

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Right to Life/Oregon PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

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		43343.26
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	14762.48									
(c) Total Receipts (from Line 19)	152632.50	179408.50								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	167394.98	222751.76								
7. Total Disbursements (from Line 31)	41436.15	96792.93								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	125958.83	125958.83								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	11283.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	16976.64									

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
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	7

 To:

M	M
1	2

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	0.00	0.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	152632.50	179408.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)	152632.50	179408.50
(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)	152632.50	179408.50
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))	152632.50	179408.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	152632.50	179408.50

DETAILED SUMMARY PAGE

of Disbursements

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	12444.03
(ii) Non-Federal Share.....	0.00	12444.00
(b) Other Federal Operating Expenditures.....	41436.15	71904.90
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	41436.15	96792.93
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	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))..	41436.15	96792.93
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	41436.15	84348.93

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)	152632.50	179408.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	152632.50	179408.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	41436.15	84348.93
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	41436.15	84348.93

**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

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) AccuZip	Transaction ID: SB21B.7322 Date of Disbursement 07 / 07 / 2007
	Mailing Address 3216 El Camino Real	Amount of Each Disbursement this Period 648.00
	City Atascadero State CA Zip Code 93422-2500	
	Purpose of Disbursement Postal Software Candidate Name	001 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) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Adams & Company	Transaction ID: SB21B.7319 Date of Disbursement 08 / 24 / 2007
	Mailing Address PO Box 17727	Amount of Each Disbursement this Period 1750.00
	City Salem State OR Zip Code 97305	
	Purpose of Disbursement PAC organizational consultant Candidate Name	001 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) ▼

C.	Full Name (Last, First, Middle Initial) Adams & Company	Transaction ID: SB21B.7375 Date of Disbursement 11 / 26 / 2007
	Mailing Address PO Box 17727	Amount of Each Disbursement this Period 1750.00
	City Salem State OR Zip Code 97305	
	Purpose of Disbursement PAC organizational consultant Candidate Name	001 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) ▼

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) 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)
Right to Life/Oregon PAC

A.

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

001
Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB21B.7448
Date of Disbursement

12 / 31 / 2007

Amount of Each Disbursement this Period

1750.00

B.

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

001
Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB21B.7327
Date of Disbursement

08 / 31 / 2007

Amount of Each Disbursement this Period

2083.33

[MEMO ITEM]

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

001
Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB21B.7437
Date of Disbursement

12 / 31 / 2007

Amount of Each Disbursement this Period

2083.33

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

1750.00

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

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

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

FOR LINE NUMBER: (check only one)

<input 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 Mailing Address PO Box 30459 City Los Angeles State CA Zip Code 90030 Purpose of Disbursement Lois Anderson's cell phone Candidate Name	Transaction ID: SB21B.7359 Date of Disbursement 11 / 08 / 2007 Amount of Each Disbursement this Period 46.96
Category/Type: 001 [MEMO ITEM]	

B. Full Name (Last, First, Middle Initial) AT&T Mobility Mailing Address PO Box 30459 City Los Angeles State CA Zip Code 90030 Purpose of Disbursement Lois Anderson's cell phone Candidate Name	Transaction ID: SB21B.7408 Date of Disbursement 12 / 11 / 2007 Amount of Each Disbursement this Period 40.30
Category/Type: 001 [MEMO ITEM]	

C. Full Name (Last, First, Middle Initial) Comcast Mailing Address 9605 SW Nimbus Ave City Beaverton State OR Zip Code 97008-7198 Purpose of Disbursement Internet Candidate Name	Transaction ID: SB21B.7321 Date of Disbursement 08 / 27 / 2007 Amount of Each Disbursement this Period 95.00
Category/Type: 001	

SUBTOTAL of Disbursements This Page (optional)	95.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input 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) Eschelon	Transaction ID: SB21B.7320
	Mailing Address PO Box 4333	Date of Disbursement MM / DD / YYYY 08 / 27 / 2007
	City Salem State OR Zip Code 97302	Amount of Each Disbursement this Period 113.68
	Purpose of Disbursement Telephone Candidate Name	001 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.	Full Name (Last, First, Middle Initial) Eschelon	Transaction ID: SB21B.7376
	Mailing Address PO Box 4333	Date of Disbursement MM / DD / YYYY 11 / 26 / 2007
	City Salem State OR Zip Code 97302	Amount of Each Disbursement this Period 102.65
	Purpose of Disbursement Telephone Candidate Name	001 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) ▼

