Image# 14970744910 PAGE 1 / 33

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

								Office U	se Only	
1.	NAME OF COMMITTEE (in full)	YPE OR PE	RINT ▼		mple: If typir r the lines.	ng, type	12FE4	.M5		
F	Right to Life/Oregon PA	C								1
AD	DRESS (number and street)	4335 River	Road N							
r	Check if different									
ŀ	than previously reported. (ACC)	Salem					OR	9730	3	
2.	FEC IDENTIFICATION NUI	MBER ▼		CITY 🛦		5	STATE 🛦		ZIP COI	DE 🛦
	C C00141572		;	3. IS THIS REPORT		NEW N) OR	×	AMENDED (A)		
4.	TYPE OF REPORT (Choose One)	(b) Month	ť 📙	Feb 20 (M2)	_ ı	May 20 (M5)		Aug 20 (M8)		Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Reports:	Due (on:	Mar 20 (M3)		Jun 20 (M6)		Sep 20 (M9)		Dec 20 (M12) (Non-Election Year Only)
	A			Apr 20 (M4)		Jul 20 (M7)		Oct 20 (M10)		Jan 31 (YE)
	April 15 Quarterly Report (Q1) (c) -	 12-Day	П	Primary (12P)	Gene	eral (12G)	П	Runoff (12R)
	X July 15 Quarterly Report (Q2	.) I	PRE-Election			-			ш	,
	October 15 Quarterly Report (Q3		Report for th	ie.	Convention (120)	Spec	cial (12S)		
	January 31 Year-End Report (YE		E	lection on	M = M /	D D /	Y = Y = Y	Y	in the State of	f .
	July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 3	30-Day		General (300	à)	Rund	off (30R)		Special (30S)
	Termination Report (TER)	'	Report for th	ie:	M = M /	D = D /	Y = Y = Y	Y	in the	
	(TEH)		E	lection on					State of	f
5.	Covering Period 04	01)14	through	M M 06	30	20	14	
l c	ertify that I have examined this	Report and	d to the be	st of my kno	wledge and b	pelief it is tru	e, correct	and comple	te.	
Тур	pe or Print Name of Treasurer	Mrs. Gayle	e Atteberry							
Sig	nature of Treasurer Mrs. G	ayle Atteberry	,		[Electronically	Filed] D		09 / 09	D /	2014
NO	TE: Submission of false, erroned	ous, or incor	nplete inforr	nation mav su	bject the pers	son signing th	is Report	to the penalti	ies of 2 l	J.S.C. §437a.
	Office Office	1, 21331	,		, 2.3 pore	33				
	Use								FOR Rev. 12/20	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Right to Life/Oregon PAC 04 2014 06 30 2014 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 230717.60 January 1, 2014 (b) Cash on Hand at 136107.26 Beginning of Reporting Period..... 2925.38 700.38 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 136807.64 233642.98 6(a) and 6(c) for Column B)..... 135093.75 231929.09 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 1713.89 1713.89 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact:

> Federal Election Commission 999 E Street, NW Washington, DC 20463

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Right to Life/Oregon PAC

Report Covering the Period: From: 04 I. Receipts	01 2014 To COLUMN A	COLUMN B
	Total This Period	Calendar Year-to-Date
Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	0.00	0.00
(i) Itemized (use Schedule A)	7 7	
(ii) Unitemized	700.00	2925.00
(iii) TOTAL (add	700.00	2020.00
	700.00	2925.00
Lines 11(a)(i) and (ii)▶	700.00	2020.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines	7	
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	700.00	2925.00
Transfers From Affiliated/Other		
Party Committees	0.00	0.00
,		
All Loans Received	0.00	0.00
_	7	
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures	7	7
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.38	0.38
Refunds of Contributions Made	7 7	
to Federal Candidates and Other		
Political Committees	0.00	0.00
Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
Transfers from Non-Federal and Levin Funds	3 3	
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(7
(b) Levin Funds (from Schedule H5)	0.00	0.00
(b) Leviii i ulius (liolii schedule 115)		
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
(c) Total Hariototo (add To(a) and To(b))		0.00
Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	700.38	2925.38
Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	700.38	2925.38

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	Total This Period			
	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar Year-to-Date		
	(i) Federal Share	0.00	0.00		
	(ii) Non-Federal Share	0.00	0.00		
	(b) Other Federal Operating				
	Expenditures	83.90	15130.23		
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	83.90	15130.23		
2.	Transfers to Affiliated/Other Party				
	CommitteesContributions to	0.00	0.00		
	Federal Candidates/Committees and Other Political Committees	1000.00	2020.00		
	Independent Expenditures	134009.85	214303.86		
5.	(use Schedule E)	104000.00	21700.00		
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
6.	Loan Repayments Made	0.00	0.00		
		0.00	0.00		
8.	Loans MadeRefunds of Contributions To:	0.00	0.00		
	(a) Individuals/Persons Other Than Political Committees	0.00	475.00		
	(h) Political Party Committees	0.00	0.00		
	(b) Political Party Committees(c) Other Political Committees	, , , ,	0.00		
	(such as PACs)	0.00	0.00		
	(d) Total Contribution Refunds				
	(add Lines 28(a), (b), and (c))▶	0.00	475.00		
9.	Other Disbursements	0.00	0.00		
^	Fordered Floriday Astricts (O.H.C.O. C404 (OO))	, , , , , , , , , , , , , , , , , , , ,			
	Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated 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	0.00	0.00		
	With Federal Funds	0.00	0.00		
	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))	135093.75	231929.09		
2.	Total Federal Disbursements				
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	425002.75	224020.00		
	from Line 31)▶	135093.75	231929.09		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures			
3. Total Contributions (other than loans) (from Line 11(d), page 3)	700.00	2925.00	
4. Total Contribution Refunds (from Line 28(d))	0.00	475.00	
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	700.00	2450.00	
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	83.90	15130.23	
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.38	0.38	
3. Net Operating Expenditures (subtract Line 37 from Line 36)	83.52	15129.85	

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S	CHEDULE B (FEC Form 3X)									33			
IT	EMIZED DISBURSEMENTS	Use separate schedule(s for each category of the)	(check	k only	one)	_	٦		۰			
		Detailed Summary Page		×	21b 27	22 28a		23 28b		24 28c	25 29		26 30b
۸.	ny information copied from such Reports and Staten	nente may not be cold or u		by any					of o			ution	
	for commercial purposes, other than using the nam												
	NAME OF COMMITTEE (In Full)												
/	Right to Life/Oregon PAC												
_	Full Name (Last, First, Middle Initial)												
Α.	Columbia Bank					Date of	of Di						
	Mailing Address 4260 River Rd N					04		1	0	/ Y	2014	Y	
	City	State Zip Code				T		: ID		D04D 4	4050		
		OR 97303				iran	sact	טו non	: 5	B21B.14	4252		
	Purpose of Disbursement bank fees		Г	001		Amour	nt of	Each	Dis	bursem	ent this	Peri	od
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	Office Cought.	ant Fam		Type			-	7	_	7	5	7.45	Ш
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		Other (specify) ▼											
	State: District:												
В.	Full Name (Last, First, Middle Initial)					Doto	۲ D:	ob. wo		mŧ			
О.						Date of		Spurse			Y	V	
	Mailing Address					M = N			D	/ Y	Y = Y	- Y	
	City	State Zip Code											
	Purpose of Disbursement												
	rurpose of Disbursement					Amour	nt of	Each	Dis	bursem	ent this	Peri	od
	Candidate Name			ategor	ν/								П
	0/5			Type			-	7		7		-	Ш
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_	Full Name (Last, First, Middle Initial)					Data	۲ D.						
C.						Date of		Spurse			YY	V	
	Mailing Address					IVI — IV							
	City	State Zip Code											
	Purpose of Disbursement												
	Tarpood of Dispursonicity						nt of	Each	Dis	bursem	ent this	Peri	od
	Candidate Name	Category/ Type							П				
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		Other (energity) —											
	State: District:	Other (specify) ▼											
Г						_	-	-			_		=
s	SUBTOTAL of Disbursements This Page (optional)				•			7			5	7.45	
H											5	7.45	ヿ
I	TOTAL This Period (last page this line number only)							7		-	3	7.45	

