

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

Office Use Only

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

Right to Life/Oregon PAC

ADDRESS (number and street)

4335 River Road N

☐Check if different
than previously
reported. (ACC)

Salem

OR

97303

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00141572

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

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

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

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

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

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

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

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

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2006

through

03

31

2006

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

Type or Print Name of Treasurer

Mrs. Gayle Atteberry

Signature of Treasurer

Electronically Filed by Mrs. Gayle Atteberry

Date

04

11

2006

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

Office Use Only							
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FEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Right to Life/Oregon PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		146938.24
(b) Cash on Hand at Beginning of Reporting Period	146938.24	
(c) Total Receipts (from Line 19)	42510.85	42510.85
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	189449.09	189449.09
7. Total Disbursements (from Line 31)	18959.58	18959.58
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	170489.51	170489.51
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	24.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name
Right to Life/Oregon PAC

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

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	42510.85	42510.85
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	42510.85	42510.85
(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) ➡	42510.85	42510.85
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))	42510.85	42510.85
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	42510.85	42510.85

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	18959.58	18959.58
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	18959.58	18959.58
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))..	18959.58	18959.58
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	18959.58	18959.58

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	42510.85	42510.85
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	42510.85	42510.85
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	18959.58	18959.58
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	18959.58	18959.58

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 6 / 15

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

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NAME OF COMMITTEE (In Full)

Right to Life/Oregon PAC

Full Name (Last, First, Middle Initial)

A. 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

State: District:

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

Transaction ID: SB21B.6938

Date of Disbursement

03 / 31 / 2006

Amount of Each Disbursement this Period

1950.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Mrs. Gayle Atteberry

Mailing Address 87366 Dukhobar Rd

City Eugene State OR Zip Code 97402

Purpose of Disbursement
Wages

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.6940

Date of Disbursement

03 / 31 / 2006

Amount of Each Disbursement this Period

837.50

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Gateway Communications

Mailing Address 14107 NE Airport Way

City Portland State OR Zip Code 97230

Purpose of Disbursement
Budgetary & financial services

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.6905

Date of Disbursement

01 / 03 / 2006

Amount of Each Disbursement this Period

1100.00

SUBTOTAL of Disbursements This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 7 / 15

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

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

Full Name (Last, First, Middle Initial)

A. Gateway Communications

Mailing Address 14107 NE Airport Way

City Portland State OR Zip Code 97230

Purpose of Disbursement
Telemarketing fundraising

Candidate Name

003
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.6908

Date of Disbursement

01 / 16 / 2006

Amount of Each Disbursement this Period

1323.14

Full Name (Last, First, Middle Initial)

B. Ms Jane Groff

Mailing Address 4576 Janice Ave NE

City Salem State OR Zip Code 97305

Purpose of Disbursement
Computer

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.6921

Date of Disbursement

02 / 21 / 2006

Amount of Each Disbursement this Period

920.00

Full Name (Last, First, Middle Initial)

C. Ms Jane Groff

Mailing Address 4576 Janice Ave NE

City Salem State OR Zip Code 97305

Purpose of Disbursement
Internet security & equipment

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.6932

Date of Disbursement

03 / 24 / 2006

Amount of Each Disbursement this Period

720.96

SUBTOTAL of Disbursements This Page (optional)

2964.10

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) Ms Jane Groff		Transaction ID: SB21B.6942 Date of Disbursement <div> <div>03</div> <div>31</div> <div>2006</div> </div>	
Mailing Address 4576 Janice Ave NE		Amount of Each Disbursement this Period <div>1126.25</div>	
City Salem State OR Zip Code 97305	Purpose of Disbursement Wages Candidate Name	<div>001</div> 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) Michelle Knopp		Transaction ID: SB21B.6934 Date of Disbursement <div> <div>03</div> <div>30</div> <div>2006</div> </div>	
Mailing Address 8310 E Burnside		Amount of Each Disbursement this Period <div>175.00</div>	
City Portland State OR Zip Code 97216	Purpose of Disbursement Mileage Candidate Name	<div>002</div> 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) Michelle Knopp		Transaction ID: SB21B.6939 Date of Disbursement <div> <div>03</div> <div>31</div> <div>2006</div> </div>	
Mailing Address 8310 E Burnside		Amount of Each Disbursement this Period <div>1950.00</div>	
City Portland State OR Zip Code 97216	Purpose of Disbursement Wages Candidate Name	<div>001</div> 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]

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

175.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Oregon Department of Revenue

Mailing Address PO Box 14800

City Salem State OR Zip Code 97309

Purpose of Disbursement
State payroll taxes

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.6947

Date of Disbursement

03 / 31 / 2006

Amount of Each Disbursement this Period

100.37

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Oregon Right to Life

Mailing Address 4335 River Road N

City Salem State OR Zip Code 97303

Purpose of Disbursement
Supplies, postage, printing, equip

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.6918

Date of Disbursement

02 / 08 / 2006

Amount of Each Disbursement this Period

766.00

Full Name (Last, First, Middle Initial)

