

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 Oregon Republican Party

ADDRESS (number and street) Post Office Box 789 Check if different than previously reported. (ACC) Salem OR 97308

2. FEC IDENTIFICATION NUMBER C00153031 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 01 01 2007 through 01 31 2007

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 Charles S. Oakes

Signature of Treasurer Electronically Filed by Charles S. Oakes Date 07 30 2007

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Oregon Republican Party

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	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>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%;"><tr><td align="right">45558.56</td></tr></table>	45558.56
Y	Y	Y	Y									
2	0	0	7									
45558.56												
(b) Cash on Hand at Beginning of Reporting Period .....	<table border="1" style="width: 100%;"><tr><td align="right">45558.56</td></tr></table>	45558.56										
45558.56												
(c) Total Receipts (from Line 19) .....	<table border="1" style="width: 100%;"><tr><td align="right">25842.39</td></tr></table>	25842.39	<table border="1" style="width: 100%;"><tr><td align="right">25842.39</td></tr></table>	25842.39								
25842.39												
25842.39												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<table border="1" style="width: 100%;"><tr><td align="right">71400.95</td></tr></table>	71400.95	<table border="1" style="width: 100%;"><tr><td align="right">71400.95</td></tr></table>	71400.95								
71400.95												
71400.95												
7. Total Disbursements (from Line 31) .....	<table border="1" style="width: 100%;"><tr><td align="right">24843.98</td></tr></table>	24843.98	<table border="1" style="width: 100%;"><tr><td align="right">24843.98</td></tr></table>	24843.98								
24843.98												
24843.98												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table border="1" style="width: 100%;"><tr><td align="right">46556.97</td></tr></table>	46556.97	<table border="1" style="width: 100%;"><tr><td align="right">46556.97</td></tr></table>	46556.97								
46556.97												
46556.97												
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%;"><tr><td align="right">84891.17</td></tr></table>	84891.17										
84891.17												

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	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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	2250.00	2250.00
(i) Itemized (use Schedule A) .....	10240.00	10240.00
(ii) Unitemized .....	12490.00	12490.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	12490.00	12490.00
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) .....	13352.39	13352.39
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	13352.39	13352.39
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	25842.39	25842.39
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	12490.00	12490.00

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	2889.68	2889.68
(ii) Non-Federal Share.....	5137.22	5137.22
(b) Other Federal Operating Expenditures.....	4475.28	4475.28
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	12502.18	12502.18
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	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 .....	12341.80	12341.80
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	12341.80	12341.80
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	24843.98	24843.98
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	19706.76	19706.76

**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) .....	12490.00	12490.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	12490.00	12490.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	7364.96	7364.96
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	7364.96	7364.96

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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)  
Oregon Republican Party

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

Mailing Address 6825 S.W. Raleighwood Ln.

City State Zip Code  
Portland OR 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 ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
01 / 29 / 2007

Transaction ID: 70212.C89571

Amount of Each Receipt this Period  
250.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Leroy Cheney

Mailing Address 1915 Westlake Lp

City State Zip Code  
Newberg OR 97132

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 ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
01 / 30 / 2007

Transaction ID: 70212.C89584

Amount of Each Receipt this Period  
500.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Donna Woolley

Mailing Address PO Box 43

City State Zip Code  
Drain OR 97435-0043

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

Name of Employer Eagles View Management Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
01 / 30 / 2007

Transaction ID: 70212.C89585

Amount of Each Receipt this Period  
1000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 / 22
	(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

Full Name (Last, First, Middle Initial) <b>A.</b> Bob Avery		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 7
Mailing Address PO Box 580		<b>Transaction ID:</b> 70130.C89408
City State Zip Code Junction City OR 97448-0580	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Occupation Excel phone systems	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Knute Buehler		Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 7
Mailing Address 1122 NW Foxwood Pl		<b>Transaction ID:</b> 70212.C89597
City State Zip Code Bend OR 97701	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Occupation Orthopedic Center of the Casca Physician	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	2250.00

