FEC FORM 3X	AND	ORT OF RECEIPT DISBURSEMENT er Than An Authorized Com	S	Office Use Only
1. NAME OF COMMITTEE (in fi		MAILING LABEL       Example:If         OR PRINT ♥       over the line	typing, type	
Right to Life/Orego	n PAC			
ADDRESS (number and	street)	River Road N		
Check if differ than previousl reported. (AC	y Salem			97303
2. FEC IDENTIFICAT		CITY A	STATE	ZIPCODE
C00141572		3. IS THIS REPORT X	(N) OR	AMENDED (A)
<ul> <li>4. TYPE OF REPO (Choose One)</li> <li>(a) Quarterly Rep</li> <li>X April 15 Quarterly</li> </ul>	orts:	Monthly Report Due On: Mar 20 (M3) Apr 20 (M4)	May 20 (M5) Jun 20 (M6) Jul 20 (M7)	Aug 20 (M8)       Nov 20 (M11) (Non-Election Year Only)         Sep 20 (M9)       Dec 20 (M12) (Non-Election Year Only)         Oct 20 (M10)       Jan 31 (YE)
October Quarterly January	Report(Q3)	PRE-Election		eneral (12G) Runoff (12R) eecial (12G) in the State of
Year Onl	on-election (d	) 30-Day <b>Post</b> -Election General Report for the: Election on	l (30G) Ri	in the State of
5. Covering Period	01 0	1 2006 thro	ugh 03 3	1 2006
I certify that I have exam Type or Print Name of T		to the best of my knowledge and beli Gayle Atteberry	of it is true, correct and con	nplete.
Signature of Treasurer	Electronically File		Date	04 11 2006
	alse, erroneous, or ir	ncomplete information may subject the	e person signing this Repor	
Office Use Only				FEC FORM 3X (Rev. 02/2003)

Image	# 26940052855 FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	Page 2
V	Vrite or Type Committee Name Right to Life/Oregon PAC		
F	Report Covering the Period: From:	M M         D D         Y Y W Y           0 1         0 1         2 0 0 6	To: 03 0 1 2 0 0 6
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 <sup>Y</sup> 2006 <sup>Y</sup> Y		146938.24
	(b) Cash on Hand at Begining 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
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 <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D)		

SUMMARY PAGE

X 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

FEC Form 3X (Rev. 02/2003)	OF RECEIPTS	Page 3
Write or Type Committee Name Right to Life/Oregon PAC		
Report Covering the Period: From:	M M 0 1 Y Y W Y 0 1 0 1 2 0 0 6 To	$\begin{array}{c} \overset{\text{M}}{\overset{\text{M}}{3}} \\ 0 \\ 3 \\ \end{array} \begin{array}{c} \overset{\text{D}}{3} \\ 2 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} \overset{\text{V}}{3} \\ 2 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} \overset{\text{V}}{3} \\ \end{array} \end{array} \begin{array}{c} \overset{\text{V}}{3} \\ \end{array} \begin{array}{c} \overset{\text{V}}{3} \\ \end{array} \begin{array}{c} \overset{\text{V}}{3} \\ \end{array} \end{array} \end{array} $
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
<ul><li>11. Contributions (other than loans) From:</li><li>(a) Individuals/Persons Other</li></ul>		
(i) Itemized (use Schedule A)	0.00	0.00
(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
<ul> <li>(c) Other Political Committees</li> <li>(such as PACs)</li> <li>(d) Total Contributions (add Lines</li> </ul>	0.00	0.00
<ul> <li>(d) Total Contributions (add Lines</li> <li>11(a)(iii),(b) and (c)) (Carry</li> <li>Totals to Line 33, page 5)</li> </ul>	42510.85	42510.85
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
<ol> <li>Loan Repayments Received</li> <li>Offsets To Operating Expenditures</li> </ol>	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
<ol> <li>Refunds of Contributions Made to Federal candidates and Other Political Committees</li> </ol>	0.00	0.00
7. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
8. Transfers from Non-Federal and Levin Funds	S	
(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
<ol> <li>Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))</li> </ol>	42510.85	42510.85
0. Total Federal Receipts	42510.85	42510.85

