this Period <div>166.66</div>
City Salem	State OR	Zip Code 97303							
Purpose of Disbursement Office supplies		001 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) ▼								

SUBTOTAL of Disbursements This Page (optional)

191.96

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

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NAME OF COMMITTEE (In Full)
Right to Life/Oregon PAC

A. Full Name (Last, First, Middle Initial) Oregon Right to Life	Transaction ID: SB21B.8130 Date of Disbursement																				
Mailing Address 4335 River Road N	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		3	0		2	0	0	9												
City Salem State OR Zip Code 97303	Amount of Each Disbursement this Period																				
Purpose of Disbursement Wages, payroll taxes Candidate Name	<table border="1"> <tr> <td colspan="10">10191.72</td> </tr> </table>	10191.72																			
10191.72																					
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) ▼																				
B. Full Name (Last, First, Middle Initial) Oregon Right to Life	Transaction ID: SB21B.8145 Date of Disbursement																				
Mailing Address 4335 River Road N	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	7		2	0	0	9												
City Salem State OR Zip Code 97303	Amount of Each Disbursement this Period																				
Purpose of Disbursement Bank fees in consolidated statement Candidate Name	<table border="1"> <tr> <td colspan="10">10.00</td> </tr> </table>	10.00																			
10.00																					
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) ▼																				
C. Full Name (Last, First, Middle Initial) Oregon Right to Life	Transaction ID: SB21B.8162 Date of Disbursement																				
Mailing Address 4335 River Road N	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		3	0		2	0	0	9												
City Salem State OR Zip Code 97303	Amount of Each Disbursement this Period																				
Purpose of Disbursement Office supplies Candidate Name	<table border="1"> <tr> <td colspan="10">166.66</td> </tr> </table>	166.66																			
166.66																					
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) ▼																				

SUBTOTAL of Disbursements This Page (optional)

10368.38

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

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NAME OF COMMITTEE (In Full)
Right to Life/Oregon PAC

A. Full Name (Last, First, Middle Initial) Oregon Right to Life	Transaction ID: SB21B.8163 Date of Disbursement																				
Mailing Address 4335 River Road N	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		3	0		2	0	0	9												
City Salem State OR Zip Code 97303	Amount of Each Disbursement this Period																				
Purpose of Disbursement Wages and payroll taxes Candidate Name	<table border="1"> <tr> <td colspan="10">12176.51</td> </tr> </table>	12176.51																			
12176.51																					
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) ▼																				
B. Full Name (Last, First, Middle Initial) Oregon Right to Life Ed. Foundation	Transaction ID: SB21B.8147 Date of Disbursement																				
Mailing Address 4335 River Road N	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		0	3		2	0	0	9												
City Salem State OR Zip Code 97303	Amount of Each Disbursement this Period																				
Purpose of Disbursement Rent Candidate Name	<table border="1"> <tr> <td colspan="10">366.67</td> </tr> </table>	366.67																			
366.67																					
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) ▼																				
C. Full Name (Last, First, Middle Initial) Mrs. Mary C. Parsons	Transaction ID: SB21B.8165 Date of Disbursement																				
Mailing Address 1675 Ewald Ave SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		3	0		2	0	0	9												
City Salem State OR Zip Code 97302	Amount of Each Disbursement this Period																				
Purpose of Disbursement Wages Candidate Name	<table border="1"> <tr> <td colspan="10">1530.11</td> </tr> </table>	1530.11																			
1530.11																					
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) ▼																				

SUBTOTAL of Disbursements This Page (optional)

12543.18

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

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NAME OF COMMITTEE (In Full)
Right to Life/Oregon PAC

A.

Full Name (Last, First, Middle Initial)

Cindy Rahm

Mailing Address 4411 Pinecrest Dr

City
Eugene

State
OR

Zip Code
97405

Purpose of Disbursement
Wages

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.8168

Date of Disbursement

09 / 30 / 2009

Amount of Each Disbursement this Period

529.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Regence Bluecross Blueshield of Oregon

Mailing Address PO Box 91128

City
Seattle

State
WA

Zip Code
98111

Purpose of Disbursement
Employee benefits

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.8109

Date of Disbursement

07 / 23 / 2009

Amount of Each Disbursement this Period

906.27

C.