C.	Full Name (Last, First, Middle Initial) Gateway Communications	Transaction ID: SB21B.7309
	Mailing Address 14107 NE Airport Way	Date of Disbursement MM / DD / YYYY 08 / 01 / 2007
	City Portland State OR Zip Code 97230	Amount of Each Disbursement this Period 1100.00
	Purpose of Disbursement Budgetary & financial services Telephone Candidate Name	001 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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

1316.33

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input 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) Gateway Communications	Transaction ID: SB21B.7356 Date of Disbursement
	Mailing Address 14107 NE Airport Way	<input type="text" value="11"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City Portland State OR Zip Code 97230	Amount of Each Disbursement this Period
	Purpose of Disbursement Budgetary & financial planning	<input type="text" value="1100.00"/>
	Candidate Name	<input type="text" value="001"/> 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.	Full Name (Last, First, Middle Initial) Gateway Communications	Transaction ID: SB21B.7382 Date of Disbursement
	Mailing Address 14107 NE Airport Way	<input type="text" value="12"/> <input type="text" value="04"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City Portland State OR Zip Code 97230	Amount of Each Disbursement this Period
	Purpose of Disbursement Budgetary & financial services	<input type="text" value="1100.00"/>
	Candidate Name	<input type="text" value="001"/> 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) ▼

C.	Full Name (Last, First, Middle Initial) Gateway Communications	Transaction ID: SB21B.7387 Date of Disbursement
	Mailing Address 14107 NE Airport Way	<input type="text" value="12"/> <input type="text" value="04"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City Portland State OR Zip Code 97230	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct mail fundraising	<input type="text" value="1250.29"/>
	Candidate Name	<input type="text" value="003"/> 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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3450.29"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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)
Right to Life/Oregon PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Ms Jane Groff</p> <p>Mailing Address 4576 Janice Ave NE</p> <p>City Salem State OR Zip Code 97305</p> <p>Purpose of Disbursement Postal software</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.7312</p> <p>Date of Disbursement 08 / 09 / 2007</p> <p>Amount of Each Disbursement this Period 648.00</p> <p>001 Category/Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Ms Jane Groff</p> <p>Mailing Address 4576 Janice Ave NE</p> <p>City Salem State OR Zip Code 97305</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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.7325</p> <p>Date of Disbursement 08 / 31 / 2007</p> <p>Amount of Each Disbursement this Period 1378.83</p> <p>[MEMO ITEM]</p> <p>001 Category/Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Ms Jane Groff</p> <p>Mailing Address 4576 Janice Ave NE</p> <p>City Salem State OR Zip Code 97305</p> <p>Purpose of Disbursement Address update</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.7427</p> <p>Date of Disbursement 12 / 17 / 2007</p> <p>Amount of Each Disbursement this Period 199.59</p> <p>001 Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

847.59

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input 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) Michelle Knopp</p> <p>Mailing Address 8310 E Burnside</p> <p>City Portland State OR Zip Code 97216</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.7329</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1679.48"/></p> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Michelle Knopp</p> <p>Mailing Address 8310 E Burnside</p> <p>City Portland State OR Zip Code 97216</p> <p>Purpose of Disbursement Wages, mileage reimbursement</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.7438</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2200.00"/></p> <p>[MEMO ITEM]</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Mailnet Services</p> <p>Mailing Address 800 Crescent Centre Drive Ste 450</p> <p>City Franklin State TN Zip Code 37067</p> <p>Purpose of Disbursement Address corrections</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.7428</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="199.59"/></p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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) Oregon Department of Revenue</p> <p>Mailing Address PO Box 14800</p> <p>City Salem State OR Zip Code 97309</p> <p>Purpose of Disbursement State payroll taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.7331</p> <p>Date of Disbursement 08 / 31 / 2007</p> <p>Amount of Each Disbursement this Period 61.34</p> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Oregon Department of Revenue</p> <p>Mailing Address PO Box 14800</p> <p>City Salem State OR Zip Code 97309</p> <p>Purpose of Disbursement State payroll taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.7444</p> <p>Date of Disbursement 12 / 31 / 2007</p> <p>Amount of Each Disbursement this Period 108.63</p> <p>[MEMO ITEM]</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Oregon Right to Life</p> <p>Mailing Address 4335 River Road N</p> <p>City Salem State OR Zip Code 97303</p> <p>Purpose of Disbursement Supplies, postage, equip no public comm</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.7307</p> <p>Date of Disbursement 07 / 03 / 2007</p> <p>Amount of Each Disbursement this Period 754.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