Image# 26940052857

# **DETAILED SUMMARY PAGE**

	II. DISBURSEMENTS	COLUMN A	
21.	Operating Expenditures:	Total This Period	Calendar Year-to-Date
	<ul> <li>(a) Shared Federal/Non-Federal Activity (from Schedule H4)</li> <li>(i) Federal Share</li> </ul>	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
	Transfers to Affiliated/Other Party Committees	0.00	0.00
	Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00
	Independent Expenditure (use Schedule E)	0.00	0.00
5.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
7.	Loans Made	0.00	0.00
8.	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
9.	Other Disbursements	0.00	0.00
0.	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
1.	Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	18959.58	18959.58
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)	18959.58	18959.58

#### Image# 26940052858

# DETAILED SUMMARY PAGE

	FEC Form 3X (Rev. 02/2003)	1	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

S	CHEDULE B (FEC Form 3X)	Use seperate sch	nedule(s)			INE NUMBER: PAGE 6 / 1							
IT	EMIZED DISBURSEMENTS	for each category	of the			22 23 24 25				26			
		Detailed Summar	y Page	-II-	27			28c	29	30b			
	y Information copied from such Reports and Staten									;			
or	or commercial purposes, other than using the nam	e and address of any	/ political	commi	ttee to so	olicit contributio	ons from su	ch comr	nittee				
$\mathbb{N}$	NAME OF COMMITTEE (In Full)												
	Right to Life/Oregon PAC												
<u> </u>	Full Name (Last, First, Middle Initial)					Transactio	on ID: SB2	1B.693	8				
Α.	Ms Lois Anderson					Date of Dis	sbursement						
	Mailing Address 1220 Jays Dr N					03	<sup>D</sup> 31	Ý Ž	0 Å 6	Y			
	City	State Zip Co				Amount of	Each Disb	ursemer	t this P	eriod			
	Keizer	OR 9730	3			1950.00							
	Purpose of Disbursement Wages			00	1				1950.0	0			
	Candidate Name				gory/								
				Ту			EMI						
		ement For:											
	President	Primary Other (specify) ▼	General										
	State: District:												
_	Full Name (Last, First, Middle Initial)					Transactio	on ID: SB2	1B.694	0				
В.	Mrs. Gayle Atteberry						sbursement		-				
	Mailing Address 87366 Dukhobar Rd					03	<sup>D</sup> 31	Ý Ž	0 ð 6	Y			
	City	State Zip Co OR 97402				Amount of	eriod						
	Eugene						837.5	0					
	Purpose of Disbursement Wages			00	1				037.5	0			
	Candidate Name			Cate									
				Ту			EMI						
		ement For:											
	President	Primary Other (specify) ▼	General										
	State: District:												
~	Full Name (Last, First, Middle Initial)					Transactio	on ID: SB2	1B.690	)5				
C.	Gateway Communications						sbursement			_			
	Mailing Address 14107 NE Airport Way					0 1 <sup>/</sup>	<sup>D</sup> 0 3		006	Y			
	City Portland	State Zip Co OR 9723				Amount of	Each Disb	ursemer	it this P	eriod			
	Purpose of Disbursement								1100.0	0			
	Budgetary & financial services Candidate Name			00									
	Caldudae Name			Cate Typ									
	Office Sought: House Disburse	ement For:											
	Senate		General										
	State: District:	Other (specify)											
Г													
s	UBTOTAL of Disbursements This Page (optional)				►			1	100.0	0			
					•		• • •						
	<b>OTAL</b> This Period (last page this line number only)				•	<u> </u>							