Full Name (Last, First, Middle Initial)

Regence Bluecross Blueshield of Oregon

Mailing Address PO Box 91128

City
Seattle

State
WA

Zip Code
98111

Purpose of Disbursement
Employee benefits

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.8152

Date of Disbursement

09 / 15 / 2009

Amount of Each Disbursement this Period

1137.28

SUBTOTAL of Disbursements This Page (optional)

2043.55

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

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NAME OF COMMITTEE (In Full)
Right to Life/Oregon PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Safeway Food & Drug Store</p> <p>Mailing Address 4990 River Rd N</p> <p>City Keizer State OR Zip Code 97303</p> <p>Purpose of Disbursement Refreshments for meeting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.8157</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="7.52"/></p> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Ms Bernetta Simpson</p> <p>Mailing Address 190 37th Ave SE</p> <p>City Salem State OR Zip Code 97317</p> <p>Purpose of Disbursement Wages</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.8134</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="772.20"/></p> <p>[MEMO ITEM]</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Ms Bernetta Simpson</p> <p>Mailing Address 190 37th Ave SE</p> <p>City Salem State OR Zip Code 97317</p> <p>Purpose of Disbursement Wages</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.8169</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1043.90"/></p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

NAME OF COMMITTEE (In Full)
Right to Life/Oregon PAC

Full Name (Last, First, Middle Initial)
US Bank

Transaction ID: SB21B.8137
Date of Disbursement

Amount of Each Disbursement this Period

001
Category/
Type

672.45

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
US Bank

Transaction ID: SB21B.8171
Date of Disbursement

09 / 30 / 2009

Amount of Each Disbursement this Period

Category/ Type	001
-------------------	-----

800.17

Disbursement For:

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
US Bank Office Equipment Fin

Transaction ID: SB21B.8159
Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Category/ Type	001
-------------------	-----

475.87

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

475.87

TOTAL This Period (last page this line number only)

A blank grid consisting of 10 columns and 5 rows of squares, intended for drawing a picture.

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 / 22

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

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NAME OF COMMITTEE (In Full)
Right to Life/Oregon PAC

A.

Full Name (Last, First, Middle Initial)
US Post Office

Mailing Address 1050 25th St SE

City State Zip Code
Salem OR 97301

Purpose of Disbursement
Postage for Life in Oregon Newsletter

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.8148

Date of Disbursement

09 / 09 / 2009

Amount of Each Disbursement this Period

3442.00

B.

Full Name (Last, First, Middle Initial)
Ms Theresa Vandecoevering

Mailing Address 2160 Trade St SE

City State Zip Code
Salem OR 97301

Purpose of Disbursement
Wages

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.8135

Date of Disbursement

07 / 30 / 2009

Amount of Each Disbursement this Period

1255.29

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Ms Theresa Vandecoevering

Mailing Address 2160 Trade St SE

City State Zip Code
Salem OR 97301

Purpose of Disbursement
Wages

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.8170

Date of Disbursement

09 / 30 / 2009

Amount of Each Disbursement this Period

1374.70

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

3442.00

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)

PAGE 21 / 22

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

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NAME OF COMMITTEE (In Full)
Right to Life/Oregon PAC

A.

Full Name (Last, First, Middle Initial)
Carolyn Wendell

Mailing Address 1540 N 4th

City Stayton State OR Zip Code 97383

Purpose of Disbursement
Wages

Candidate Name

001
Category/
Type

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

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

Transaction ID: SB21B.8136

Date of Disbursement

07 / 30 / 2009

Amount of Each Disbursement this Period

1013.52

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Wilson Research Strategies

Mailing Address 1319 Classen Drive

City Oklahoma City State OK Zip Code 73103

Purpose of Disbursement
Poll

Candidate Name

005
Category/
Type

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

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

Transaction ID: SB21B.8123

Date of Disbursement

07 / 23 / 2009

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

37544.36

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 22 / 22

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)
Right to Life/Oregon PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Wilson Research Strategies

Nature of Debt (Purpose):
Polls & surveys

Mailing Address 1319 Classen Drive

City	State	ZIP Code
Oklahoma City	OK	73103

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.8121

Amount Incurred This Period

2500.00

Payment This Period

2500.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ▶

0.00

2) **TOTALS** This Period (last page this line number only)..... ▶

0.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)..... ▶

0.00