**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 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

Full Name (Last, First, Middle Initial) <b>A. US Postmaster</b>		Transaction ID: 70219.E12413 Date of Disbursement 01 / 31 / 2007
Mailing Address 410 Mill St SE		Amount of Each Disbursement this Period 500.00
City Salem	State OR Zip Code 97301-	
Purpose of Disbursement BRE POSTAGE		BRE POSTAGE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Direct Mail Systems, Inc</b>		Transaction ID: 70730.E12943 Date of Disbursement 01 / 31 / 2007
Mailing Address 12450 Automobile Boulevard		Amount of Each Disbursement this Period 564.49
City Clearwater	State FL Zip Code 34622-	
Purpose of Disbursement PARTY BUILDING DIRECT MAIL		PARTY BUILDING DIRECT MAIL
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Direct Mail Systems, Inc</b>		Transaction ID: 70219.E12419 Date of Disbursement 01 / 31 / 2007
Mailing Address 12450 Automobile Boulevard		Amount of Each Disbursement this Period 1010.51
City Clearwater	State FL Zip Code 34622-	
Purpose of Disbursement PARTY BUILDING DIRECT MAIL		PARTY BUILDING DIRECT MAIL
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2075.00
<b>TOTAL</b> 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 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

Full Name (Last, First, Middle Initial) <b>A. Direct Mail Systems, Inc</b>		<b>Transaction ID:</b> 70219.E12418 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 7
Mailing Address 12450 Automobile Boulevard		Amount of Each Disbursement this Period 1525.00
City Clearwater State FL Zip Code 34622-	Category/ Type  PARTY BUILDING DIRECT MAIL	
Purpose of Disbursement PARTY BUILDING DIRECT MAIL		
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. US Postmaster</b>		<b>Transaction ID:</b> 70219.E12414 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 7
Mailing Address 410 Mill St SE		Amount of Each Disbursement this Period 660.00
City Salem State OR Zip Code 97301-	Category/ Type  BRE PERMIT FEES	
Purpose of Disbursement BRE PERMIT FEES		
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. US Postmaster</b>		<b>Transaction ID:</b> 70219.E12412 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 7
Mailing Address 410 Mill St SE		Amount of Each Disbursement this Period 160.00
City Salem State OR Zip Code 97301-	Category/ Type  PRESORTED RATE PERMIT	
Purpose of Disbursement PRESORTED RATE PERMIT		
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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2345.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<b>4420.00</b>

**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

Full Name (Last, First, Middle Initial) <b>A. Internal Revenue Svc-Payroll Tax Dept.</b>		<b>Transaction ID:</b> 70517.E12544 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 7
Mailing Address c/o Key Bank 1500 Edgewater St NW		Amount of Each Disbursement this Period 472.30
City Salem State OR Zip Code 97304-	FEA PAYROLL TAXES	
Purpose of Disbursement FEA PAYROLL TAXES		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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Internal Revenue Svc-Payroll Tax Dept.</b>		<b>Transaction ID:</b> 70517.E12534 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 7
Mailing Address c/o Key Bank 1500 Edgewater St NW		Amount of Each Disbursement this Period 1183.90
City Salem State OR Zip Code 97304-	FEA PAYROLL TAXES	
Purpose of Disbursement FEA PAYROLL TAXES		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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Amy Langdon</b>		<b>Transaction ID:</b> 70219.E12397 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 7
Mailing Address 2830 Foxhaven Dr S		Amount of Each Disbursement this Period 2309.21
City Salem State OR Zip Code 97306-	FEA PAYROLL	
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3965.41</b>
<b>TOTAL</b> 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

Full Name (Last, First, Middle Initial) <b>A. Amy Langdon</b>		Transaction ID: 70219.E12396 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 7	
Mailing Address 2830 Foxhaven Dr S		Amount of Each Disbursement this Period 2293.42	
City Salem State OR Zip Code 97306-	FEA PAYROLL		
Purpose of Disbursement FEA PAYROLL Candidate Name			Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:			

Full Name (Last, First, Middle Initial) <b>B. Belinda Smith</b>		Transaction ID: 70219.E12399 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 7	
Mailing Address 687 SW Concord Way		Amount of Each Disbursement this Period 627.29	
City Beaverton State OR Zip Code 97006-	FEA PAYROLL		
Purpose of Disbursement FEA PAYROLL Candidate Name			Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:			