S	CHEDULE B (FEC Form 3X)	Use seperat	te schedule(s)				NE NUMBER: PAGE 7/15				5					
IT	EMIZED DISBURSEMENTS	for each cate	egory of the			-	nly one)				25	26				
		Detailed Sur	mmary Page		Ĥ	27	Н	28a	$\vdash$	23 28b	H	24 28c	Н	29	30	
	y Information copied from such Reports and Statem														s	
or 1	or commercial purposes, other than using the name	and address (	of any political	com	۱mi	ttee to	SOLIC	it contr	ibut	ions fr	rom	such c	omn	nittee		
$\rangle$	NAME OF COMMITTEE (In Full) Right to Life/Oregon PAC															
<u> </u>	Full Name (Last, First, Middle Initial)							Trans	acti	on ID	: SE	321B.	690	8		_
А.	Gateway Communications							Date o								
	Mailing Address 14107 NE Airport Way							0 1	М	/ D	1 <sup>D</sup>	/ Y	Ž	0 ò e	5 <sup>°</sup>	
			Zip Code					Amou	nt o	f Each	n Dis	burse	men	t this F	Period	
	Portland Purpose of Disbursement	OR 9	97230										1	323.	14	
	Telemarketing fundraising				00	03								-		1
	Candidate Name				ate Ty	gory/										
	Office Sought: House Disburse	ment For:			Тy	pe										
	Senate	Primary	General													
	State: District:	Other (specify	y) 🔻													
	State: District: Full Name (Last, First, Middle Initial)							_								
В.	Ms Jane Groff							Trans Date of					692	1		
							_	0 <sup>M</sup> 2	М	/ D,	2 1 <sup>D</sup>	/ Y	ý	0 ò e	Y	
	Mailing Address 4576 Janice Ave NE					02		4	<u> </u>		~ ~	000	)			
	,		Zip Code 97305					Amou	nt o	f Each	n Dis	burse	men	t this F	Period	
	Purpose of Disbursement		57303	-	-									920.	00	
	Computer				00	01										
	Candidate Name				ate Ty	gory/ pe										
	Office Sought: House Disburse	ment For:														
	Senate	Primary	General													
	State: District:	Other (specify	y) 🔻													
	Full Name (Last, First, Middle Initial)							Trans	acti	on ID	: SF	321B	693	2		_
C.	Ms Jane Groff							Date of					000	-		
	Mailing Address 4576 Janice Ave NE							0 <sup>™</sup> 3	м	/ D	2 <sup>D</sup>	/ Y	ž	o ò e	5 <sup>Y</sup>	
			Zip Code					Amou	nt o	f Each	n Dis	burse	men	t this F	Period	_
	Salem Purpose of Disbursement	OR 9	97305 I				_						0	720.	96	
	Internet security & equipment				00	)1										
	Candidate Name				ate Ty	gory/ pe										
	Office Sought: House Disburse	ment For:	General													
	President	Primary Other (specify	General y) ▼													
_	State: District:	(-l	·· •													_
s	JBTOTAL of Disbursements This Page (optional) .					Þ							2	964.	10	
т	OTAL This Period (last page this line number only)						•									