C. Oregon Right to Life

Mailing Address 4335 River Road N

City Salem State OR Zip Code 97303

Purpose of Disbursement
Directors' insurance

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.6924

Date of Disbursement

03 / 03 / 2006

Amount of Each Disbursement this Period

141.67

SUBTOTAL of Disbursements This Page (optional)

907.67

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 10 / 15

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

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NAME OF COMMITTEE (In Full)

Right to Life/Oregon PAC

Full Name (Last, First, Middle Initial)

A. Oregon Right to Life

Mailing Address 4335 River Road N

City Salem State OR Zip Code 97303

Purpose of Disbursement
Supplies, postage, printing, equip

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.6936

Date of Disbursement

03 / 31 / 2006

Amount of Each Disbursement this Period

766.00

Full Name (Last, First, Middle Initial)

B. Oregon Right to Life

Mailing Address 4335 River Road N

City Salem State OR Zip Code 97303

Purpose of Disbursement
Wages, taxes, employee benefits

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.6937

Date of Disbursement

03 / 31 / 2006

Amount of Each Disbursement this Period

9575.14

Full Name (Last, First, Middle Initial)

C. 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

State: District:

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

Transaction ID: SB21B.6906

Date of Disbursement

01 / 03 / 2006

Amount of Each Disbursement this Period

366.67

SUBTOTAL of Disbursements This Page (optional)

10707.81

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 11 / 15

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

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NAME OF COMMITTEE (In Full)

Right to Life/Oregon PAC

Full Name (Last, First, Middle Initial)

A. Oregon Telecom

Mailing Address PO Box 4333

City
Salem

State
OR

Zip Code
97302

Purpose of Disbursement
Telephone

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.6914

Date of Disbursement

01 / 31 / 2006

Amount of Each Disbursement this Period

109.43

Full Name (Last, First, Middle Initial)

B. Oregon Telecom

Mailing Address PO Box 4333

City
Salem

State
OR

Zip Code
97302

Purpose of Disbursement
Telephone

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.6933

Date of Disbursement

03 / 29 / 2006

Amount of Each Disbursement this Period

106.82

Full Name (Last, First, Middle Initial)

C. Pacificare

Mailing Address PO Box 3007

City
Hillsboro

State
OR

Zip Code
97123

Purpose of Disbursement
Employee benefits: health insurance

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.6945

Date of Disbursement

03 / 31 / 2006

Amount of Each Disbursement this Period

519.01

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

216.25

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 12 / 15

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

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

Full Name (Last, First, Middle Initial)

A. 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

State: District:

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

Transaction ID: SB21B.6944

Date of Disbursement

03 / 31 / 2006

Amount of Each Disbursement this Period

497.61

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Select Impressions

Mailing Address 2215 Claxter Rd NE

City Salem State OR Zip Code 97303

Purpose of Disbursement
Print envelopes

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.6910

Date of Disbursement

01 / 24 / 2006

Amount of Each Disbursement this Period

186.50

Full Name (Last, First, Middle Initial)

C. Ms Bernetta Simpson

Mailing Address 190 37th Ave SE

City Salem State OR Zip Code 97301

Purpose of Disbursement
Wages

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.6943

Date of Disbursement

03 / 31 / 2006

Amount of Each Disbursement this Period

1153.66

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

186.50

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 13 / 15

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

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

Full Name (Last, First, Middle Initial)

A. US Bank

Mailing Address Center & Lancaster

City Salem State OR Zip Code 97301

Purpose of Disbursement
Federal payroll taxes

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.6946

Date of Disbursement

03 / 31 / 2006

Amount of Each Disbursement this Period

587.33

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. US Post Office

Mailing Address 1050 25th St SE

City Salem State OR Zip Code 97301

Purpose of Disbursement
Mail Oregon Right to Life Newsletter

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.6919

Date of Disbursement

02 / 17 / 2006

Amount of Each Disbursement this Period

1720.96

Full Name (Last, First, Middle Initial)

C. Ms Theresa Vandecoeveing

Mailing Address 2160 Trade St SE

City Salem State OR Zip Code 97301

Purpose of Disbursement
Wages

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.6941

Date of Disbursement

03 / 31 / 2006

Amount of Each Disbursement this Period

853.41

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

1720.96

TOTAL This Period (last page this line number only)

17978.29

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

PAGE 14 / 15

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
Right to Life/Oregon PAC**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Design PointNature of Debt (Purpose):
Design voter guide--estim-
ate

Mailing Address 1462 Commercial NE

City State ZIP Code
Salem OR 97303

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.6948

Amount Incurred This Period

6.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Western Oregon Web PressNature of Debt (Purpose):
Print newsletter voter gu-
ide--estimate

Mailing Address 439 SW Second Street

City State ZIP Code
Corvallis OR 97333-4445

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.6949

Amount Incurred This Period

18.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

18.00

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

24.00

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

24.00

3) **TOTALS 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)

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 April 15 Quarterly for 2006 were over \$2-00 per individual and none accumulated to over \$200 for the calendar year. Schedule B expenditures for 'Supplies, postage, printing, equip' were not expenditures for public communications and voter drive activity and did not contain express advocacy. All memo items dated 03/03/06 belong to check #151 for \$9575.14--check was written to Oregon Right to Life for wages, employee benefits & payroll taxes.