tor each category of the purpose of Disbursement for any political committee in solicit contributions 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 in solicit contributions from such committee. NAME OF COMMITTEE (In Full) Right to Life/Oregon PAC Full Name (Last, First, Middle Initial) A. TOOTIE SMITH FOR OREGON Mailing Address 89358 CRANBERRY LANE City State Zip Code OR 97411 Purpose of Disbursement denation Candidate Name Office Sought: President State Zip Code Purpose of Disbursement Candidate Name Office Sought: President Other (specify) ▼ Date of Disbursement this Period Cardidate Name Office Sought: President Other (specify) ▼ Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Period Cardidate Name Office Sought: President Other (specify) ▼ Full Name (Last, First, Middle Initial) Cardidate Name Office Sought: President Other (specify) ▼ Full Name (Last, First, Middle Initial) Cardidate Name Office Sought: President Other (specify) ▼ Full Name (Last, First, Middle Initial) Cardidate Name Office Sought: President Other (specify) ▼ Date of Disbursement this Period Category' Type Office Sought: President Other (specify) ▼ Amount of Each Disbursement this Period Category' Type Office Sought: President Other (specify) ▼ Date of Disbursement this Period Category' Type Office Sought: President Other (specify) ▼ State Zip Code Purpose of Disbursement This Page (optional)	SCHEDULE B (FEC Form 3X)	PAGE 7 OF 33							
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for of commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Right to Life/Oregon PAC Full Name (Last, Frst, Middle Initial) A. TOOTIE SMITH FOR OREGON Mailing Address 8338 CRANBERRY LANE City State District: Full Name (Last, Frst, Middle Initial) B. Willing Address City State District: Full Name (Last, Frst, Middle Initial) B. Willing Address City State District: Full Name (Last, Frst, Middle Initial) Category' Type Office Sought: For selection Other (specify) ▼ Full Name (Last, Frst, Middle Initial) Category' Type Office Sought: Full Name (Last, Frst, Middle Initial) Category' Type Office Sought: Full Name (Last, Frst, Middle Initial) Category' Type Office Sought: Full Name (Last, Frst, Middle Initial) Category' Type Office Sought: Full Name (Last, Frst, Middle Initial) Category' Type Office Sought: Full Name (Last, Frst, Middle Initial) Category' Type Office Sought: Full Name (Last, Frst, Middle Initial) Category' Type Office Sought: Full Name (Last, Frst, Middle Initial) Category' Type Office Sought: Full Name (Last, Frst, Middle Initial) Category' Type Office Sought: Full Name (Last, Frst, Middle Initial) Category' Type Office Sought: House Disbursement For: Category' Type Office Sought: Full Name (Last, Frst, Middle Initial) Category' Type Office Sought: House Disbursement For: Category' Type Office Sought: Full Name (Last, Frst, Middle Initial) Category' Type Office Sought: Full Name (Last, Frst, Middle Initial) Category' Type Office Sought: House Disbursement For: Category' Type Office Sought: Full Name Category' Type	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	1	,					
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 Put) Right to Life/Oregon PAC Full Name (Last, First, Middle Initial) A. TOOTIE SMITH FOR OREGON Mailing Address 89358 CRANBERRY LANE City State Zip Code BANDON OR 97411 Purpose of Disbursement donation Cardgony Type Other (specify) ▼ State: District Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Period Category Type Office Sought: House Senate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Date of Disbursement Candidate Name Office Sought: House President Other (specify) ▼ Full Name (Last, First, Middle Initial) Category Type Office Sought: House Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Category Type Office Sought: House Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Category Type Office Sought: House Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Category Type Office Sought: House Primary General Other (specify) ▼ State: District Full Name (Last, First, Middle Initial) Category Type Office Sought: House Primary General Other (specify) ▼ State: District Full Name (Last, First, Middle Initial) Category Type Office Sought: House Primary General Other (specify) ▼ State: District Amount of Each Disbursement this Period Category Type Office Sought: House Primary General Other (specify) ▼ Amount of Each Disbursement this Period Category Type Office Sought: House Primary General Other (specify) ▼ Amount of Each Disbursement this Period Category Type Office Sought: House Primary General Other (specify) ▼ Amount of Each Disbursement this Period Category Type Office Sought: House Primary General Other (specify) ▼ Office Sought: House Primary General Other (specify) ▼ Office Sought: House Primary General Other (specify) ▼ Office Sought: House Primary General Other (specif									
NAME OF COMMITTEE (in Full) Right to Life/Oregon PAC Full Name (Last, First, Middle Initial) A. TOOTIE SMITH FOR OREGON Malling Address 89358 CRANBERRY LANE City State Zip Code BANDON OR 97411 Purpose of Disbursement denation Candidate Name Office Sought: House Senate Primary General Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name Category/ Type District: Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Period Category/ Type Category/ Type Category/ Type District: Full Name (Last, First, Middle Initial) Candidate Name Candidate Name Category/ Type Category/ Type Category/ Type Category/ Type District: Full Name (Last, First, Middle Initial) Candidate Name Candidate Name Category/ Type Category/ Type Category/ Type Category/ Type Amount of Each Disbursement this Period Category/ Type Catego									
Right to Life/Oregon PAC Full Name (Last, First, Middle Initial) A. TOOTIE SMITH FOR OREGON Mailing Address 89268 CRANBERRY LANE City State Zip Code OR 97411 Purpose of Disbursement donation Candidate Name City Primary General President Other (specify) ▼ Full Name (Last, First, Middle Initial) B. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Office Sought: House Disbursement For: 2014 Full Name (Last, First, Middle Initial) B. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Office Sought: House President Other (specify) ▼ Date of Disbursement this Period Category/ Type Disbursement Category/ Type Date of Disbursement this Period Category/ Type Disbursement Disbursement Type Disbursement Disbursement Disbursement Type Disbursement Disbursement Disbursement Type Disbursement Disburseme	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	e and address of any politica	committee to	solicit contributions	s from such committee.				
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BANDON Purpose of Disbursement donation Candidate Name Office Sought: House Senate President State: Disbursement For: 2014 Mailing Address City State Zip Code Purpose of Disbursement State: District: President Senate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Amount of Each Disbursement Category/ Type Date of Disbursement this Period Category/ Type Office Sought: House President Other (specify) ▼ Full Name (Last, First, Middle Initial) Candidate Name Office Sought: President Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) Category/ Type Office Sought: Amount of Each Disbursement this Period Category/ Type Office Sought: Amount of Each Disbursement this Period Category/ Type Office Sought: Amount of Each Disbursement this Period Category/ Type Office Sought: Amount of Each Disbursement this Period Category/ Type Office Sought: Amount of Each Disbursement this Period Category/ Type Office Sought: Amount of Each Disbursement this Period Category/ Type Office Sought: Amount of Each Disbursement this Period Category/ Type Office Sought: Amount of Each Disbursement this Period Category/ Type Office Sought: Amount of Each Disbursement this Period Category/ Type Office Sought: Amount of Each Disbursement this Period Category/ Type Office Sought: Amount of Each Disbursement this Period Category/ Type Office Sought: Amount of Each Disbursement this Period Category/ Type Office Sought: Amount of Each Disbursement this Period	Mailing Address 89358 CRANBERRY LANE								
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donation Candidate Name Category/ Type Office Sought:		OR 97411		Transaction 12	. 022011 1110				
Office Sought:			011	Amount of Each	Disbursement this Period				
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B. Date of Disbursement	Senate	Primary General							
Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House President State: District: Full Name (Last, First, Middle Initial) Candidate Name City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Primary General Other (specify) ▼ Senate Primary General Other (specify) ▼ Substortal of Disbursement This Page (optional)									
City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House President State: District: Full Name (Last, First, Middle Initial) Category/ Type Disbursement For: General Other (specify) ▼ Date of Disbursement Category/ Type Date of Disbursement Amount of Each Disbursement this Period Date of Disbursement Category/ Type Amount of Each Disbursement Date of Disbursement Category/ Type Office Sought: House Disbursement For: General Office Sought: House Disbursement For: General Office Sought: House Disbursement For: General Office Sought: District: Distric	,			Date of Dishures	ement				
Tity State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ Amount of Each Disbursement Category/ Type Office Sought: House Primary General Other (specify) ▼ Senate Primary General Other (specify) ▼ Substitute District: Other (specify) ▼ Substitute District: District: Substitute District: 1000.00	.								
Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General Other (specify) Purpose of Disbursement City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Date of Disbursement Category/ Type Amount of Each Disbursement this Period Amount of Each Disbursement Date of Disbursement Amount of Each Disbursement Amount of Each Disbursement Date of Disbursement Category/ Type Office Sought: House Disbursement For: Senate Primary General Office Sought: Other (specify) Type State: District: Substock Substock Disbursement This Page (optional)	Mailing Address								
Candidate Name Category/ Type	City	State Zip Code							
Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Amount of Each Disbursement this Period Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ State: District: Substock Amount of Each Disbursement this Period Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Substock Amount of Each Disbursement this Period	Purpose of Disbursement		Amount of Fook	Dishuman and this Davied					
Office Sought: House Senate Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) C: City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General Other (specify) Type Office Sought: House Office Senate Primary General Other (specify) Type Office Sought: House Senate Primary General Other (specify) Type State: District: 1000.00	Candidate Name			Amount of Each Disbursement this Period					
State: District: C. Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Candidate Name Office Sought: House Senate Primary General Other (specify) Amount of Each Disbursement this Period Category/ Type Office Sought: Senate Primary General Other (specify) Total State: Substitut: Substitut: Substitut: Substitut: Substitut: Substitut: Disbursements This Page (optional)									
State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Office Sought: House Senate Primary General President State: District: SUBTOTAL of Disbursements This Page (optional)									
State: District: Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) State: District: Substrate Initially Date of Disbursement Amount of Each Disbursement this Period Category/ Type Senate Other (specify) State: District: Substrate: District: 1000.00		,							
Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Candidate Name Category/ Type Office Sought: House Senate Primary General President State: District: Substrict: Amount of Each Disbursement this Period Category/ Type Amount of Each Disbursement this Period Category/ Type 1000.00		Other (specify)							
Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President State: District: Substoctal of Disbursements This Page (optional)	Full Name (Last, First, Middle Initial)								
City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) State: District: Substotal of Disbursements This Page (optional)	C.			Date of Disburse					
City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) State: District: Substitute State St	Mailing Address			M M / D	D / Y Y Y Y Y				
Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) State: District: Substitute 1000.00		State Zin Code							
Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) State: District: Substruct: House Senate Primary General Other (specify) 1000.00	ony c	2.p 0000							
Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) ▼ State: District: SUBTOTAL of Disbursements This Page (optional)	Purpose of Disbursement	Purpose of Disbursement							
Office Sought: House Senate Primary General Other (specify) State: District: Substitution: State Senate Primary House Senate Primary General Other (specify) State: District: 1000.00	Candidate Name	I	Category/						
State: District: Other (specify) SUBTOTAL of Disbursements This Page (optional)	Office Sought: House Disbursen	nent For:	.,,,,,						
State: District: SUBTOTAL of Disbursements This Page (optional)									
SUBTOTAL of Disbursements This Page (optional)		Other (specify) ▼							
CODITIONAL OF DISBURSCHICHES THIS Fage (optional)	State. DISTICT.								
	SUBTOTAL of Disbursements This Page (optional)				1000.00				
					1000.00				