	CHEDULE B (FEC Form 3X)	Use seperate schedu	le(s)	FOR LINE (check only		PAGE 8/15
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Pa		X 21b 27	22 23 28a 28b	24         25         26           28c         29         30
	y Information copied from such Reports and Statem for commercial purposes, other than using the name					
$\left  \right\rangle$	NAME OF COMMITTEE (In Full) Right to Life/Oregon PAC	<u> </u>				
Α.	Full Name (Last, First, Middle Initial) Ms Jane Groff				Date of Disbur	
	Mailing Address 4576 Janice Ave NE				03 <sup>M</sup> /	3 1 <sup>P</sup> 2 0 0 6 <sup>Y</sup>
	City Salem	StateZip CodeOR97305			Amount of Eac	th Disbursement this Period
	Purpose of Disbursement Wages Candidate Name		_	001 Category/ Type		1126.25
	Office Sought: House Disburse Senate President State: District:	ement For: Primary Gene Other (specify) ▼	eral	Туре	[MEMO ITEN	1]
в.	Full Name (Last, First, Middle Initial) Michelle Knopp				Transaction II Date of Disbur	D: SB21B.6934 sement
	Mailing Address 8310 E Burnside				<b>0</b> 3 <sup>M</sup> /	30 <sup>D</sup> / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Portland	State Zip Code OR 97216			Amount of Eac	ch Disbursement this Period
	Purpose of Disbursement Mileage Candidate Name		_	002 Category/	L	175.00
	Office Sought: House Disburse Senate President State: District:	ement For: Primary Gene Other (specify) ▼	eral	Туре		
C.	Full Name (Last, First, Middle Initial) Michelle Knopp				Date of Disbur	
	Mailing Address 8310 E Burnside				03 <sup>M</sup> /	31 <sup>′</sup> <sup>×</sup> 2006 <sup>×</sup>
	City Portland	State Zip Code OR 97216			Amount of Eac	h Disbursement this Period
	Purpose of Disbursement Wages			001		1950.00
	Candidate Name			Category/ Type	[MEMO ITEN	<b>N</b> T
	Office Sought: House Disburse Senate President State: District:	ement For: Primary Gene Other (specify) ▼	eral			.1
s	UBTOTAL of Disbursements This Page (optional)			►		175.00
	OTAL This Period (last page this line number only)					
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S	CHEDULE B (FEC Form 3X)	Use seperate schedu	le(s)			NE NUMBER: PAGE 9/15					/ 15		
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Pa	าย่์		_	ly one) 22 23 24 28a 28b 28c					5	26 30b	
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$\left \right\rangle$	NAME OF COMMITTEE (In Full) Right to Life/Oregon PAC												
<u>к</u> .	Full Name (Last, First, Middle Initial) Oregon Department of Revenue Mailing Address PO Box 14800					Transaction ID: SB21B.6947 Date of Disbursement $0^{M}3^{M}$ / $0^{D}3^{D}$ / $2^{V}0^{V}0^{V}6^{V}$							
	Salem Purpose of Disbursement	State Zip Code OR 97309				Amou	unt of	Each	Disburse		iis Per 00.37	-	
	State payroll taxes Candidate Name		C	Cate	01 gory/ pe	- [MEN	10 IT	.ЕМ1					
	Office Sought: House Disburse Senate President State: District:	ment For: Primary Gene Other (specify) ▼	eral					1					
В.	Full Name (Last, First, Middle Initial) Oregon Right to Life							burse			v v	1	
	Mailing Address 4335 River Road N								8	ź 0	06		
		State Zip Code OR 97303		_		Amou	unt of	Each	Disburse		iis Per 66.00		
	Supplies, postage, printing, equip Candidate Name		C	Cate	D1 gory/ pe								
	Office Sought: House Disburse Senate President State: District:	ment For: Primary Gene Other (specify) ▼	eral										
C.	Full Name (Last, First, Middle Initial) Oregon Right to Life					Date	of Dis	burse			V ~ V		
	Mailing Address 4335 River Road N					0 <sup>M</sup> 3		0	<sup>D</sup> / )	20	δ́6΄		
		State Zip Code OR 97303				Amou	unt of	Each	Disburse				
	Purpose of Disbursement Directors' insurance				01					14	11.67		
	Candidate Name		C		egory/ pe	_							
	Office Sought: House Disburse Senate President State: District:	ment For: Primary Gene Other (specify) <b>V</b>	eral										
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S	CHEDULE B (FEC Form 3X)	Use seperate schedu	le(s)			NE NUMBER: PAGE 10 / 1			5			
IT	EMIZED DISBURSEMENTS	for each category of t Detailed Summary Pa	he	X	-	22	vone) 22 23 24 28a 28b 28c				25 29	26 30b
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam				person	for the pu	rpose	of so	licating o	ontribu	utions	
or	NAME OF COMMITTEE (In Full)	le and address of any pol	inical col		liee lo s		ibution	SIIO	msuch	Sommit	lee	
$\rangle$	Right to Life/Oregon PAC											
Α.	Full Name (Last, First, Middle Initial) Oregon Right to Life						action of Disb		SB21B. ment	.6936		
	Mailing Address 4335 River Road N					0 <sup>™</sup> 3	M /	<sup>D</sup> 3	<sup>D</sup> / `	ź0	٥ ٥	Y
	City Salem	State Zip Code OR 97303				Amou	nt of E	ach	Disburse	ement ti	his Po	eriod
	Purpose of Disbursement Supplies, postage, printing, equip			00						7	66.0	0
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	State: District: Full Name (Last, First, Middle Initial)											
В.					Transaction Date of Disbu						Y	Y
	Mailing Address 4335 River Road N	State Zip Code				03		□3	1		ό6	
	City Salem	State Zip Code OR 97303				Amou	nt of E	ach	Disburse		his Po 75.1	_
	Purpose of Disbursement Wages, taxes, employee benefits			00	)1					- 55	75.1	<b>T</b>
	Candidate Name			Cate Ty	gory/ ce							
	Office Sought: House Disburs Senate President	ement For: Primary Gene Other (specify)	eral									
	State: District:											
C.	Full Name (Last, First, Middle Initial) Oregon Right to Life Ed. Foundation					Date	of Disb	urse				
	Mailing Address 4335 River Road N					0 1	M /	<sup>D</sup> 0	3	ź0	ό́6	Ŷ
	City Salem	State Zip Code OR 97303				Amou	nt of E	ach	Disburse		his Po 66.6	
	Purpose of Disbursement Rent			00	)1					3	00.0	/
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s	UBTOTAL of Disbursements This Page (optional)				►					1070	)7.8 <sup>°</sup>	1
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S	CHEDULE B (FEC Form 3X)	Use sep	erate schedule(s)				INE NUMBER: PAGE 11 / only one)							15	
IT	EMIZED DISBURSEMENTS	for each	category of the Summary Page		(Cr X	21b	22	22 23 24 28a 28b 28c					26 30b		
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam												s		
	NAME OF COMMITTEE (In Full)			COII							I COIII	millee			
$\rangle$	Right to Life/Oregon PAC														
Α.	Full Name (Last, First, Middle Initial) Oregon Telecom						Dat	e of I	Disburs	: SB21 sement					
	Mailing Address PO Box 4333						0		/ D	3 1 <sup>7</sup>	Y 2	žo ò e	5 <sup>°</sup>		
	City Salem	State OR	Zip Code 97302				Amount of Each Disbursement this Period								
	Purpose of Disbursement Telephone				00							109.4	43		
		ement For:			ateg Typ	-	-								
	Senate President	Primary Other (spe	General												
	State: District: Full Name (Last, First, Middle Initial)														
В.	Oregon Telecom							e of I	Disburs	ement			Y		
	Mailing Address PO Box 4333									2 9 <sup>/</sup>	2	2 o ò e	8		
	City Salem	State OR	Zip Code 97302				Am	ount	of Eacl	n Disbur	semer	nt this F			
	Purpose of Disbursement Telephone Candidate Name				00	1 Jory/						100.0	52		
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	Office Sought: House Disburs Senate President	ement For: Primary Other (spe	General												
	State: District:														
C.	Full Name (Last, First, Middle Initial) Pacificare						Dat	e of I	Disburs	: SB21 sement			X		
	Mailing Address PO Box 3007						0	3	/ D	3 1 <sup>/</sup>	2	200	3		
	City Hillsboro	State OR	Zip Code 97123				Am	ount	of Eacl	n Disbur	semer	nt this F 519.0			
	Purpose of Disbursement Employee benefits: health insurance				00							515.	51		
	Candidate Name				ateg Typ										
	Senate President	ement For: Primary Other (spe	General				- [ME	MO	ITEM	1					
	State: District:														
s	UBTOTAL of Disbursements This Page (optional)	<u></u>				•					-	216.2	25		
Т	OTAL This Period (last page this line number only	)				►									

