

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) PO Box 25406
 Check if different than previously reported. (ACC)
Portland OR 97298

2. **FEC IDENTIFICATION NUMBER** C00153031
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 03 01 2008 through 03 31 2008

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 Dennis Morgan

Signature of Treasurer Electronically Filed by Dennis Morgan Date 06 01 2009

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
Oregon Republican Party

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		7182.41
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	8283.96									
(c) Total Receipts (from Line 19)	66753.06	233978.68								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	75037.02	241161.09								
7. Total Disbursements (from Line 31)	26260.66	192384.73								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	48776.36	48776.36								
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)	277206.82									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
Oregon Republican Party

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	2590.00	33620.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	7845.00	40572.60
(iii) TOTAL (add Lines 11(a)(i) and (ii)	10435.00	74192.60
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	1000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	10435.00	75192.60
12. Transfers From Affiliated/Other Party Committees	52178.06	72224.58
13. All Loans Received	0.00	40000.00
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	17189.91
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)	4140.00	29371.59
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	4140.00	29371.59
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	66753.06	233978.68
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	62613.06	204607.09

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.....	1030.32	25265.19
(ii) Non-Federal Share.....	1831.66	44915.82
(b) Other Federal Operating Expenditures.....	7580.07	14467.58
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	10442.05	84648.59
22. Transfers to Affiliated/Other Party Committees.....	0.00	10287.72
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	15818.61	97448.42
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	15818.61	97448.42
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	26260.66	192384.73
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	24429.00	147468.91

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	10435.00	75192.60
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10435.00	75192.60
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	8610.39	39732.77
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	17189.91
38. Net Operating Expenditures (subtract Line 37 from Line 36)	8610.39	22542.86

Form/Schedule : **F3XA**

Transaction ID :

Memo: Line 12 includes a transfer from the Gordon Smith Victory Committee in the amount of \$10,700 - \$5,900 is included as an itemized memo entry - all additional memo donors have been previously itemized.

SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

Transaction ID: SL1

NAME OF COMMITTEE (In Full) Oregon Republican Party
NAME OF ACCOUNT KEY LEVIN

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
a. Itemized..... (Use Schedule L-A)	0.00	0.00
b. Unitemized.....	0.00	0.00
c. Total.....	0.00	0.00
2. OTHER RECEIPTS.....	0.00	3636.50
3. TOTAL RECEIPTS..... (Add Lines 1c and 2)	0.00	3636.50
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
a. Voter Registration.....	0.00	0.00
b. Voter ID.....	0.00	0.00
c. GOTV.....	0.00	0.00
d. Generic Campaign.....	0.00	0.00
e. Total.....	0.00	0.00
5. OTHER DISBURSEMENTS.....	0.00	3636.50
6. TOTAL DISBURSEMENTS..... (Add Lines 4e and 5)	0.00	3636.50
7. BEGINNING CASH ON HAND..... (for Column B, use cash as of January 1st)	3636.50	3636.50
8. RECEIPTS..... (from Line 3)	0.00	3636.50
9. SUBTOTAL..... (Add Lines 7 and 8)	3636.50	7273.00
10. DISBURSEMENTS..... (From Line 6)	0.00	3636.50
11. ENDING CASH ON HAND..... (Subtract Line 10 From Line 9)	3636.50	3636.50

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Oregon Republican Party

A.	Full Name (Last, First, Middle Initial) Michael Baird	Date of Receipt MM / DD / YYYY 03 / 03 / 2008
	Mailing Address 2825 NE Brazee St	Transaction ID: 90219.C94751
	City Portland State OR Zip Code 97212-4951	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 250.00	

B.	Full Name (Last, First, Middle Initial) Morris Bergman	Date of Receipt MM / DD / YYYY 03 / 04 / 2008
	Mailing Address 324 Woodbridge Ct SE	Transaction ID: 90219.C94766
	City Salem State OR Zip Code 97302-3860	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 340.00	

C.	Full Name (Last, First, Middle Initial) Margaret Bernheim	Date of Receipt MM / DD / YYYY 03 / 05 / 2008
	Mailing Address PO Box 6928	Transaction ID: 90219.C94798
	City Bend State OR Zip Code 97708-6928	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Homemaker Occupation Homemaker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional)	540.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Oregon Republican Party

A.	Full Name (Last, First, Middle Initial) Don Haslett	Date of Receipt MM / DD / YYYY 03 / 25 / 2008
	Mailing Address 1315 Pear Tree Ln	Transaction ID: 90219.C94930
	City State Zip Code Medford OR 97504-4504	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Retired Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Robert Neighbor	Date of Receipt MM / DD / YYYY 03 / 07 / 2008
	Mailing Address 2130 SW Jefferson St Ste 315	Transaction ID: 90219.C94823
	City State Zip Code Portland OR 97201-7711	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation RW Neighbor and Co. Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

C.	Full Name (Last, First, Middle Initial) Marylin Shannon	Date of Receipt MM / DD / YYYY 03 / 21 / 2008
	Mailing Address 7955 Portland Rd NE	Transaction ID: 90219.C94907
	City State Zip Code Brooks OR 97305-9401	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Retired Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

SUBTOTAL of Receipts This Page (optional)	▶	1050.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 47
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Oregon Republican Party

A.

Full Name (Last, First, Middle Initial)
Richard Withnell

Mailing Address 2650 Commercial St SE
PO Box 3080

City State Zip Code
Salem OR 97302-4451

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Whitnell Dodge Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 0 3 / 2 0 0 8

Transaction ID: 90219.C94754

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	2590.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 47
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Oregon Republican Party

A.