Full Name (Last, First, Middle Initial) <b>C. Cindy Taylor</b>		Transaction ID: 70219.E12401 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 7	
Mailing Address 595 Rockwood St SE		Amount of Each Disbursement this Period 400.00	
City Salem State OR Zip Code 97306-1756	FEA PAYROLL ADVANCE		
Purpose of Disbursement FEA PAYROLL ADVANCE Candidate Name			Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3320.71
<b>TOTAL</b> 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 12 / 22

<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

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)  
Oregon Republican Party

Full Name (Last, First, Middle Initial) <b>A. Cindy Taylor</b>		<b>Transaction ID:</b> 70219.E12400 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 7
Mailing Address 595 Rockwood St SE		Amount of Each Disbursement this Period 947.50
City Salem State OR Zip Code 97306-1756	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL Candidate Name		Category/Type
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) ▼

Full Name (Last, First, Middle Initial) <b>B. Belinda Smith</b>		<b>Transaction ID:</b> 70219.E12398 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 7
Mailing Address 687 SW Concord Way		Amount of Each Disbursement this Period 585.92
City Beaverton State OR Zip Code 97006-	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL Candidate Name		Category/Type
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) ▼

Full Name (Last, First, Middle Initial) <b>C. Cindy Taylor</b>		<b>Transaction ID:</b> 70219.E12402 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 7
Mailing Address 595 Rockwood St SE		Amount of Each Disbursement this Period 759.78
City Salem State OR Zip Code 97306-1756	FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL Candidate Name		Category/Type
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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2293.20
<b>TOTAL</b> 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 13 / 22

<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

Full Name (Last, First, Middle Initial) <b>A. Oregon Department of Revenue</b>		<b>Transaction ID:</b> 70219.E12409 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 7
Mailing Address PO Box 14800		Amount of Each Disbursement this Period 557.41
City Salem State OR Zip Code 97309-	FEA UNEMPLOYMENT AND 4Q TAXES	
Purpose of Disbursement FEA UNEMPLOYMENT AND 4Q TAXES		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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Oregon Department of Revenue</b>		<b>Transaction ID:</b> 70219.E12408 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 7
Mailing Address PO Box 14800		Amount of Each Disbursement this Period 571.98
City Salem State OR Zip Code 97309-	FEA PAYROLL TAXES	
Purpose of Disbursement FEA PAYROLL TAXES		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) ▼	

Full Name (Last, First, Middle Initial) <b>C. LifeWise</b>		<b>Transaction ID:</b> 70219.E12403 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 7
Mailing Address 815 SW Bond St		Amount of Each Disbursement this Period 354.85
City Bend State OR Zip Code 97702-	HEALTH INSURANCE	
Purpose of Disbursement HEALTH INSURANCE		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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1484.24
<b>TOTAL</b> 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 14 / 22

<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

Full Name (Last, First, Middle Initial)  
A. Internal Revenue Svc-Payroll Tax Dept.

Transaction ID: 70517.E12543  
Date of Disbursement

Mailing Address c/o Key Bank  
1500 Edgewater St NW

<sup>M</sup> <input type="text"/> 0	<sup>M</sup> <input type="text"/> 1	/	<sup>D</sup> <input type="text"/> 3	<sup>D</sup> <input type="text"/> 1	/	<sup>Y</sup> <input type="text"/> 2	<sup>Y</sup> <input type="text"/> 0	<sup>Y</sup> <input type="text"/> 0	<sup>Y</sup> <input type="text"/> 7
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City Salem State OR Zip Code 97304-

Amount of Each Disbursement this Period

1278.24
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Purpose of Disbursement  
FEA PAYROLL TAXES

--

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

FEA PAYROLL TAXES

State: District:

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

1278.24
---------

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

12341.80
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**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 15 / 22
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
Oregon Republican Party

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor FLS Connect	Nature of Debt (Purpose): Party Building telemarketing
Mailing Address 7320 N Dreamy Draw Dr	
City State ZIP Code Phoenix AZ 85020-5212	