S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)			NE NUMBER: PAGE 12/1			
IT	EMIZED DISBURSEMENTS	for each category of the	, ,	(check only	- ´			
		Detailed Summary Page		X 21b	22 23 28a 28	25 26 29 30b		
An	y Information copied from such Reports and Statem	ents may not be sold or use	d by	any person f				
or 1	or commercial purposes, other than using the name	e and address of any politica	l con	mittee to so	licit contributions	s from such comn	nittee	
Ν	NAME OF COMMITTEE (In Full)							
/	Right to Life/Oregon PAC							
<u> </u>	Full Name (Last, First, Middle Initial)				Transastian	ID: SB21B.694	A	
Α.	Mrs. Mary C. Parsons				Date of Disbu		4	
	Mailing Address 1675 Ewald Ave SE				03 <sup>M</sup> /	<sup>D</sup> 3 1 / Y Y 2	0 Ŏ 6 Ň	
	Maining Address 1675 Ewald Ave SE							
		State Zip Code			Amount of Ea	ach Disbursemen	this Period	
		OR 97302	I				497.61	
	Purpose of Disbursement Wages			001			107.01	
	Candidate Name		C	ategory/				
				Туре	[MEMO ITE	мі		
		ment For:				]		
	Senate President	Primary General Other (specify) ▼						
	State: District:							
	Full Name (Last, First, Middle Initial)				Transaction	ID: SB21B.691	0	
В.	Select Impressions				Date of Disbu		•	
	Mailing Address 2215 Claxter Rd NE				01	<sup>D</sup> 24 / Y Y	0 0 6 <sup>×</sup>	
		State Zip Code OR 97303			Amount of Ea	ach Disbursemen	this Period	
	Purpose of Disbursement	Un 97303	_				186.50	
	Print envelopes			001		<u> </u>		
	Candidate Name			ategory/				
	Office Sought: House Disburse	ment For:		Туре				
	Senate	Primary General						
	President	Other (specify)						
	State: District:							
C.	Full Name (Last, First, Middle Initial)					ID: SB21B.694	3	
0.	Ms Bernetta Simpson				Date of Disbu		V V	
	Mailing Address 190 37th Ave SE				0 3	31 2	0 0́ 6 Ŭ	
	City	State Zip Code			Amount of F:	ach Disbursemen	this Period	
		OR 97301						
	Purpose of Disbursement			224			153.66	
	Wages Candidate Name			001 ategory/				
				Туре				
	Office Sought: House Disburse	ment For:			[MEMO ITE	мј		
	Senate President	Primary General						
	State: District:	Other (specify)						
s	JBTOTAL of Disbursements This Page (optional) .			🕨			186.50	
<b>-</b>	TAL This Deried (lost page this line number and )							
Ľ'	<b>DTAL</b> This Period (last page this line number only)			···· <b>P</b>	L			