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TE	EMIZED INDEPENDENT EXPENDITURES				PAGE 8 OF 33 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
۲	Right to Life/Oregon PAC				C C00141572
Ch	heck if 24-hour report 48-hour report	New repo	ort Amends	report filed	i on Mam / Dab / Yayayay
	Full Name of Payee				Date of Public Distribution/Dissemination
	ALPHA BROADCASTING				04 16 / 2014
	Mailing Address 1211 SW 5TH AVE				Amount
	City	State	Zip Code		12992.00
	PORTLAND	OR	97204		Transaction ID : SE.14127 Date of Disbursement or Obligation
	Purpose of Expenditure RADIO ADS in support of jason conger		Category/ Type	004	04 / 10 / 2014
	Name of Federal Candidate		Suppor	rt Offic	e Sought: House District:
	JASON CONGER		Oppos		President State: OR
	Calendar Year-To-Date Per Election for Office Sought		105116.39	Disbi 2014	ursement For:
	Full Name of Payee Mrs. Gayle Atteberry				Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 87366 Dukhobar Rd				Amount
	City	State	Zip Code		10986.00
	Eugene	OR	97402		Transaction ID : SE.14114 Date of Disbursement or Obligation
	Purpose of Expenditure radio ads		Category/ Type	004	04 / 01 / 2014
	Name of Federal Candidate		X Suppo	ort Offic	e Sought: House District:
	JASON CONGER		Oppos	se	President State: OR
	Calendar Year-To-Date Per Election for Office Sought		91254.66	Disb 2014	ursement For:
	(a) SUBTOTAL of Itemized Independent Expenditure	əs		······	23978.00
	(b) SUBTOTAL of Unitemized Independent Expendit	tures		······ >	
	(c) TOTAL Independent Expenditures			······ >	
	Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
	Mrs. Gayle Atteberry	[Electron	nically Filed]	Date C	09 09 2014
	Signature		_ '	Date	

1mage# 14970744918 PAGE 9 / 33

: 97 A = G7 9 @ G5 B9 CI G'H9 LH F9 @ 5 H98 'HC '5 F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H= C B

Form/Schedule: SE

Transaction ID : SE.14114

March 28, 2014 paid by personal credit card \$3744 to Bi-Coastal Rogue Valley, 3624 Avion Drive, Medford, OR 97504. March 28, 2014 paid by credit card \$4320.00 to Hope 1079, 3545 Santiam HWY, Albany, OR 97322. March 28, 2014 paid by credit card \$2922 to KWIL, 3545 Santiam HWY, Albany, OR 97322 All ads were in

support of Jason Conger.