754.00

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

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

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

FOR LINE NUMBER: (check only one)

<input 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.7308 Date of Disbursement
	Mailing Address 4335 River Road N	<input type="text" value="07"/> / <input type="text" value="23"/> / <input type="text" value="2007"/>
	City Salem State OR Zip Code 97303	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank charges Candidate Name	<input type="text" value="20.68"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	001 Category/Type
	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.7318 Date of Disbursement
	Mailing Address 4335 River Road N	<input type="text" value="08"/> / <input type="text" value="17"/> / <input type="text" value="2007"/>
	City Salem State OR Zip Code 97303	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank fees in analysis statement Candidate Name	<input type="text" value="21.05"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	001 Category/Type
	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.7324 Date of Disbursement
	Mailing Address 4335 River Road N	<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City Salem State OR Zip Code 97303	Amount of Each Disbursement this Period
	Purpose of Disbursement Wages, payroll taxes, employee benefits Candidate Name	<input type="text" value="7016.82"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	001 Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="7058.55"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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.7336 Date of Disbursement
	Mailing Address 4335 River Road N	<input type="text" value="09"/> / <input type="text" value="17"/> / <input type="text" value="2007"/>
	City Salem State OR Zip Code 97303	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank fees in analysis statement	<input type="text" value="26.69"/>
	Candidate Name	<input type="text" value="001"/> 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.	Full Name (Last, First, Middle Initial) Oregon Right to Life	Transaction ID: SB21B.7343 Date of Disbursement
	Mailing Address 4335 River Road N	<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>
	City Salem State OR Zip Code 97303	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank fees	<input type="text" value="32.57"/>
	Candidate Name	<input type="text" value=""/> 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) ▼

C.	Full Name (Last, First, Middle Initial) Oregon Right to Life	Transaction ID: SB21B.7354 Date of Disbursement
	Mailing Address 4335 River Road N	<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City Salem State OR Zip Code 97303	Amount of Each Disbursement this Period
	Purpose of Disbursement Supplies, equip., copying, postage	<input type="text" value="754.00"/>
	Candidate Name	<input type="text" value="001"/> 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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="813.26"/>
TOTAL This Period (last page this line number only)	<input type="text" value=""/>

**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.7367 Date of Disbursement
	Mailing Address 4335 River Road N	<input type="text" value="11"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City Salem State OR Zip Code 97303	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank service fees	<input type="text" value="31.36"/>
	Candidate Name	<input type="text" value="001"/> 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.	Full Name (Last, First, Middle Initial) Oregon Right to Life	Transaction ID: SB21B.7430 Date of Disbursement
	Mailing Address 4335 River Road N	<input type="text" value="12"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City Salem State OR Zip Code 97303	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank fees	<input type="text" value="52.15"/>
	Candidate Name	<input type="text" value="001"/> 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) ▼

C.	Full Name (Last, First, Middle Initial) Oregon Right to Life	Transaction ID: SB21B.7436 Date of Disbursement
	Mailing Address 4335 River Road N	<input type="text" value="12"/> <input type="text" value="31"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City Salem State OR Zip Code 97303	Amount of Each Disbursement this Period
	Purpose of Disbursement Wages, mileage	<input type="text" value="12627.37"/>
	Candidate Name	<input type="text" value="001"/> 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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="12710.88"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)
Right to Life/Oregon PAC