Full Name (Last, First, Middle Initial)
Gordon Smith Victory Committee

Mailing Address 228 S Washington St Ste 115

City State Zip Code
Alexandria VA 22314-5404

FEC ID number of contributing federal political committee. **C** C00441287

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25771.52

Date of Receipt
MM / DD / YYYY
03 / 10 / 2008

Transaction ID: 90219.C94825

Amount of Each Receipt this Period
5725.00

Transfers From Affil./Auth.

B.

Full Name (Last, First, Middle Initial)
Rod Wendt

Mailing Address 2120 Fairmount Street

City State Zip Code
Klamath Falls OR 97601-1536

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

Name of Employer Occupation
JELD-WEN, Inc. President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2008

Transaction ID: 90219.C94985

Amount of Each Receipt this Period
10000.00

Transfer Memo
[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Allyn Ford

Mailing Address PO Box 1088

City State Zip Code
Roseburg OR 97470-0252

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

Name of Employer Occupation
Roseburg Forest Products Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4500.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2008

Transaction ID: 90219.C94984

Amount of Each Receipt this Period
2600.00

Transfer Memo
[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) ► **5725.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 47
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Oregon Republican Party

A. Full Name (Last, First, Middle Initial)
Frank Dulcich
 Mailing Address 5555 E Evergreen Blvd #316
 City State Zip Code
 Vancouver WA 98661-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Seafood Co. CEO
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
 10000.00
 Date of Receipt: 03 / 10 / 2008
Transaction ID: 90219.C94989
 Amount of Each Receipt this Period: 400.00
 Transfer Memo
[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Dulcich Development LLC
 Mailing Address PO Box 97
 City State Zip Code
 Clackamas OR 97015-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Dulcich Development LLC Partnership
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
 10000.00
 Date of Receipt: 03 / 10 / 2008
Transaction ID: 90219.C94988
 Amount of Each Receipt this Period: 400.00
 Transfer Memo
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Gordon Smith Victory Committee
 Mailing Address 228 S Washington St Ste 115
 City State Zip Code
 Alexandria VA 22314-5404
 FEC ID number of contributing federal political committee. **C** C00441287
 Name of Employer Occupation
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
 32171.52
 Date of Receipt: 03 / 14 / 2008
Transaction ID: 90219.C94879
 Amount of Each Receipt this Period: 6400.00
 Transfers From Affil./Aut-h.

SUBTOTAL of Receipts This Page (optional) ▶ **6400.00**
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 47

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Oregon Republican Party

A.

Full Name (Last, First, Middle Initial)
Carol Wendt

Mailing Address 2120 Fairmount Street

City State Zip Code
Klamath Falls OR 97601-

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

Name of Employer Self Occupation Homemaker

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 10000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	0	8

Transaction ID: 90219.C94986

Amount of Each Receipt this Period

10000.00

Transfer Memo

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Gordon Smith Victory Committee

Mailing Address 228 S Washington St Ste 115

City State Zip Code
Alexandria VA 22314-5404

FEC ID number of contributing federal political committee. **C** C00441287

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 42871.52

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	0	8

Transaction ID: 90219.C94946

Amount of Each Receipt this Period

10700.00

Transfers From Affil./Auth.

C.

Full Name (Last, First, Middle Initial)
Karl R. Miller

Mailing Address 25117 SW Parkway, Ste. F

City State Zip Code
Wilsonville OR 97070-

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

Name of Employer Avamere Health Corp. Occupation CEO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5900.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	0	8

Transaction ID: 90219.C94987

Amount of Each Receipt this Period

5900.00

Transfer Memo

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) ▶

10700.00

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

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

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

FOR LINE NUMBER: PAGE 14 / 47
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Oregon Republican Party

A. Full Name (Last, First, Middle Initial)
The Special Teams Committee
Mailing Address PO Box 75103
City Washington State DC Zip Code 20013-
FEC ID number of contributing federal political committee. **C** C00440883
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 29353.06
Date of Receipt 03 / 24 / 2008
Transaction ID: 90527.C103144
Amount of Each Receipt this Period 29353.06
Transfers From Affil./Auth.

B. Full Name (Last, First, Middle Initial)
Senate Majority Fund
Mailing Address PO Box 85016
City Phoenix State AZ Zip Code 85064-
FEC ID number of contributing federal political committee. **C** C00368431
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00
Date of Receipt 03 / 24 / 2008
Transaction ID: 90219.C94979
Amount of Each Receipt this Period 3125.00
Transfer Memo
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Senate Majority Fund
Mailing Address PO Box 85016
City Phoenix State AZ Zip Code 85064-
FEC ID number of contributing federal political committee. **C** C00368431
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00
Date of Receipt 03 / 24 / 2008
Transaction ID: 90219.C94975
Amount of Each Receipt this Period 1875.00
Transfer Memo
[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) ► 29353.06
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 47
 (check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Oregon Republican Party

A. Full Name (Last, First, Middle Initial)
Bluegrass Committee

Mailing Address 400 N. Capitol Street NW, Suite 58

City Washington State DC Zip Code 20001-

FEC ID number of contributing federal political committee. **C** C00235655

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 03 / 24 / 2008
Transaction ID: 90219.C94978
 Amount of Each Receipt this Period: 5000.00
 Transfer Memo
[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Tenn PAC

Mailing Address 1130 8th Avenue South

City Nashville State TN Zip Code 37203-

FEC ID number of contributing federal political committee. **C** C00388421

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3125.00

Date of Receipt: 03 / 24 / 2008
Transaction ID: 90219.C94981
 Amount of Each Receipt this Period: 625.00
 Transfer Memo
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
BattleBorn PAC