Total reimbursement to Gayle Atteberry by check #1501 4/1/14 \$10,986.00

Form/Schedule: Transaction ID:

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES					PAGE 10 FOR LINE 2	OF 33 4 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC I	DENTIFICATION	ON NUMBER ▼
Right to Life/Oregon PAC				C	C00141572	
Check if 24-hour report 48-hour report	New repo	ort Amends rep	ort filed o	on Man		Y = Y = Y = Y
Full Name of Payee				Date of Publ	ic Distribution/l	Dissemination
Mrs. Gayle Atteberry				M M M 04	/ D D /	2014
Mailing Address 87366 Dukhobar Rd				Amount		
City	State	Zip Code		· · · · ·		1344.00
Eugene	OR	97402			D : SE.14260	
Purpose of Expenditure RADIO ADS		Category/ Type 004	_	Date of DISD	oursement or C	2014
Name of Federal Candidate		Support	Office	Sought:	House I	District:
JASON CONGER		Oppose			X Senate	State: OR
Calendar Year-To-Date Per Election for Office Sought		191608.67	Disburs 2014	sement For:	Primary pecify) ▶	General
Full Name of Payee					lic Distribution/	Dissemination
Bicoastal Media				M M M O4	/ 01 /	2014
Mailing Address 1500 Valley River Drive, Suite 350				لننا	0.	2017
				Amount		
City	State	Zip Code				3744.00
Eugene	OR	97401	1		D: SE.14299 oursement or C	Obligation
Purpose of Expenditure RADIO ADS IN SUPPORT OF JASON CONGER		Category/ Type 004		03	28	2014
Name of Federal Candidate		X Support	Office	Sought:	House	District:
JASON CONGER		Oppose		President	X Senate	State: OR
Calendar Year-To-Date		58359.66	Disbur 2014	sement For:	Primary	General
Per Election for Office Sought	7 7			Other (s	specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	S		··· •			1344.00
(b) SUBTOTAL of Unitemized Independent Expenditu	ures		▶	· · · ·		
			,			
(c) TOTAL Independent Expenditures			··· >		7	
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	te or authorized					
Mrs. Gayle Atteberry	[Flectron	nically Filed]	M	M / D D) / Y Y	
Signature		Dat	te 09	09	2014	4

1mage# 14970744920 PAGE 11 / 33

: 97 A = G7 9 @ G5 B9 CI G'H9 LH F9 @ 5 H98 'HC '5 F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H= C B

Form/Schedule: SE

Transaction ID : SE.14260

March 18, 2014 paid by personal credit card \$1344.00 to Combined Communications, PO Box 5037, Bend, OR 97708

for radio ads in support of Jason Conger. Reimbursed to Gayle Atteberry on 4/6/14 \$1344.00

Form/Schedule: Transaction ID:

lm	age# 14970744921						
	CHEDULE E (FEC Form 3) EMIZED INDEPENDENT EXPEND					PAGE 12	OF 33 24 OF FORM 3X
ΝA	AME OF COMMITTEE (In Full)				FEC	IDENTIFICATI	ON NUMBER ▼
R	Right to Life/Oregon PAC				С	C00141572	
Ch	eck if 24-hour report 48-hour r	report New report	ort Amends repo	ort filed	I on	/ D T D /	Y Y Y Y Y
	Full Name of Payee				Date of Pub	lic Distribution	/Dissemination
	Bicoastal Media				M M M 04	/ 16 /	2014
	Mailing Address 1500 Valley River Drive	, Suite 350			Amount	10	2014
	City	State	Zip Code				2700.00
	Eugene	OR	97401		Transaction	ID : SE.14132	2.00.00
	Purpose of Expenditure					oursement or	Obligation
	RADIO ADS in support of jason conger		Category/ Type 004		04	10	2014
	Name of Federal Candidate		X Support	Office	e Sought:	House	District:
	JASON CONGER		Oppose		President	X Senate	State: OR
	Calendar Year-To-Date Per Election for Office Sought		112760.39	Disbu 2014		Primary	y General
	Full Name of Payee						n/Dissemination
	Clear Channel				04	/ 28	2014
	Mailing Address 1333 SW 68th Parkway				Amount		
	City	State	Zip Code				5400.00
	Tigard	OR	97223			ID : SE.14181	Obligation
	Purpose of Expenditure		Catagory/	_		bursement or	Obligation
	radio ads in support of jason conger		Category/ Type 004		04	22	2014
	Name of Federal Candidate		X Support	Office	e Sought:	House	District:
	JASON CONGER		Oppose		President	X Senate	State: OR
	Calendar Year-To-Date Per Election for Office Sought		131213.39	Disbi 2014		Primar	y General
				1			
	(a) SUBTOTAL of Itemized Independent E	Expenditures		▶	-	7	8100.00
	(b) SUBTOTAL of Unitemized Independen	nt Expenditures		·· •			
	(c) TOTAL Independent Expenditures						

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mrs. Gayle Atteberry	[Electronically Filed]	Date	09	/ 09	/	2014
Signature						

SCHEDULE E (FEC Form 3X)						
TEMIZED INDEPENDENT EXPENDITURES					PAGE 13 FOR LINE 2	OF 33 4 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC II		ON NUMBER ▼
Right to Life/Oregon PAC				С	C00141572	
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M = M	/ D D /	Y Y Y Y
Full Name of Payee			Date	of Publi	c Distribution/	Dissemination
COMBINED COMMUNICATIONS [MEMO ITEM] Mailing Address PO BOX 5007			[04	16	2014
PO BOX 5037			Amo	unt		
City	State	Zip Code				1344.00
BEND	OR	97708			D: SE.14297 ursement or C	Obligation
Purpose of Expenditure RADIO ADS IN SUPPORT OF JASON CONGER		Category/ Type 004		03	23	2014
Name of Federal Candidate		Support	Office Soug	jht:	House	District:
JASON CONGER		Oppose	Presi	dent	X Senate	State: OR
Calendar Year-To-Date Per Election for Office Sought	, , ,	4298.76	Disburseme	ent For: Other (sp	Primary	General
Full Name of Payee			Date	of Publi	c Distribution/	Dissemination
COMBINED COMMUNICATIONS				M M M	/ D D /	2014
Mailing Address PO BOX 5037			Amo			
City	State	Zip Code	-			1344.00
BEND	OR	97708			D: SE.14129 ursement or C	Obligation
Purpose of Expenditure RADIO ADS in support of jason conger		Category/ Type 004		04	10	2014
Name of Federal Candidate		Support	Office Soug	ght:	House	District:
JASON CONGER		Oppose	Presi	dent	X Senate	State: OR
Calendar Year-To-Date Per Election for Office Sought	7	106460.39	Disburseme 2014	ent For: Other (sp	Primary	General
(a) SUBTOTAL of Itemized Independent Expenditure	9S				7	1344.00
(b) SUBTOTAL of Unitemized Independent Expendit	ures					
(c) TOTAL Independent Expenditures			•	-		
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized	•				·