A.	Full Name (Last, First, Middle Initial) Oregon Right to Life	Transaction ID: SB21B.7446 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>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		3	1		2	0	0	7												
	City Salem State OR Zip Code 97303	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Supplies, equip, printing, postage	<table border="1"><tr><td>754.00</td></tr></table>	754.00																		
754.00																					
	Candidate Name	<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
001																					
	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.7310 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>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	1		2	0	0	7												
	City Salem State OR Zip Code 97303	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Rent	<table border="1"><tr><td>366.67</td></tr></table>	366.67																		
366.67																					
	Candidate Name	<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
001																					
	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 Ed. Foundation	Transaction ID: SB21B.7355 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>1</td><td>1</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	1		2	0	0	7												
	City Salem State OR Zip Code 97303	Amount of Each Disbursement this Period																			
	Purpose of Disbursement rent	<table border="1"><tr><td>366.67</td></tr></table>	366.67																		
366.67																					
	Candidate Name	<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
001																					
	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)	<table border="1"><tr><td>1487.34</td></tr></table>	1487.34
1487.34		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

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 Ed. Foundation

Mailing Address 4335 River Road N

City Salem State OR Zip Code 97303

Purpose of Disbursement
Rent

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.7381

Date of Disbursement

12 / 04 / 2007

Amount of Each Disbursement this Period

366.67

B.

Full Name (Last, First, Middle Initial)
Mrs. Mary C. Parsons

Mailing Address 1675 Ewald Ave SE

City Salem State OR Zip Code 97302

Purpose of Disbursement
Salary

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.7326

Date of Disbursement

08 / 31 / 2007

Amount of Each Disbursement this Period

561.93

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Mrs. Mary C. Parsons

Mailing Address 1675 Ewald Ave SE

City Salem State OR Zip Code 97302

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.7441

Date of Disbursement

12 / 31 / 2007

Amount of Each Disbursement this Period

1646.31

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

366.67

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 19 / 32

<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) Select Impressions	Transaction ID: SB21B.7423 Date of Disbursement
	Mailing Address 2215 Claxter Rd NE	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
	City Salem State OR Zip Code 97303	Amount of Each Disbursement this Period
	Purpose of Disbursement Printing letterhead & envelopes	<input type="text" value="631.50"/>
	Candidate Name	<input type="text" value="001"/> 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.	Full Name (Last, First, Middle Initial) Ms Bernetta Simpson	Transaction ID: SB21B.7439 Date of Disbursement
	Mailing Address 190 37th Ave SE	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
	City Salem State OR Zip Code 97301	Amount of Each Disbursement this Period
	Purpose of Disbursement Wages	<input type="text" value="1576.75"/>
	Candidate Name	<input type="text" value="001"/> 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) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Ms Elizabeth J. Spillman	Transaction ID: SB21B.7442 Date of Disbursement
	Mailing Address 12904 SE Sunnyview Dr	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
	City Clackamas State OR Zip Code 97015	Amount of Each Disbursement this Period
	Purpose of Disbursement Wages, mileage reimbursement	<input type="text" value="1950.00"/>
	Candidate Name	<input type="text" value="001"/> 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) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="631.50"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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) UnitedHealthcare	Transaction ID: SB21B.7332 Date of Disbursement 08 / 31 / 2007
	Mailing Address PO Box 59048	Amount of Each Disbursement this Period 809.78
	City Minneapolis State MN Zip Code 55459-0048	
	Purpose of Disbursement Employee benefits: health insurance	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]

B.	Full Name (Last, First, Middle Initial) UnitedHealthcare	Transaction ID: SB21B.7445 Date of Disbursement 12 / 31 / 2007
	Mailing Address PO Box 59048	Amount of Each Disbursement this Period 1025.24
	City Minneapolis State MN Zip Code 55459-0048	
	Purpose of Disbursement Health insurance	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]

C.	Full Name (Last, First, Middle Initial) US Bank	Transaction ID: SB21B.7330 Date of Disbursement 08 / 31 / 2007
	Mailing Address Center & Lancaster	Amount of Each Disbursement this Period 442.13
	City Salem State OR Zip Code 97301	
	Purpose of Disbursement Federal payroll taxes	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)	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)

<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 Bank	Transaction ID: SB21B.7443 Date of Disbursement 12 / 31 / 2007
	Mailing Address Center & Lancaster	Amount of Each Disbursement this Period 733.31
	City Salem State OR Zip Code 97301	
	Purpose of Disbursement Federal payroll taxes Candidate Name	001 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) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) US Post Office	Transaction ID: SB21B.7379 Date of Disbursement 12 / 05 / 2007
	Mailing Address 1050 25th St SE	Amount of Each Disbursement this Period 500.00
	City Salem State OR Zip Code 97301	
	Purpose of Disbursement Postage for business reply mail Candidate Name	001 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) ▼