Mailing Address PO Box 40118

City Washington State DC Zip Code 20016-

FEC ID number of contributing federal political committee. **C** C00364596

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 03 / 24 / 2008
Transaction ID: 90219.C94974
 Amount of Each Receipt this Period: 5000.00
 Transfer Memo
[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) ► 0.00

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

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

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

FOR LINE NUMBER: PAGE 16 / 47
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Oregon Republican Party

A. Full Name (Last, First, Middle Initial)
KPAC

Mailing Address PO Box 820365

City State Zip Code
Dallas TX 75382-

FEC ID number of contributing federal political committee. **C** C0036551

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 3 / 2 4 / 2 0 0 8

Transaction ID: 90219.C94977

Amount of Each Receipt this Period
5000.00

Transfer Memo
[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Senate Victory Fund PAC

Mailing Address PO Box 7274

City State Zip Code
Tupelo MS 38802-

FEC ID number of contributing federal political committee. **C** C00202861

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 3 / 2 4 / 2 0 0 8

Transaction ID: 90219.C94980

Amount of Each Receipt this Period
5000.00

Transfer Memo
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Tenn PAC

Mailing Address 1130 8th Avenue South

City State Zip Code
Nashville TN 37203-

FEC ID number of contributing federal political committee. **C** C00388421

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3125.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 3 / 2 4 / 2 0 0 8

Transaction ID: 90219.C94982

Amount of Each Receipt this Period
2500.00

Transfer Memo
[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) ► 0.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 47
(check only one)

11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
Oregon Republican Party

A. Full Name (Last, First, Middle Initial)
Daniel Webster PAC

Mailing Address PO Box 519

City Rye State NH Zip Code 03870-

FEC ID number of contributing federal political committee. **C** C00387134

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 2 4 / 2 0 0 8

Transaction ID: 90219.C94976

Amount of Each Receipt this Period
1250.00

Transfer Memo
[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)	▶	0.00
TOTAL This Period (last page this line number only)	▶	52178.06

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)
Oregon Republican Party

A.	Full Name (Last, First, Middle Initial) Key Bank	Transaction ID: 90219.E13678 Date of Disbursement																			
	Mailing Address PO Box 22114	<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>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	8												
	City Albany State NY Zip Code 12201-	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Bank Fees	<table border="1"><tr><td>95.75</td></tr></table>	95.75																		
95.75																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		BANK FEES																			

B.	Full Name (Last, First, Middle Initial) Key Bank	Transaction ID: 90219.E13671 Date of Disbursement																			
	Mailing Address PO Box 22114	<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>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	8												
	City Albany State NY Zip Code 12201-	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Bank Fees	<table border="1"><tr><td>106.04</td></tr></table>	106.04																		
106.04																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		BANK FEES																			

C.	Full Name (Last, First, Middle Initial) Brienne Hyder	Transaction ID: 90219.E13536 Date of Disbursement																			
	Mailing Address 7068 SW Valenta Ct	<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>3</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	6		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	6		2	0	0	8												
	City Portland State OR Zip Code 97223-2260	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Travel	<table border="1"><tr><td>418.76</td></tr></table>	418.76																		
418.76																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		TRAVEL																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>620.55</td></tr></table>	620.55
620.55		
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)
Oregon Republican Party

A.	Full Name (Last, First, Middle Initial) Brienne Hyder	Transaction ID: 90219.E13532
	Mailing Address 7068 SW Valenta Ct	Date of Disbursement MM / DD / YYYY 03 / 06 / 2008
	City Portland State OR Zip Code 97223-2260	Amount of Each Disbursement this Period 189.80
	Purpose of Disbursement Travel	TRAVEL
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Key Merchants	Transaction ID: 90219.E13672
	Mailing Address 7300 Chapman Highway	Date of Disbursement MM / DD / YYYY 03 / 03 / 2008
	City Knoxville State TN Zip Code 37920-	Amount of Each Disbursement this Period 159.83
	Purpose of Disbursement Credit card fee	CREDIT CARD FEE
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Key Merchants	Transaction ID: 90219.E13673
	Mailing Address 7300 Chapman Highway	Date of Disbursement MM / DD / YYYY 03 / 31 / 2008
	City Knoxville State TN Zip Code 37920-	Amount of Each Disbursement this Period 47.40
	Purpose of Disbursement Credit card fee	CREDIT CARD FEE
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	397.03
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)
Oregon Republican Party

A. Full Name (Last, First, Middle Initial) West Meridian LLC Mailing Address 914 164th St SE # 343 City Bothell State WA Zip Code 98012-6385 Purpose of Disbursement Printing Candidate Name GORDON HAROLD SMITH Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 00 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90219.E13679 Date of Disbursement 03 / 11 / 2008
	Amount of Each Disbursement this Period 5725.00 PRINTING
B. Full Name (Last, First, Middle Initial) West Meridian LLC Mailing Address 914 164th St SE # 343 City Bothell State WA Zip Code 98012-6385 Purpose of Disbursement Printing Candidate Name GORDON HAROLD SMITH Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 00 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90219.E13680 Date of Disbursement 03 / 27 / 2008
	Amount of Each Disbursement this Period 827.14 PRINTING

SUBTOTAL of Disbursements This Page (optional) ▶

6552.14

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

7569.72

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

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NAME OF COMMITTEE (In Full)
Oregon Republican Party