Mrs. Gayle Atteberry [Electronically Filed] 09 09 2014 Date Signature

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Mrs. Gayle Atteberry

Signature

NAME OF COMMITTEE (In Full)	PAGE 14 OF 33 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Fill)	OH LINE 24 OF FORMULAX
· / / FEC IDE	NTIFICATION NUMBER ▼
Right to Life/Oregon PAC	
C co	00141572
Check if 24-hour report 48-hour report New report Amends report filed on	D = D / Y = Y = Y = Y
Full Name of Payee DAVE & DAVE INCORPORATED	Distribution/Dissemination
DAVE & DAVE INCORPORATED 04	10 / Y Y Y Y Y Y Y
Mailing Address 4421 LANKERSHIM BLVD Amount	
	200 70
City State Zip Code TOLUCA LAKE CA 91602 Transaction ID :	869.73
Date of Disburse	sement or Obligation
Purpose of Expenditure RADIO AD in support of jason conger Category/ Type 004 04	09 / 2014
Name of Federal Candidate Support Office Sought:	House District:
JASON CONGER Oppose President	Senate State: OR
Calendar Year-To-Date Per Election for Office Sought Disbursement For: 2014 Other (spec	Primary General
	Distribution/Dissemination
Eagle Mailing Service	23 / 2014
Mailing Address 4907 Indian School Rd NE Amount	
City State Zip Code	27.08
Salem OK 97305 Transaction ID:	SE.14230 sement or Obligation
Purpose of Expenditure Category/ Category/ Odd	D D / Y Y Y Y
туре	25 2014
	House District:03
JAMES LAURENCE BUCHAL Oppose President	Senate State: OR
142.20 2014	Y Primary General
Per Election for Office Sought 142.29 Other (spec	cify) •
(a) SUBTOTAL of Itemized Independent Expenditures	896.81
(b) SUBTOTAL of Unitemized Independent Expenditures	
	4 4
(c) TOTAL Independent Expenditures	7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reportion party committee) any political party committee or its agent.	

[Electronically Filed]

09

Date

09

Signature

S

	CHEDULE E (FEC Form 3X)		
П	EMIZED INDEPENDENT EXPENDITURES		PAGE 15 OF 33 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
F	Right to Life/Oregon PAC		C C00141572
Cł	neck if 24-hour report 48-hour report New repo	ort Amends repo	rt filed on
	Full Name of Payee Eagle Mailing Service		Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 4907 Indian School Rd NE		04 23 2014 Amount
	City State	Zip Code	243.69
	Salem OK	97305	Transaction ID : SE.14231 Date of Disbursement or Obligation
	Purpose of Expenditure voter guide in support of jason conger	Category/ Type 004	04 / 25 / Y Y Y Y Y Y Y
	Name of Federal Candidate	X Support	Office Sought: House District:
	JASON CONGER	Oppose	President Senate State: OR
	Calendar Year-To-Date Per Election for Office Sought	190048.12	Disbursement For:
	Full Name of Payee Eagle Mailing Service		Date of Public Distribution/Dissemination
	Mailing Address 4907 Indian School Rd NE		04 23 2014 Amount
	City State	Zip Code	27.08
	Salem OK	97305	Transaction ID : SE.14232 Date of Disbursement or Obligation
	Purpose of Expenditure voter guide in support of dennis linthicum	Category/ Type 004	04 / 25 / 2014
	Name of Federal Candidate	Support	Office Sought: X House District: 02
	DENNIS BRADLEY LINTHICUM	Oppose	President Senate State: OR
	Calendar Year-To-Date Per Election for Office Sought	27.08	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶ 2014
	(a) SUBTOTAL of Itemized Independent Expenditures		270.77
	(b) SUBTOTAL of Unitemized Independent Expenditures		•
	(c) TOTAL Independent Expenditures		•
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	Mrs. Gayle Atteberry		M M / D D / Y Y Y

[Electronically Filed]

09

Date

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SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES				PAGE 16 OF 33 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Right to Life/Oregon PAC				C C00141572
Check if 24-hour report 48-hour report	New repo	oort Amends repo		M = M / D = D / Y = Y = Y = Y
Full Name of Payee			Date	of Public Distribution/Dissemination
Eagle Mailing Service				04 23 2014
Mailing Address 4907 Indian School Rd NE			Amou	
City	State	Zip Code	<u> </u>	81.24
Salem	OK	97305		action ID : SE.14235 of Disbursement or Obligation
Purpose of Expenditure voter guide in support of delinda morgan		Category/ Type 004		04 25 2014
Name of Federal Candidate		Support	Office Sough	ht: X House District: 01
DELINDA MORGAN		Oppose	Presid	dent Senate State: OR
Calendar Year-To-Date Per Election for Office Sought		772.47	Disbursemer 2014	nt For: X Primary General Other (specify) ▶
Full Name of Payee Eagle Mailing Service			Date	of Public Distribution/Dissemination
			[M 04
Mailing Address 4907 Indian School Rd NE			Amo	unt
City	State	Zip Code	— Г	81.24
Salem	OK	97305		action ID : SE.14236 of Disbursement or Obligation
Purpose of Expenditure voter guide in support of art robinson		Category/ Type 004	$\exists \mid [$	04 / 25 / 2014
Name of Federal Candidate		X Support	Office Soug	ht: X House District: 04
ART ROBINSON		Oppose	Presid	dent Senate State: OR
Calendar Year-To-Date Per Election for Office Sought	, , ,	426.86	Disburseme 2014	nt For:
(a) SUBTOTAL of Itemized Independent Expenditures	s			162.48
				7 7
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		·· •	7 7 7 7
(c) TOTAL Independent Expenditures				7
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	te or authorized			
Mrs. Gayle Atteberry	[Electron	nically Filed] Date		09 / 2014
Signature		_ Date		

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

PAGE	17	OF	33	
FOR LI	NE 24	OF I	ORM 3X	

				FOR LINE	24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICAT	TION NUMBER ▼
Right to Life/Oregon PAC				C C00141572	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D	/ Y = Y = Y
Full Name of Payee Eagle Mailing Service			Date	e of Public Distributio	n/Dissemination
Mailing Address				04 / 23	2014
4907 Indian School Rd NE			Amo	ount	
City	State	Zip Code			81.24
Salem	OK	97305		saction ID : SE.1423 e of Disbursement or	
Purpose of Expenditure voter guide in support of tootie smith		Category/ Type 004		04 / 25	2014
Name of Federal Candidate		X Support	Office Sou	ght: X House	District: 05
TOOTIE SMITH		Oppose	Pres	ident Senate	State: OR
Calendar Year-To-Date Per Election for Office Sought		426.86	Disburseme 2014		ry General
5 W W ()	, , , , , , , , , , , , , , , , , , , ,			Other (specify) ►	
Full Name of Payee Eagle Mailing Service			Dat	e of Public Distribution 04 23	/ Y = Y = Y
Mailing Address 4907 Indian School Rd NE			Am	04 23 ount	2014
City	State	Zip Code	$ \Gamma$		27.08
Salem	ОК	97305		saction ID : SE.1423 e of Disbursement or	
Purpose of Expenditure voter guide in support of gregory walden		Category/ Type 004		04 / 25	2014
Name of Federal Candidate		X Support	Office Sou	ight: X House	District: 02
GREGORY P WALDEN		Oppose	Pres	sident Senate	State: OR
Calendar Year-To-Date Per Election for Office Sought	<u></u>	257.50	Disbursem 2014	ent For:	ry General
(a) SUBTOTAL of Itemized Independent Expenditure	9S		. [108.32
(b) SUBTOTAL of Unitermized Independent Expendit	ures		. •		1 1 1
(c) TOTAL Independent Expenditures			•	7 7	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized				
Mrs. Gayle Atteberry	[Electron	ically Filed] Date	, 09 N		014
Signature		_			