C.	Full Name (Last, First, Middle Initial) US Post Office	Transaction ID: SB21B.7380 Date of Disbursement 12 / 05 / 2007
	Mailing Address 1050 25th St SE	Amount of Each Disbursement this Period 3247.37
	City Salem State OR Zip Code 97301	
	Purpose of Disbursement Life in Oregon Newsletter Candidate Name	001 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) ▼

SUBTOTAL of Disbursements This Page (optional)	3747.37
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 22 / 32

<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	Transaction ID: SB21B.7432 Date of Disbursement																			
	Mailing Address 1050 25th St 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>1</td><td>2</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	8		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	8		2	0	0	7												
	City Salem State OR Zip Code 97301	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Postage for Business Reply Mail	<table border="1"><tr><td>500.00</td></tr></table>	500.00																		
500.00																					
	Candidate Name	<table border="1"><tr><td>003</td></tr></table> Category/Type	003																		
003																					
	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) US Post Office	Transaction ID: SB21B.7435 Date of Disbursement																			
	Mailing Address 1050 25th St 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>1</td><td>2</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	7		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	7		2	0	0	7												
	City Salem State OR Zip Code 97301	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Business Reply Mail	<table border="1"><tr><td>500.00</td></tr></table>	500.00																		
500.00																					
	Candidate Name	<table border="1"><tr><td>003</td></tr></table> Category/Type	003																		
003																					
	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 Theresa Vandecoevering	Transaction ID: SB21B.7440 Date of Disbursement																			
	Mailing Address 2160 Trade St 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>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		3	1		2	0	0	7												
	City Salem State OR Zip Code 97301	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Wages	<table border="1"><tr><td>1303.80</td></tr></table>	1303.80																		
1303.80																					
	Candidate Name	<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
001																					
	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)	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00
1000.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

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 23 / 32

<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)
Western Oregon Web Press

Transaction ID: SB21B.7424
Date of Disbursement

Mailing Address 439 SW Second Street

^M	^M	/	^D	^D	/	^Y	^Y	^Y	^Y
1	2		1	2		2	0	0	7

City State Zip Code
Corvallis OR 97333-4445

Amount of Each Disbursement this Period

1702.63

Purpose of Disbursement
Printing Life in Oregon Newsletter

001
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

1702.63

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

41231.41

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	9
<input type="checkbox"/>	10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Less than \$200 Individual contributions			Nature of Debt (Purpose): Misc pledges less than \$2-00 per indiv
Mailing Address na			
City na	State OR	ZIP Code 00000	

Outstanding Balance Beginning This Period		Transaction ID: SD9.7397	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
46400.00	46400.00	0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Less than \$200 Individual contributions			Nature of Debt (Purpose): Misc contribs less than \$200 per indiv
Mailing Address na			
City na	State OR	ZIP Code 00000	

Outstanding Balance Beginning This Period		Transaction ID: SD9.7449	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
6742.00	6742.00	0.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Less than \$200 Individual contributions			Nature of Debt (Purpose): Misc contribs less than \$2-00 per indiv
Mailing Address na			
City na	State OR	ZIP Code 00000	

Outstanding Balance Beginning This Period		Transaction ID: SD9.7477	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
6526.00	350.00	6176.00	

1) SUBTOTALS This Period This Page (optional).....	6176.00
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 25 / 32	
	FOR LINE NUMBER: (check only one)	<input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Less than \$200 Individual contributions			Nature of Debt (Purpose): Misc contribs less than \$200 per indiv
Mailing Address na			
City na	State OR	ZIP Code 00000	

Outstanding Balance Beginning This Period		Transaction ID: SD9.7450	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
5660.00	553.00	5107.00	

1) SUBTOTALS This Period This Page (optional).....	5107.00
2) TOTALS This Period (last page this line number only).....	11283.00
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)	11283.00