A.	Full Name (Last, First, Middle Initial) Brianne Hyder <hr/> Mailing Address 7068 SW Valenta Ct <hr/> City Portland State OR Zip Code 97223-2260 <hr/> Purpose of Disbursement FEA Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90219.E13606 Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2008 <hr/> Amount of Each Disbursement this Period 1870.93 <hr/> FEA PAYROLL
B.	Full Name (Last, First, Middle Initial) Brianne Hyder <hr/> Mailing Address 7068 SW Valenta Ct <hr/> City Portland State OR Zip Code 97223-2260 <hr/> Purpose of Disbursement FEA Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90219.E13681 Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2008 <hr/> Amount of Each Disbursement this Period 1870.93 <hr/> FEA PAYROLL
C.	Full Name (Last, First, Middle Initial) Internal Revenue Svc-Payroll Tax Dept. <hr/> Mailing Address c/o Key Bank 1500 Edgewater St NW <hr/> City Salem State OR Zip Code 97304- <hr/> Purpose of Disbursement FEA Payroll Taxes Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90219.E13686 Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2008 <hr/> Amount of Each Disbursement this Period 16.84 <hr/> FEA PAYROLL TAXES

SUBTOTAL of Disbursements This Page (optional)	3758.70
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 / 47

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

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NAME OF COMMITTEE (In Full)
Oregon Republican Party

A. Full Name (Last, First, Middle Initial) Internal Revenue Svc-Payroll Tax Dept. Mailing Address c/o Key Bank 1500 Edgewater St NW City Salem State OR Zip Code 97304- Purpose of Disbursement FEA Payroll Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90219.E13685 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period 505.10 FEA PAYROLL TAXES
B. Full Name (Last, First, Middle Initial) Internal Revenue Svc-Payroll Tax Dept. Mailing Address c/o Key Bank 1500 Edgewater St NW City Salem State OR Zip Code 97304- Purpose of Disbursement FEA Payroll Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90219.E13687 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period 118.11 FEA PAYROLL TAXES
C. Full Name (Last, First, Middle Initial) Internal Revenue Svc-Payroll Tax Dept. Mailing Address c/o Key Bank 1500 Edgewater St NW City Salem State OR Zip Code 97304- Purpose of Disbursement FEA Payroll Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90219.E13684 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period 1339.21 FEA PAYROLL TAXES

SUBTOTAL of Disbursements This Page (optional) ▶	1962.42
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Oregon Republican Party

A.	Full Name (Last, First, Middle Initial) United States Treasury <hr/> Mailing Address US Department of Treasury <hr/> City Ogden State UT Zip Code 84403- <hr/> Purpose of Disbursement FEA Payroll Taxes Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90219.E13664 Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2008 <hr/> Amount of Each Disbursement this Period 300.00 <hr/> FEA PAYROLL TAXES
B.	Full Name (Last, First, Middle Initial) Amy Langdon <hr/> Mailing Address 2830 Foxhaven Dr SE <hr/> City Salem State OR Zip Code 97306-2526 <hr/> Purpose of Disbursement FEA Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90219.E13660 Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2008 <hr/> Amount of Each Disbursement this Period 2100.62 <hr/> FEA PAYROLL
C.	Full Name (Last, First, Middle Initial) Oregon Department of Revenue <hr/> Mailing Address P.O. Box 14800 <hr/> City Salem State OR Zip Code 97309-0920 <hr/> Purpose of Disbursement FEA Payroll Taxes Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90219.E14728 Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2008 <hr/> Amount of Each Disbursement this Period 701.76 <hr/> FEA PAYROLL TAXES

SUBTOTAL of Disbursements This Page (optional) ▶

3102.38

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 24 / 47

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

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NAME OF COMMITTEE (In Full)
Oregon Republican Party

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Andrew Over</p> <p>Mailing Address 1485 SW 134th Ave</p> <p>City Beaverton State OR Zip Code 97005-0986</p> <p>Purpose of Disbursement FEA Payroll</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: 90219.E14760</p> <p>Date of Disbursement 03 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 2378.11</p> <p>FEA PAYROLL</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Belinda Smith</p> <p>Mailing Address 687 SW Concord Way</p> <p>City Beaverton State OR Zip Code 97006-</p> <p>Purpose of Disbursement FEA Payroll</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: 90219.E13656</p> <p>Date of Disbursement 03 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 672.69</p> <p>FEA PAYROLL</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Belinda Smith</p> <p>Mailing Address 687 SW Concord Way</p> <p>City Beaverton State OR Zip Code 97006-</p> <p>Purpose of Disbursement FEA Payroll</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: 90219.E13657</p> <p>Date of Disbursement 03 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 624.44</p> <p>FEA PAYROLL</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>3675.24</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Oregon Republican Party

A.	Full Name (Last, First, Middle Initial) Smith Barney Investments Mailing Address 121 SW Morrison St Ste 1600 City Portland State OR Zip Code 97204-3146 Purpose of Disbursement FEA IRA Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90219.E13654 Date of Disbursement 03 / 01 / 2008 Amount of Each Disbursement this Period 1032.55 FEA IRA CONTRIBUTION
B.	Full Name (Last, First, Middle Initial) Smith Barney Investments Mailing Address 121 SW Morrison St Ste 1600 City Portland State OR Zip Code 97204-3146 Purpose of Disbursement FEA IRA Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90219.E13655 Date of Disbursement 03 / 14 / 2008 Amount of Each Disbursement this Period 491.01 FEA IRA CONTRIBUTION
C.	Full Name (Last, First, Middle Initial) Janice Williamson Mailing Address 4065 Mandy Ave SE City Salem State OR Zip Code 97302-1712 Purpose of Disbursement FEA Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90219.E13658 Date of Disbursement 03 / 01 / 2008 Amount of Each Disbursement this Period 898.16 FEA PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶

2421.72

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 26 / 47

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

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

NAME OF COMMITTEE (In Full)
Oregon Republican Party

A.	Full Name (Last, First, Middle Initial) Janice Williamson		Transaction ID: 90219.E13659	
	Mailing Address 4065 Mandy Ave SE		Date of Disbursement MM / DD / YYYY 03 / 14 / 2008	
	City Salem	State OR	Zip Code 97302-1712	Amount of Each Disbursement this Period 898.15
	Purpose of Disbursement FEA Payroll		Category/ Type	FEA PAYROLL
	Candidate Name			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	State:	District:		

SUBTOTAL of Disbursements This Page (optional) ▶

898.15

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

15818.61

SCHEDULE C (FEC Form 3X)

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

FOR LINE 13 OF FORM 3X

LOANS

NAME OF COMMITTEE (In Full)
Oregon Republican Party

Transaction ID: LS90219.C93909

LOAN SOURCE Full Name (Last, First, Middle Initial)
F. Douglas Day

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 4386 Rowan Ave N

City Keizer State OR ZIP Code 97303-5824

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

TERMS

Date Incurred: MM DD YY YY 02 04 2008
 Date Due: 20091231
 Interest Rate: 8.00 % (apr)
 Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)	▶	10000.00
TOTALS This Period (last page in this line only)	▶	.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

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

FOR LINE 13 OF FORM 3X

LOANS

NAME OF COMMITTEE (In Full)
Oregon Republican Party

Transaction ID: LS90219.C93964

LOAN SOURCE Full Name (Last, First, Middle Initial)
Michael Scheel

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 3951 Croisan Creek Rd S

City Salem State OR ZIP Code 97302-9474

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

TERMS

Date Incurred: MM DD YYYY 01 31 2008
 Date Due: 20091231
 Interest Rate: 8.00 % (apr)
 Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	▶	10000.00
TOTALS This Period (last page in this line only)	▶	.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

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

FOR LINE 13 OF FORM 3X

LOANS

NAME OF COMMITTEE (In Full)
Oregon Republican Party

Transaction ID: LS90219.C93966

LOAN SOURCE Full Name (Last, First, Middle Initial)
Donald Malarkey

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 2495 E Nob Hill St SE

City Salem State OR ZIP Code 97302-3733

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

TERMS

Date Incurred: MM DD YYYY 01 30 2008
 Date Due: 20091231
 Interest Rate: 8.00 % (apr)
 Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)	▶	10000.00
TOTALS This Period (last page in this line only)	▶	.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

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

LOANS

NAME OF COMMITTEE (In Full)
Oregon Republican Party

Transaction ID: LS90219.C93965

LOAN SOURCE Full Name (Last, First, Middle Initial) Julie Scheel	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3951 Croisan Creek Rd S	
City Salem State OR ZIP Code 97302-9474	

Original Amount of Loan 10000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 10000.00
-------------------------------------	------------------------------------	---

TERMS

Date Incurred MM DD YY YY 01 31 2008	Date Due 20091231	Interest Rate 8.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="10000.00"/>
TOTALS This Period (last page in this line only)	<input style="width: 100%;" type="text" value="40000.00"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Oregon Republican Party

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Aristotle International			Nature of Debt (Purpose): Computer Support
Mailing Address 205 Pennsylvania Ave SE			
City Washington	State DC	ZIP Code 20003-1182	

Outstanding Balance Beginning This Period <input type="text" value="3900.00"/>		Transaction ID: LS90219.E16698	
Amount Incurred This Period <input type="text" value="1950.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="5850.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Amy Langdon			Nature of Debt (Purpose): Travel
Mailing Address 2830 Foxhaven Dr SE			
City Salem	State OR	ZIP Code 97306-2526	

Outstanding Balance Beginning This Period <input type="text" value="2894.40"/>		Transaction ID: LS90219.E16624	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2894.40"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor FLS Connect			Nature of Debt (Purpose): Fundraising Phone Calls OGOP
Mailing Address 7320 N Dreamy Draw Dr			
City Phoenix	State AZ	ZIP Code 85020-5212	

Outstanding Balance Beginning This Period <input type="text" value="47593.24"/>		Transaction ID: LS90219.E11768	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="47593.24"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="56337.64"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Oregon Republican Party

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Direct Mail Systems, Inc			Nature of Debt (Purpose): List rental - OR GOP
Mailing Address 12450 Automobile Boulevard			
City	State	ZIP Code	
Clearwater	FL	34622-	

Outstanding Balance Beginning This Period		Transaction ID: LS90219.E15084	
24143.77			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	24143.77	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor June Hartley			Nature of Debt (Purpose): Travel
Mailing Address PO Box 2643 3149 Shay Way			
City	State	ZIP Code	
Nyssa	OR	97913-0643	

Outstanding Balance Beginning This Period		Transaction ID: LS90219.E16664	
4654.70			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	4654.70	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Wes Lematta			Nature of Debt (Purpose): Contribution Refund
Mailing Address 800 NE Tenney Rd Ste 110			
City	State	ZIP Code	
Vancouver	WA	98685-2899	

Outstanding Balance Beginning This Period		Transaction ID: LS90219.E16256	
2500.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	2500.00	

1) SUBTOTALS This Period This Page (optional).....	▶	31298.47
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)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Oregon Republican Party