Signature

	CHEDULE E (FEC FORM 3X) EMIZED INDEPENDENT EXPENDITURES	•				40	27 22
1 6	MIZED INDEPENDENT EXPENDITURES	•				PAGE 18 FOR LINE	OF 33 24 OF FORM 3X
	AME OF COMMITTEE (In Full)				FEC	IDENTIFICAT	ION NUMBER ▼
R	Right to Life/Oregon PAC				С	C00141572	
Ch	heck if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	M = M	/ D = D /	Y
	Full Name of Payee Eagle Mailing Service			Date	of Pub	lic Distribution	n/Dissemination
	Mailing Address 4907 Indian School Rd NE			Amo	04 ount	23	2014
					-		210.55
	City	State	Zip Code	Trans	- stien I	D - 0E 44220	216.55
	Salem	OK	97305			D: SE.14239 oursement or	
	Purpose of Expenditure voter guide in opposition to monica wehby		Category/ Type 004		M 04	25	2014
	Name of Federal Candidate		Support	Office Soug	aht:	House	District:
	MONICA WEHBY		Oppose	Presi		X Senate	State: OR
	Calendar Year-To-Date Per Election for Office Sought	72 1 1 00	190264.67	Disburseme	ent For:	Primar Specify) ▶	
	Full Name of Payee Eagle Mailing Service Mailing Address 4907 Indian School Rd NE				e of Pub		n/Dissemination 2014
							24.04
	City Salem	State OK	Zip Code 97305	Trans	action	ID : SE.14240	81.24
						oursement or	
	Purpose of Expenditure voter guide in support of william yates		Category/ Type 004	$\Box \mid \cdot \mid$	04	25	2014
	Name of Federal Candidate		X Support	Office Sou	ght:	X House	District:01
	WILLIAM JASON YATES		Oppose	Presi	dent	Senate	State: OR
	Calendar Year-To-Date Per Election for Office Sought	7 7	853.71	Disburseme 2014		Primar	g General
	(a) SUBTOTAL of Itemized Independent Expenditure	es		· [1 1 7	297.79
	(b) SUBTOTAL of Unitemized Independent Expendit	itures		· •		1 1 4	
	(c) TOTAL Independent Expenditures			· •	-7		
	Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	late or authorized					
	Mrs. Gayle Atteberry	[Electro	nically Filed] Date	, M M M	09	/ Y Y 20	14 Y

Date

NAME OF COMMITTEE (In Full)

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

PAGE 19 OF 33 FOR LINE 24 OF FORM 3X							
FEC IDENTIFICATION NUMBER ▼							
C C00141572							
M = M / D = D / Y = Y = Y							
of Public Distribution/Dissemination							
04 / 23 / 2014							
unt							
43.40							
action ID : SE.14210 of Disbursement or Obligation							
04 / 25 / Y 2014							
ht: X House District: 03							
dent Senate State: OR							
ent For: Primary General							
Other (specify)							
e of Public Distribution/Dissemination							
OF Public Distribution/Dissernination							
04 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
M M / D D / Y Y Y Y							
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04 / 23 / 2014 ount 390.67							
04 / 23 / 2014 unt 390.67							
aunt 390.67 action ID : SE.14211 of Disbursement or Obligation							
aunt 390.67 Saction ID : SE.14211 of Disbursement or Obligation 04 25 2014							
action ID: SE.14211 of Disbursement or Obligation M							
action ID: SE.14211 of Disbursement or Obligation M 04							
aunt 390.67 Saction ID : SE.14211 of Disbursement or Obligation 04 25 2014 House District: dent Senate State: OR ent For: Primary General							
aunt 390.67 Saction ID : SE.14211 of Disbursement or Obligation 04 25 2014 House District: dent Senate State: OR ent For: Primary General							
390.67 Saction ID: SE.14211 of Disbursement or Obligation Mod / 25 / 2014 ght: House District: dent Senate State: OR ent For: Primary General Other (specify)							
390.67 Saction ID: SE.14211 of Disbursement or Obligation Mod / 25 / 2014 ght: House District: dent Senate State: OR ent For: Primary General Other (specify)							
390.67 Saction ID: SE.14211 of Disbursement or Obligation Mod / 25 / 2014 ght: House District: dent Senate State: OR ent For: Primary General Other (specify)							

Right to Life/Oregon PAC Amends report filed on Check if 24-hour report 48-hour report New report Full Name of Payee Date **Eagle Web Press** Mailing Address PO Box 12009 Amo City State Zip Code OR Salem 97309 Trans Date Purpose of Expenditure Category/ voting guide in support of james buchal 004 Type Name of Federal Candidate Office Soug X Support JAMES LAURENCE BUCHAL Oppose Presi Disburseme Calendar Year-To-Date 115.21 2014 Per Election for Office Sought Full Name of Payee Date Eagle Web Press Mailing Address PO Box 12009 Amo City State Zip Code Salem OR 97309 Trans Date Purpose of Expenditure Category/ 004 voter guide in support of jason conger Type Name of Federal Candidate X Support Office Soug JASON CONGER Oppose Presi Disburseme Calendar Year-To-Date 189457.18 2014 Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures..... (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Mrs. Gayle Atteberry [Electronically Filed] 09 09 2014 Date Signature

Signature

SCHEDULE E (FEC Form 3X) TEMIZED INDEPENDENT EXPENDITURES	PAGE 20 OF 22
EMIZED INDEPENDENT EXPENDITURES	PAGE 20 OF 33 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Right to Life/Oregon PAC	C C00141572
Check if 24-hour report 48-hour report New report Amends	report filed on Man / Dad / Yayayay
Full Name of Payee Eagle Web Press	Date of Public Distribution/Dissemination
Mailing Address	04 / 23 / 2014
PO Box 12009	Amount
City State Zip Code	43.40
Salem OR 97309	Transaction ID : SE.14212 Date of Disbursement or Obligation
Purpose of Expenditure voter guide in support of dennis bradley Category/ Type	004 04 / 25 / 2014
Name of Federal Candidate Suppo	ort Office Sought: X House District: 02
DENNIS BRADLEY LINTHICUM Oppos	
Calendar Year-To-Date Per Election for Office Sought	Disbursement For:
Full Name of Payee	Date of Public Distribution/Dissemination
Eagle Web Press	04 23 / 2014
Mailing Address PO Box 12009	Amount
City State Zip Code	130.22
Salem OR 97309	Transaction ID : SE.14214 Date of Disbursement or Obligation
Purpose of Expenditure voter guide in support of delinda morgan Category/ Type	004 04 D 25 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Suppo	ort Office Sought: X House District: 01
DELINDA MORGAN Oppos	
Calendar Year-To-Date Per Election for Office Sought 561.01	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	173.62
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported herein w with, or at the request or suggestion of, any candidate or authorized committee or age party committee) any political party committee or its agent.	
Mrs. Gayle Atteberry [Electronically Filed]	Date 09 09 2014

2014

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Date

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nage# 14970744930 CHEDULE E (FEC Form 3X) EMIZED INDEPENDENT EXPENDITURES	PAGE 21 OF 33 FOR LINE 24 OF FORM 3X
AME OF COMMITTEE (In Full) Right to Life/Oregon PAC	FEC IDENTIFICATION NUMBER ▼ C C00141572
	M = M / D = D / Y = Y = Y