Outstanding Balance Beginning This Period <input type="text" value="16259.10"/>	<b>Transaction ID: 1LSE11265</b>	
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="16259.10"/>

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Direct Mail Systems, Inc	Nature of Debt (Purpose): Party building direct mail
Mailing Address 12450 Automobile Boulevard	
City State ZIP Code Clearwater FL 34622-	

Outstanding Balance Beginning This Period <input type="text" value="564.49"/>	<b>Transaction ID: 5LS70730.E12943</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="564.49"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Electric Lightwave	Nature of Debt (Purpose):
Mailing Address PO Box 20553	
City State ZIP Code Rochester NY 14602-	

Outstanding Balance Beginning This Period <input type="text" value="348.88"/>	<b>Transaction ID: 2LS50920.E11774</b>	
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="348.88"/>

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="16607.98"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> 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

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Pitney Bowes Purchase Power	Nature of Debt (Purpose): Postage
Mailing Address PO Box 856042	
City State ZIP Code Louisville KY 40285-	

Outstanding Balance Beginning This Period 896.99	<b>Transaction ID: 4LS70219.E12417</b>	
Amount Incurred This Period 0.00	Payment This Period 268.00	Outstanding Balance at Close of This Period 628.99

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Eagle Teleconferencing	Nature of Debt (Purpose): phone bill
Mailing Address 207 West Washington Street	
City State ZIP Code Rushville IL 62681-	

Outstanding Balance Beginning This Period 473.30	<b>Transaction ID: 3LSE11559</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 473.30

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor AT&T Wireless	Nature of Debt (Purpose): Cell phone bills
Mailing Address PO Box 30459	
City State ZIP Code Los Angeles CA 90030-	

Outstanding Balance Beginning This Period 67180.90	<b>Transaction ID: LSE11336</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 67180.90

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<b>68283.19</b>
<b>2) TOTALS</b> This Period (last page this line number only).....	<b>84891.17</b>
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

**METHOD OF ALLOCATION FOR:**

- **SHARED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **SHARED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES** (State, District and Local Party Committees Only)
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE)**(Seperate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)  
Oregon Republican Party

USE ONLY ONE SECTION, A or B

**A. State and Local Party Committees**

**Fixed Percentage (select one)**

- \_\_\_\_\_ Presidential-Only Election Year (28% Federal)
- X  Presidential and Senate Election Year (36% Federal)
- \_\_\_\_\_ Senate-Only Election Year (21% Federal)
- \_\_\_\_\_ Non-Presidential and Non-Senate Election Year (15% Federal)

**B. Separate Segregated Funds and Nonconnected Committees**

**Flat Minimum Federal Percentage**

If the committee will allocate using the flat minimum percentage of 50% federal funds, check

**or**

If the committee is spending more than 50% federal funds, indicate ratio below

Federal.....  %

Nonfederal.....  %

This ratio applies to (check all that apply):

- Administrative
- Generic Voter Drive
- Public Communications Referencing Party Only

**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 NONFED Key Bank NonFederal Acc	DATE OF RECEIPT M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 7	TOTAL AMOUNT TRANSFERRED 4189.09
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**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....	4189.09	Transaction ID: H370219.C89677
<b>ii) Generic Voter Drive</b> .....		Transaction ID:
<b>iii) Exempt Activities</b> .....		Transaction ID:
<b>iv) Direct Fundraising</b> (List Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising .....		
<b>v) Direct Candidate Support</b> (List of Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support .....		
<b>vi) Public Communications Referring Only to Party</b> (Made by PAC)		Transaction ID:

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	
<b>TOTAL</b> This Period (Generic Voter Drive) .....	
<b>TOTAL</b> This Period (Exempt Activities) .....	
<b>TOTAL</b> This Period (Direct Fundraising) .....	
<b>TOTAL</b> This Period (Direct Candidate Support) .....	
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	
<b>TOTAL</b> 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 NONFED Key Bank NonFederal Acc	DATE OF RECEIPT M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 7	TOTAL AMOUNT TRANSFERRED 3154.14
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BREAKDOWN OF TRANSFER RECEIVED		
<b>i) Total Administrative</b> .....		3154.14 Transaction ID: H370219.C89680
<b>ii) Generic Voter Drive</b> .....		Transaction ID:
<b>iii) Exempt Activities</b> .....		Transaction ID:
<b>iv) Direct Fundraising</b> (List Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising .....		
<b>v) Direct Candidate Support</b> (List of Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support .....		
<b>vi) Public Communications Referring Only to Party</b> (Made by PAC)		Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED	
<b>TOTAL</b> This Period (Administrative) .....	
<b>TOTAL</b> This Period (Generic Voter Drive) .....	
<b>TOTAL</b> This Period (Exempt Activities) .....	
<b>TOTAL</b> This Period (Direct Fundraising) .....	
<b>TOTAL</b> This Period (Direct Candidate Support) .....	
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	
<b>TOTAL</b> 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 NONFED Key Bank NonFederal Acc	DATE OF RECEIPT M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 7	TOTAL AMOUNT TRANSFERRED 6009.16
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**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....	6009.16	Transaction ID: H370219.C89683
<b>ii) Generic Voter Drive</b> .....		Transaction ID:
<b>iii) Exempt Activities</b> .....		Transaction ID:
<b>iv) Direct Fundraising</b> (List Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising .....		
<b>v) Direct Candidate Support</b> (List of Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support .....		
<b>vi) Public Communications Referring Only to Party</b> (Made by PAC)		Transaction ID:

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	13352.39
<b>TOTAL</b> This Period (Generic Voter Drive) .....	0.00
<b>TOTAL</b> This Period (Exempt Activities) .....	0.00
<b>TOTAL</b> This Period (Direct Fundraising) .....	0.00
<b>TOTAL</b> This Period (Direct Candidate Support) .....	0.00
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	0.00
<b>TOTAL</b> This Period (Total Amount Transferred) .....	13352.39

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

NAME OF COMMITTEE (In Full)  
Oregon Republican Party

<b>A. Full Name (Last, First, Middle Initial)</b> 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 6122.58		
City Salem	State OR	Zip Code 97308-0269	Date 01 / 01 / 2007		
Purpose of Disbursement: Rent			Transaction ID: H470219.E12395		
Activity or Event Identifier: ADMINISTRATION B 211					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2204.13		3918.45		6122.58

<b>B. Full Name (Last, First, Middle Initial)</b> US 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 8026.90		
City Salem	State OR	Zip Code 97301-	Date 01 / 31 / 2007		
Purpose of Disbursement: P.O. Box rental fee			Transaction ID: H470219.E12415		
Activity or Event Identifier: ADMINISTRATION B 211					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
47.52		84.48		132.00

<b>C. Full Name (Last, First, Middle Initial)</b> Pitney Bowes Credit 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 P. O. Box 85460			Allocated Activity or Event Year-To-Date 6313.17		
City Louisville	State KY	Zip Code 40285-5460	Date 01 / 16 / 2007		
Purpose of Disbursement: Postage Machine lease			Transaction ID: H470219.E12416		
Activity or Event Identifier: ADMINISTRATION B 211					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
68.61		121.98		190.59

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2320.26		4124.91		6445.17

**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

<b>A. Full Name (Last, First, Middle Initial)</b> 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 6581.17		
City Louisville	State KY	Zip Code 40285-	Date MM / DD / YYYY 01 / 24 / 2007		
Purpose of Disbursement: Postage			Category/ Type		
Activity or Event Identifier: ADMINISTRATION B 211			Transaction ID: H470219.E12417		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
96.48		171.52		268.00

<b>B. Full Name (Last, First, Middle Initial)</b> Eschelon Teleco (Advanced 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 7894.90		
City Seattle	State WA	Zip Code 98124-1988	Date MM / DD / YYYY 01 / 26 / 2007		
Purpose of Disbursement: Telephone			Category/ Type		
Activity or Event Identifier: ADMINISTRATION B 211			Transaction ID: H470219.E12420		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
472.94		840.79		1313.73

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
569.42		1012.31		1581.73

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
2889.68		5137.22		8026.90