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)
Right to Life/Oregon PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Gateway Communications	Nature of Debt (Purpose): Direct Mail Fundraising
Mailing Address 14107 NE Airport Way	
City State ZIP Code Portland OR 97230	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.7384	
Amount Incurred This Period 1250.29	Payment This Period 1250.29	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Gateway Communications	Nature of Debt (Purpose): Direct Mail Fundraising Costs
Mailing Address 14107 NE Airport Way	
City State ZIP Code Portland OR 97230	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.7431	
Amount Incurred This Period 6315.69	Payment This Period 0.00	Outstanding Balance at Close of This Period 6315.69

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Gateway Communications	Nature of Debt (Purpose): Telemarketing fundraising costs
Mailing Address 14107 NE Airport Way	
City State ZIP Code Portland OR 97230	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.7452	
Amount Incurred This Period 10660.95	Payment This Period 0.00	Outstanding Balance at Close of This Period 10660.95

1) SUBTOTALS This Period This Page (optional).....	▶	16976.64
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 27 / 32
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Select Impressions	Nature of Debt (Purpose): Printing Letterhead & Envelopes
Mailing Address 2215 Claxter Rd NE	
City Salem State OR ZIP Code 97303	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.7421	
Amount Incurred This Period 631.50	Payment This Period 631.50	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Western Oregon Web Press	Nature of Debt (Purpose): Printing Life in Oregon Newsletter
Mailing Address 439 SW Second Street	
City Corvallis State OR ZIP Code 97333-4445	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.7422	
Amount Incurred This Period 1702.63	Payment This Period 1702.63	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).....	16976.64
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)	16976.64

Image# 28990046836

Form/Schedule: **F3XN**

Transaction ID:

The State of Oregon allows a \$50 per individual tax credit per year for Political Action Committee donations. None of the donations which Right to Life/Oregon PAC received in the January 31 Year end report for 2007 were over \$200 per individual and none accumulated to over \$200 for the calendar year. The memo item for 7/07/07 for \$648 to AccuZip goes with check #253 for \$648 to Jane Groff written on 8/09/07. All memo items for 8/31/07 belong with check #258 for \$7,016.82 written on 8/31/07 to Oregon Right to Life. The memo items on 11/08 for \$46.96 and 12/11 for \$40.30 to AT&T Mobility belong to checks written on those dates to Lois Anderson. The memo item on 12/17 for \$199.59 written to Mailnet Services belongs to check written to Jane Groff. All memo items on 12/31 belong with check #283 written to Oregon Right to Life.

Form/Schedule: **SB21B** AccuZip, 3216 El Camino Real, Atascadero, CA 93422-2500 07/17/07 Postal Software

Transaction ID: **SB21B.7312**

Image# 28990046837

Form/Schedule: **SB21B** This check was not for public communications or voter drive activity containing express advocacy
Transaction ID: **SB21B.7307**

Form/Schedule: **SB21B** All Oregon Right to Life Bank Accounts are combined into one Customer Analysis Statement. \$20.68 is the amount
Transaction ID: **SB21B.7308** attributed to Oregon Right to Life Federal PAC for the month of June.

Image# 28990046838

Form/Schedule: **SB21B** All Oregon Right to Life Bank Accounts are combined into one Customer Analysis Statement. \$20.68 in the amount
Transaction ID: **SB21B.7336** attributed to Oregon Right to Life Federal PAC for the month of August.

Form/Schedule: **SB21B** All Oregon Right to Life Bank Accounts are combined into one Customer Analysis Statement. \$32.57 is the amount
Transaction ID: **SB21B.7343** attributed to Oregon Right to Life Federal PAC for the month of September.

Image# 28990046839

Form/Schedule: **SB21B** These activities did not contain express advocacy and were not done for public communications or voter drives.

Transaction ID: **SB21B.7354**

Form/Schedule: **SB21B** All Oregon Right to Life Bank Accounts are combined into one Customer Analysis Statement. \$31.36 is the amount
Transaction ID: **SB21B.7367** attributed to Orgon Right to Life Federal PAC for the month of October.

Image# 28990046840

Form/Schedule: **SB21B** All Oregon Right to Life Bank Accounts are combined into one Customer Analysis Statement. \$52.15 is the amount
Transaction ID: **SB21B.7430** attributed to Oregon Right to Life Federal PAC for the month of November.