Right to Life/Oregon PAC			C C00141572
heck if 24-hour report 48-hour re	port New rep	ort Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Eagle Web Press			04 23 / Y Y Y Y Y
Mailing Address PO Box 12009			Amount
City	State	Zip Code	130.22
Salem	OR	97309	Transaction ID : SE.14215 Date of Disbursement or Obligation
Purpose of Expenditure voter guide in support of art robinson		Category/ Type 004	04 / 25 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 04
ART ROBINSON		Oppose	President Senate State: OR
Calendar Year-To-Date			Disbursement For: X Primary General
Per Election for Office Sought		345.62	2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Eagle Web Press			04 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 12009			04 23 2014
			Amount
City	State	Zip Code	130.22
Salem	OR	97309	Transaction ID : SE.14216 Date of Disbursement or Obligation
Purpose of Expenditure voter guide in support of tootie smith		Category/ Type 004	04 / 25 / Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:05
TOOTIE SMITH		Oppose	President Senate State: OR
Calendar Year-To-Date			Disbursement For: Primary General
Per Election for Office Sought	7	345.62	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Ex	xpenditures		260.44
(b) SUBTOTAL of Unitemized Independent	Expenditures		•
(c) TOTAL Independent Expenditures			
	y candidate or authorized		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Mrs. Gayle Atteberry	[Electron	ically Filed] Date	9 09 / 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

PAGE	22	OF	33
FOR L	INE 24	OF F	ORM 3X

	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Right to Life/Oregon PAC	C C00141572
Check if 24-hour report 48-hour report New report Amends report filed	I on Man / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Eagle Web Press	04 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 12009	Amount
City State Zip Code	43.40
Salem OR 97309	Transaction ID : SE.14217 Date of Disbursement or Obligation
Purpose of Expenditure voter guide in support of gregory walden Category/ Type 004	04 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: X House District: 02
GREGORY P WALDEN Oppose	President Senate State: OR
Calendar Year-To-Date Per Election for Office Sought Disbut 230.42 Disbut 2014	ursement For:
Full Name of Payee Eagle Web Press	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 12009	Amount
City State Zip Code	347.25
Salem OR 97309	Transaction ID : SE.14218 Date of Disbursement or Obligation
Purpose of Expenditure voter guide in opposition to monica wehby Category/ Type 004	04 / 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District:
MONICA WEHBY Oppose	President Senate State: OR
Calendar Year-To-Date Per Election for Office Sought Disbrace 2014	ursement For: X Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	390.65
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not mount with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Mrs. Gayle Atteberry [Electronically Filed] Date	9 / 09 / 2014
Signature	

Mrs. Gayle Atteberry

Signature

SCHEDULE E ITEMIZED INDEPE

MIZED INDEPENDENT EXPENDI	TURES		PAGE 23 OF 33 FOR LINE 24 OF FORM 3X
E OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
ght to Life/Oregon PAC			C C00141572
k if 24-hour report 48-hour re	port New	report Amends repo	ort filed on
Full Name of Payee Eagle Web Press			Date of Public Distribution/Dissemination
Mailing Address PO Box 12009			Mount 23 2014
Dity	State	Zip Code	130.22
Salem	OR	97309	Transaction ID : SE.14219 Date of Disbursement or Obligation
Purpose of Expenditure voter guide in support of william yates		Category/ Type 004	04
Name of Federal Candidate		X Support	Office Sought: X House District: 01
WILLIAM JASON YATES		Oppose	President Senate State: OR
Calendar Year-To-Date Per Election for Office Sought		691.23	Disbursement For: Primary General 2014 General Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Gateway Communications, Inc			04 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 16805 NE Mason Court			Amount
City	State	Zip Code	46454.90
Portland	OR	97230	Transaction ID : SE.14183 Date of Disbursement or Obligation
Purpose of Expenditure mailing in support of jason conger		Category/ Type 004	04 / 24 / 2014
Name of Federal Candidate		Support	Office Sought: House District:
JASON CONGER		Oppose	President Senate State: OR
Calendar Year-To-Date Per Election for Office Sought		178299.16	Disbursement For:
) SUBTOTAL of Itemized Independent Ex	vnandituraa		
, GODIGIAE OF HEIMZER INDEPENDENT EX	CPCHUILUICS		40000.12
) SUBTOTAL of Unitemized Independent	Expenditures		· •
) TOTAL Independent Expenditures			

[Electronically Filed]

09 09 2014 Date

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party committee) any political party committee or its agent.

Mrs. Gayle Atteberry

Signature

SCHEDULE E (FEC Form 3X)			
remized independent expenditui	RES		PAGE 24 OF 33 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			
Right to Life/Oregon PAC			FEC IDENTIFICATION NUMBER ▼
			C C00141572
Check if 24-hour report 48-hour report	New r	report Amends repo	ort filed on
Full Name of Payee Gateway Communications, Inc			Date of Public Distribution/Dissemination 04 04 04 04 04 04 04
Mailing Address 16805 NE Mason Court			Amount
City	State	Zip Code	9714.35
Portland	OR	97230	Transaction ID : SE.14184 Date of Disbursement or Obligation
Purpose of Expenditure mailing in support of jason conger		Category/ Type 004	04 / 24 / 2014
Name of Federal Candidate		X Support	Office Sought: House District:
JASON CONGER		Oppose	President Senate State: OR
Calendar Year-To-Date Per Election for Office Sought		188013.51	Disbursement For:
Full Name of Payee Gateway Communications, Inc Mailing Address ACROS NE Macan Court			Date of Public Distribution/Dissemination M
16805 NE Mason Court			Amount
City	State	Zip Code	20000.00
Portland	OR	97230	Transaction ID : SE.14263 Date of Disbursement or Obligation
Purpose of Expenditure postcard in opposition to monica wehby		Category/ Type 004	05 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:
MONICA WEHBY		Oppose	President Senate State: OR
Calendar Year-To-Date Per Election for Office Sought		211608.81	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	ditures		. > 29714.35
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			•
			not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political

[Electronically Filed]

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Date

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SCHEDULE E (FEC Form TEMIZED INDEPENDENT EXPEN			DAOF 25 OF 22
IEMIZED INDEPENDENT EAFEI	IDITURES		PAGE 25 OF 33 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Right to Life/Oregon PAC			C C00141572
Check if 24-hour report 48-hou	ur report New re	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
GOOGLE.COM			04 / 01 / 2014
Mailing Address 1600 AMPHITHEATE	RE PARKWAY		Amount
City	State	Zip Code	0.14
MOUNTAIN VIEW	CA	97043	Transaction ID : SE.14285 Date of Disbursement or Obligation
Purpose of Expenditure		Category/	M = M / D = D / Y = Y = Y
one hit on the website related to jason	conger	Type 004	05 06 2014
Name of Federal Candidate		X Support	Office Sought: House District:
JASON CONGER		Oppose	President Senate State: OR
Calendar Year-To-Date Per Election for Office Sought		191608.81	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee HOPE 1079 [MEMO ITEM] Mailing Address 3545 SANTIAM HWY	·		Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Amount
City	State	Zip Code	4320.00
ALBANY	OR	97322	Transaction ID : SE.14300 Date of Disbursement or Obligation
Purpose of Expenditure RADIO ADS IN SUPPORT OF JASON	CONGER	Category/ Type 004	03 / 28 / 2014
Name of Federal Candidate		Support	Office Sought: House District:
JASON CONGER		Oppose	President State: OR
Calendar Year-To-Date Per Election for Office Sought		58359.66	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent	nt Expenditures		▶ 0.14
(b) SUBTOTAL of Unitemized Independent	dent Expenditures		>
(c) TOTAL Independent Expenditures			
	, any candidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political

Mrs. Gayle Atteberry	[Electronically Filed]	Date	M M	/ 09	2014
Signature					

1mage# 14970744935 PAGE 26 / 33

: 97 A = G7 9 @ G5 B9 CI G'H9 LHF9 @ 5 H98 'HC' 5 F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: SE

Transaction ID : SE.14285

This expenditure is related to a 24/48 notice sent on 4/25/14 . A staff person set up a google account and did not know how it worked. One person hit on the page before the page was removed so we were billed .14cents by Google. This was related to the Jason Conger campaign for the Oregon primary which we supported.