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Office Depot	Nature of Debt (Purpose): Office supplies
Mailing Address 10520 SW Cascade Ave	
City State ZIP Code Portland OR 97223-4302	

Outstanding Balance Beginning This Period 519.43	Transaction ID: LS90219.E16563	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 519.43

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor U.S. Postmaster	Nature of Debt (Purpose): Postage - OR GOP
Mailing Address Tigard or Main Branch	
City State ZIP Code Tigard OR 97223-	

Outstanding Balance Beginning This Period 175.00	Transaction ID: LS90219.E16639	
Amount Incurred This Period 725.00	Payment This Period 900.00	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Donna Woolley	Nature of Debt (Purpose): Contribution Refund
Mailing Address PO Box 43	
City State ZIP Code Drain OR 97435-0043	

Outstanding Balance Beginning This Period 6000.00	Transaction ID: LS90219.E16587	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 6000.00

1) SUBTOTALS This Period This Page (optional).....	▶	6519.43
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)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Oregon Republican Party

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Joan Austin			Nature of Debt (Purpose): Contribution Refund
Mailing Address PO Box 209			
City Newberg	State OR	ZIP Code 97132-0209	

Outstanding Balance Beginning This Period 2500.00		Transaction ID: LS90219.E15755	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2500.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Qwest			Nature of Debt (Purpose): Phone service
Mailing Address PO Box 91155			
City Seattle	State WA	ZIP Code 98111-9255	

Outstanding Balance Beginning This Period 111.94		Transaction ID: LS90219.E14880	
Amount Incurred This Period 55.50	Payment This Period 111.94	Outstanding Balance at Close of This Period 55.50	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Dell Financial			Nature of Debt (Purpose): Equipment Lease
Mailing Address PO Box 120001			
City Dallas	State TX	ZIP Code 75312-	

Outstanding Balance Beginning This Period 223.60		Transaction ID: LS90219.E13636	
Amount Incurred This Period 0.00	Payment This Period 223.60	Outstanding Balance at Close of This Period 0.00	

1) SUBTOTALS This Period This Page (optional).....	▶	2555.50
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)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Oregon Republican Party

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor South Salem Mini Storage			Nature of Debt (Purpose): Facility Rental
Mailing Address 5585 SE Commercial St			
City Salem	State OR	ZIP Code 97306-	

Outstanding Balance Beginning This Period <input type="text" value="180.00"/>		Transaction ID: LS90219.E16674	
Amount Incurred This Period <input type="text" value="90.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="270.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Certified Property			Nature of Debt (Purpose): Rent
Mailing Address PO Box 269			
City Salem	State OR	ZIP Code 97308-0269	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		Transaction ID: LS90219.E16683	
Amount Incurred This Period <input type="text" value="3329.18"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3329.18"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor LifeWise			Nature of Debt (Purpose): Insurance
Mailing Address 815 SW Bond St			
City Bend	State OR	ZIP Code 97702-	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		Transaction ID: LS90219.E16685	
Amount Incurred This Period <input type="text" value="1063.35"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1063.35"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="4662.53"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Oregon Republican Party

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Pitney Bowes Purchase Power			Nature of Debt (Purpose): Postage - OR GOP
Mailing Address PO Box 856042			
City Louisville	State KY	ZIP Code 40285-6042	

Outstanding Balance Beginning This Period 5872.26		Transaction ID: LS90219.E16675	
Amount Incurred This Period 2691.82	Payment This Period 0.00	Outstanding Balance at Close of This Period 8564.08	

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

Outstanding Balance Beginning This Period 405.38		Transaction ID: LS90219.E13635	
Amount Incurred This Period 160.56	Payment This Period 338.47	Outstanding Balance at Close of This Period 227.47	

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

Outstanding Balance Beginning This Period 67180.90		Transaction ID: LS90219.E11336	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 67180.90	

1) SUBTOTALS This Period This Page (optional).....	75972.45
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)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Oregon Republican Party

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Pacific Northwest Telco			Nature of Debt (Purpose): Phone Service
Mailing Address 10200 Greenburg Road, Suite 340			
City	State	ZIP Code	
Portland	OR	97223-	

Outstanding Balance Beginning This Period		Transaction ID: LS90219.E16666	
230.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	230.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Integra Telecom			Nature of Debt (Purpose): Phone Service
Mailing Address PO Box 34988			
City	State	ZIP Code	
Seattle	WA	98124-1988	

Outstanding Balance Beginning This Period		Transaction ID: LS90219.E16684	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
659.32	0.00	659.32	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Robert Freres			Nature of Debt (Purpose): Excess Levin Contribution Refund
Mailing Address PO Box 276			
City	State	ZIP Code	
Lyons	OR	97358-0276	

Outstanding Balance Beginning This Period		Transaction ID: LS90219.E13313	
2500.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	2500.00	

1) SUBTOTALS This Period This Page (optional).....	▶	3389.32
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)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Oregon Republican Party

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Barbs Professional Bookkeeping &Tax			Nature of Debt (Purpose): Payroll Service
Mailing Address 3295 Triangle Dr SE Ste 112			
City Salem	State OR	ZIP Code 97302-4566	

Outstanding Balance Beginning This Period 962.50		Transaction ID: LS90219.E13364	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 962.50	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Andrew Frazier			Nature of Debt (Purpose): Facility Rental - ORGOP
Mailing Address 6400 NE 30th Ave 812 SW Washington St, 3rd floor 9			
City Portland	State OR	ZIP Code 97211-6607	