S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)	)	FOR LINE NUMBER: PAGE 13 / 15			
ITEMIZED DISBURSEMENTS		for each category of the Detailed Summary Page		(check only X 21b	22 23	24 25 26	
An	y Information copied from such Reports and Staten	nents may not be sold or use	d by	27	28a 28t		
	for commercial purposes, other than using the nam						
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Right to Life/Oregon PAC						
Α.	Full Name (Last, First, Middle Initial) US Bank			Transaction ID: SB21B.6946Date of Disbursement $0 3 \ 3 \ 7 \ 2 \ 0 \ 0 \ 6 \ 7 \ 7 \ 2 \ 0 \ 0 \ 6 \ 7 \ 7 \ 7 \ 7 \ 7 \ 7 \ 7 \ 7 \ 7$			
	Mailing Address Center & Lancaster						
	City Salem	StateZip CodeOR97301			Amount of Ea	ch Disbursement this Period 587.33	
	Purpose of Disbursement     001       Federal payroll taxes     Category/						
	Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify) <b>V</b>		Туре	[MEMO ITEN	И]	
В.	Full Name (Last, First, Middle Initial) US Post Office			Transaction ID: SB21B.6919 Date of Disbursement			
	Mailing Address 1050 25th St SE				$ \begin{array}{c}                                     $		
	City Salem	StateZip CodeOR97301			Amount of Ea	ch Disbursement this Period 1720.96	
	Purpose of Disbursement Mail Oregon Right to Life Newsletter           Candidate Name         001				1720.30		
	Candidate Name Category/ Type						
	Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify) ▼					
	Full Name (Last, First, Middle Initial)				Transaction I	<b>D:</b> SB21B.6941	
C.	Ms Theresa Vandecoevering				Date of Disbu	rsement	
	Mailing Address 2160 Trade St SE				03 /		
	City Salem	StateZip CodeOR97301			Amount of Ea	ch Disbursement this Period 853.41	
	Purpose of Disbursement Wages 001					000.41	
	Candidate Name Category/ Type						
	Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)				, and a second	
SUBTOTAL of Disbursements This Page (optional)						1720.96	
	OTAL This Period (last page this line number only)	)		►		17978.29	
FEC	Schedule B (Form 3X) Rev. 02/2003						

SCHEDULE D (FEC Form 3X)	(Use separate	PAGE 14 / 15							
	schedule(s)	FOR LINE NUMBER:							
DEBTS AND OBLIGATIONS	for each numbered line	(check only one) 9							
			e) X 10						
NAME OF COMMITTEE (In Full) Right to Life/Oregon PAC									
A. Full Name (Last, First, Middle Initial) of Debtor or Design Point	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Design Point								
Mailing Address 1462 Commercial NE		ate							
City State Salem OR	ZIP Code 97303								
Outstanding Balance Beginning This Period		-	Fransaction ID: SD10.6948						
0.00									
Amount Incurred This Period	Payment This Period	Outsta	nding Balance at Close of This Period						
6.00	0.00		6.00						
<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Western Oregon Web Press	<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Western Oregon Web Press								
Mailing Address 439 SW Second Street									
City State Corvallis OR	ZIP Code 97333-4445								
Outstanding Balance Beginning This Period		-	Transaction ID: SD10.6949						
0.00									
Amount Incurred This Period	Payment This Period	Outsta	nding Balance at Close of This Period						
18.00	0.00		18.00						
1) SUBTOTALS This Period This Page (optional)			24.00						
2) TOTALS This Period (last page this line number only)									
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)									

## Image# 26940052868

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 expeditures 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.