Outstanding Balance Beginning This Period 774.48		Transaction ID: LS90219.E16657	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 774.48	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Discover Corporate Card			Nature of Debt (Purpose): Travel/Office Supplies/CC Fee
Mailing Address PO Box 30423			
City Salt Lake City	State UT	ZIP Code 84130-0423	

Outstanding Balance Beginning This Period 8972.38		Transaction ID: LS90219.E16299	
Amount Incurred This Period 205.56	Payment This Period 0.00	Outstanding Balance at Close of This Period 9177.94	

1) SUBTOTALS This Period This Page (optional).....	10914.92
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)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Oregon Republican Party

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor IN Compliance Inc.	Nature of Debt (Purpose): Compliance Consulting
Mailing Address PO Box 751271	
City State ZIP Code Las Vegas NV 89131-	

Outstanding Balance Beginning This Period 21381.30	Transaction ID: LS90219.E13639	
Amount Incurred This Period 0.00	Payment This Period 1000.00	Outstanding Balance at Close of This Period 20381.30

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Lynx Group Inc.	Nature of Debt (Purpose): Printing - OR GOP
Mailing Address 2746 Front St Ne	
City State ZIP Code Salem OR 97301-	

Outstanding Balance Beginning This Period 493.00	Transaction ID: LS90219.E13542	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 493.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Textron Financial	Nature of Debt (Purpose): Rent
Mailing Address 40 Westminster Street	
City State ZIP Code Providence RI 02903-	

Outstanding Balance Beginning This Period 0.00	Transaction ID: LS90219.E16686	
Amount Incurred This Period 3604.62	Payment This Period 0.00	Outstanding Balance at Close of This Period 3604.62

1) SUBTOTALS This Period This Page (optional).....	▶	24478.92
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)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Oregon Republican Party

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor D.R. Johnson Lumber Co.			Nature of Debt (Purpose): Excess Levin Contribution Refund
Mailing Address PO Box 66			
City Riddle	State OR	ZIP Code 97469-	

Outstanding Balance Beginning This Period <input type="text" value="10000.00"/>		Transaction ID: LS90219.E13314	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="10000.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor World Trade Center & Catering			Nature of Debt (Purpose): Catering/ORGOP
Mailing Address PO Box 3340			
City Portland	State OR	ZIP Code 97208-	

Outstanding Balance Beginning This Period <input type="text" value="8761.04"/>		Transaction ID: LS90219.E13548	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="8761.04"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Janice Williamson			Nature of Debt (Purpose): Office Supplies/Travel/Postage
Mailing Address 4065 Mandy Ave SE			
City Salem	State OR	ZIP Code 97302-1712	

Outstanding Balance Beginning This Period <input type="text" value="146.54"/>		Transaction ID: LS90219.E16661	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="146.54"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="18907.58"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Oregon Republican Party

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Brianne Hyder			Nature of Debt (Purpose): Phone Service
Mailing Address 7068 SW Valenta Ct			
City Portland	State OR	ZIP Code 97223-2260	

Outstanding Balance Beginning This Period <input type="text" value="189.80"/>		Transaction ID: LS90219.E13532	
Amount Incurred This Period <input type="text" value="563.82"/>	Payment This Period <input type="text" value="608.56"/>	Outstanding Balance at Close of This Period <input type="text" value="145.06"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Complete Campaigns			Nature of Debt (Purpose): Computer Support
Mailing Address 3635 Ruffin Rd Fl 3			
City San Diego	State CA	ZIP Code 92123-1880	

Outstanding Balance Beginning This Period <input type="text" value="1125.00"/>		Transaction ID: LS90219.E16682	
Amount Incurred This Period <input type="text" value="250.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1375.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Donald Malarkey			Nature of Debt (Purpose): Contribution Refund
Mailing Address 2495 E Nob Hill St SE			
City Salem	State OR	ZIP Code 97302-3733	

Outstanding Balance Beginning This Period <input type="text" value="100.00"/>		Transaction ID: LS90219.E16910	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="100.00"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="1620.06"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 42 / 47
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Oregon Republican Party

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Oregon Federation of College Republicans			Nature of Debt (Purpose): Contribution Refund
Mailing Address PO Box 808			
City Corvallis	State OR	ZIP Code 97339-0808	

Outstanding Balance Beginning This Period		Transaction ID: LS90219.E16376	
550.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	550.00	

1) SUBTOTALS This Period This Page (optional).....	550.00
2) TOTALS This Period (last page this line number only).....	237206.82
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	40000.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	277206.82

**SCHEDULE H3 (FEC Form 3X)
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
 Oregon Republican Party

NAME OF ACCOUNT OREGON NON-FED STA- TE ACCT c/o Key Ba- nk	DATE OF RECEIPT M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 8	TOTAL AMOUNT TRANSFERRED 3500.00
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BREAKDOWN OF TRANSFER RECEIVED		
i) Total Administrative		3500.00 Transaction ID: H390219.C94973
ii) Generic Voter Drive		Transaction ID:
iii) Exempt Activities		Transaction ID:
iv) Direct Fundraising (List Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising		
v) Direct Candidate Support (List of Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support		
vi) Public Communications Referring Only to Party (Made by PAC)		Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED	
TOTAL This Period (Administrative)	
TOTAL This Period (Generic Voter Drive)	
TOTAL This Period (Exempt Activities)	
TOTAL This Period (Direct Fundraising)	
TOTAL This Period (Direct Candidate Support)	
TOTAL This Period (Public Communications Referring Only to Party)	
TOTAL This Period (Total Amount Transferred)	

**SCHEDULE H3 (FEC Form 3X)
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
 Oregon Republican Party

NAME OF ACCOUNT OREGON NON-FED STA- TE ACCT c/o Key Ba- nk	DATE OF RECEIPT M M / D D / Y Y Y Y 03 / 17 / 2008	TOTAL AMOUNT TRANSFERRED 640.00
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BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative	640.00	Transaction ID: H390219.C94972
ii) Generic Voter Drive		Transaction ID:
iii) Exempt Activities		Transaction ID:
iv) Direct Fundraising (List Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising		
v) Direct Candidate Support (List of Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support		
vi) Public Communications Referring Only to Party (Made by PAC)		Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	4140.00
TOTAL This Period (Generic Voter Drive)	0.00
TOTAL This Period (Exempt Activities)	0.00
TOTAL This Period (Direct Fundraising)	0.00
TOTAL This Period (Direct Candidate Support)	0.00
TOTAL This Period (Public Communications Referring Only to Party)	0.00
TOTAL This Period (Total Amount Transferred)	4140.00

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

NAME OF COMMITTEE (In Full)
Oregon Republican Party

A. Full Name (Last, First, Middle Initial) Eagle Teleconferencing			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 207 West Washington Street			Allocated Activity or Event Year-To-Date 70177.04		
City	State	Zip Code	Category/ Type		
Rushville	IL	62681-			
Purpose of Disbursement: Phone service			Date <input type="text" value="03"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>		
Activity or Event Identifier: ADMINISTRATION B 21			Transaction ID: H490219.E13635		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
121.85		216.62		338.47

B. Full Name (Last, First, Middle Initial) Dell Financial			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 120001			Allocated Activity or Event Year-To-Date 69838.57		
City	State	Zip Code	Category/ Type		
Dallas	TX	75312-			
Purpose of Disbursement: Equipment Lease			Date <input type="text" value="03"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>		
Activity or Event Identifier: ADMINISTRATION B 21			Transaction ID: H490219.E13636		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
80.50		143.10		223.60

C. Full Name (Last, First, Middle Initial) Ricoh Customer Finance Corp.			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 310010273			Allocated Activity or Event Year-To-Date 67714.97		
City	State	Zip Code	Category/ Type		
Pasadena	CA	91110-0001			
Purpose of Disbursement: Equipment Lease			Date <input type="text" value="03"/> / <input type="text" value="17"/> / <input type="text" value="2008"/>		
Activity or Event Identifier: ADMINISTRATION B 21			Transaction ID: H490219.E13638		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
98.64		175.36		274.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
300.99		535.08		836.07

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

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

NAME OF COMMITTEE (In Full)
Oregon Republican Party

A. Full Name (Last, First, Middle Initial) IN Compliance Inc.			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address PO Box 751271			Allocated Activity or Event Year-To-Date 68714.97																						
City	State	Zip Code	Date <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>3</td><td>/</td><td>1</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> Transaction ID: H490219.E13639			M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	1	7	/	2	0	0	8
M	M	/				D	D	/	Y	Y	Y	Y													
0	3	/	1	7	/	2	0	0	8																
Las Vegas	NV	89131-																							
Purpose of Disbursement: Compliance Consulting			Category/ Type																						
Activity or Event Identifier: ADMINISTRATION B 21																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
360.00		640.00		1000.00

B. Full Name (Last, First, Middle Initial) CTS Holdings LLC			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address c/o Key Bank 1500 Edgewater St NW			Allocated Activity or Event Year-To-Date 67329.03																						
City	State	Zip Code	Date <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>3</td><td>/</td><td>0</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> Transaction ID: H490219.E13652			M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	0	7	/	2	0	0	8
M	M	/				D	D	/	Y	Y	Y	Y													
0	3	/	0	7	/	2	0	0	8																
Salem	OR	97304-																							
Purpose of Disbursement: Credit card fee			Category/ Type																						
Activity or Event Identifier: ADMINISTRATION B 21																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.60		6.40		10.00

C. Full Name (Last, First, Middle Initial) CTS Holdings LLC			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address c/o Key Bank 1500 Edgewater St NW			Allocated Activity or Event Year-To-Date 70181.01																						
City	State	Zip Code	Date <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>3</td><td>/</td><td>2</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> Transaction ID: H490219.E13653			M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	2	5	/	2	0	0	8
M	M	/				D	D	/	Y	Y	Y	Y													
0	3	/	2	5	/	2	0	0	8																
Salem	OR	97304-																							
Purpose of Disbursement: Credit card fee			Category/ Type																						
Activity or Event Identifier: ADMINISTRATION B 21																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1.43		2.54		3.97

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
365.03		648.94		1013.97

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

NAME OF COMMITTEE (In Full)
Oregon Republican Party

A. Full Name (Last, First, Middle Initial)
Qwest

Mailing Address
PO Box 91155

City	State	Zip Code
Seattle	WA	98111-9255

Purpose of Disbursement:
Phone service

Activity or Event Identifier:
ADMINISTRATION B 21

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
67440.97

Date / /
Transaction ID: H490219.E14880

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
40.30		71.64		111.94

B. Full Name (Last, First, Middle Initial)
U.S. Postmaster

Mailing Address
Tigard or Main Branch

City	State	Zip Code
Tigard	OR	97223-

Purpose of Disbursement:
Postage - OR GOP

Activity or Event Identifier:
ADMINISTRATION B 21

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
69614.97

Date / /
Transaction ID: H490219.E16672

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
324.00		576.00		900.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
364.30		647.64		1011.94

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
1030.32	1831.66	2861.98