Form/Schedule: Transaction ID:

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

PAGE 27 OF 33 FOR LINE 24 OF FORM 3X

	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Right to Life/Oregon PAC	C C00141572
Check if 24-hour report 48-hour report New report Amends rep	port filed on/
Full Name of Payee	Date of Public Distribution/Dissemination
KNLR Mailing Address on F. RRIPOSESERER RIVE	05 01 / 2014
30 E. BRIDGEFERED BLVD	Amount
City State Zip Code	1053.00
BEND OR 97702	Transaction ID : SE.14187 Date of Disbursement or Obligation
Purpose of Expenditure radio ads in support of jason conger Category/ Type 002	4 04 / 24 / 2014
Name of Federal Candidate Support	Office Sought: House District:
JASON CONGER Oppose	President Senate State: OR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For:
Full Name of Payee	Date of Public Distribution/Dissemination
KPDQ-FM	04 14 2014
Mailing Address 6400 SE LAKE RD SUITE 350	Amount
City State Zip Code	13053.00
PORTLAND OR 97222	Transaction ID : SE.14133 Date of Disbursement or Obligation
Purpose of Expenditure RADIO ADS in support of jason conger Category/ Type 004	4 04 / 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District:
JASON CONGER Oppose	President Senate State: OR
Calendar Year-To-Date Per Election for Office Sought 125813.39	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	14106.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
() 	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent party committee) any political party committee or its agent.	
Mrs. Gayle Atteberry [Electronically Filed] Da	tte 09 / 09 / 2014
Signature	

Mrs. Gayle Atteberry

Signature

SCHEDULE E (FEC Form 3X)	
TEMIZED INDEPENDENT EXPENDITURES	PAGE 28 OF 33 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Right to Life/Oregon PAC	C C00141572
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee KWIL	of Public Distribution/Dissemination
[MEMO ITEM]	04 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3545 SANTIAM HWY Amou	unt
City State Zip Code	2922.00
ALBANY OR 97322 Transa	action ID : SE.14302 of Disbursement or Obligation
Purpose of Expenditure RADIO ADS JASON CONGER Category/ Type 004	03 28 2014
Name of Federal Candidate Support Office Sough	ht: House District:
JASON CONGER Oppose Presid	dent Senate State: OR
Calendar Year-To-Date Per Election for Office Sought Disbursement 2014	nt For:
	of Public Distribution/Dissemination
KYKN	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4205 Cherry Ave Amo	unt
City State Zip Code	3600.00
Date	action ID : SE.14131 of Disbursement or Obligation
Purpose of Expenditure RADIO ADS in support of jason conger Category/ Type 004	04 10 7 2014
Name of Federal Candidate Support Office Soug	ht: House District:
JASON CONGER Oppose Presid	
Calendar Year-To-Date Per Election for Office Sought Disburseme 2014	
	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	3600.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
	7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if party committee) any political party committee or its agent.	•

[Electronically Filed]

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Date

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Mrs. Gayle Atteberry

Signature

	CHEDULE E (FEC Form 3X)		
T	EMIZED INDEPENDENT EXPENDITURES		PAGE 29 OF 33 FOR LINE 24 OF FORM 3X
N.	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
F	Right to Life/Oregon PAC		C C00141572
CI	heck if 24-hour report 48-hour report New report	Amends repo	rt filed on
	Full Name of Payee		Data of Dublic Distribution/Discouringtion
	Postmaster		Date of Public Distribution/Dissemination 04 04 04 04 04 05 07 07 07 07 07 07 07 07 07
	Mailing Address 1050 Sunnyview Rd		Amount
	City State Zi	ip Code	70.12
		7301	Transaction ID : SE.14188 Date of Disbursement or Obligation
	Purpose of Expenditure mailing of voter guide in support of james buchal	Category/ Type 004	04 22 2014
	Name of Federal Candidate	X Support	Office Sought: X House District: 03
	JAMES LAURENCE BUCHAL	Oppose	President Senate State: OR
	Calendar Year-To-Date Per Election for Office Sought	71.81	Disbursement For:
	Full Name of Payee		Date of Public Distribution/Dissemination
	Postmaster		04 23 2014
	Mailing Address 1050 Sunnyview Rd		Amount
	City State Zi	ip Code	630.87
	salem OR 9	97301	Transaction ID : SE.14189 Date of Disbursement or Obligation
	Purpose of Expenditure mailing voter guide in support of jason conger	Category/ Type 004	04 / 22 / 2014
	Name of Federal Candidate	Support	Office Sought: House District:
	JASON CONGER	Oppose	President Senate State: OR
	Calendar Year-To-Date Per Election for Office Sought	131844.26	Disbursement For:
	(a) SUBTOTAL of Itemized Independent Expenditures		700.99
	(b) SUBTOTAL of Unitemized Independent Expenditures		·
	(c) TOTAL Independent Expenditures		•
	Under penalty of perjury I certify that the independent expenditures re with, or at the request or suggestion of, any candidate or authorized coparty committee) any political party committee or its agent.	•	· · · · · · · · · · · · · · · · · · ·

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Date

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Mrs. Gayle Atteberry

Signature

	CHEDULE E (FEC Form 3X)		
T	EMIZED INDEPENDENT EXPENDITURES		PAGE 30 OF 33 FOR LINE 24 OF FORM 3X
N	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
F	Right to Life/Oregon PAC		C C00141572
CI	heck if 24-hour report 48-hour report New report	Amends report fil	ed on Mam / Dad / Yayayay
	Full Name of Payee		Date of Public Distribution/Dissemination
	Postmaster		04 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 1050 Sunnyview Rd		Amount
	City State Zip C	ode	70.12
	salem OR 9730	1	Transaction ID : SE.14190 Date of Disbursement or Obligation
	Purpose of Expenditure mailing of voter guide in support of dennis linthicum	egory/ Type 004	04 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support Off	ice Sought: X House District: 02
	DENNIS BRADLEY LINTHICUM	Oppose	President Senate State: OR
	Calendar Year-To-Date Per Election for Office Sought	73.50 Dis	sbursement For:
	Full Name of Payee	'	Date of Public Distribution/Dissemination
	Postmaster		04 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 1050 Sunnyview Rd		Amount
	City State Zip C	Code	210.33
	salem OR 9730)1	Transaction ID : SE.14191 Date of Disbursement or Obligation
	Purpose of Expenditure mailing of voter guide in support of delinda morgan	egory/ Type 004	04 D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support Of	fice Sought: X House District: 01
	DELINDA MORGAN	Oppose	President Senate State: OR
	Calendar Year-To-Date Per Election for Office Sought		sbursement For:
		<u>'</u>	
	(a) SUBTOTAL of Itemized Independent Expenditures	·····	280.45
	(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
	(c) TOTAL Independent Expenditures	·····	
	Under penalty of perjury I certify that the independent expenditures report with, or at the request or suggestion of, any candidate or authorized comparty committee) any political party committee or its agent.		·

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Date

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SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

	PAGE FOR			OF		33	2V
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IC	ENTIF	ICA	LIOI	N NL	ЈМВ	ER	▼

	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Right to Life/Oregon PAC	C C00141572
Check if 24-hour report 48-hour report New report Amends report filed	d on Mam / Dad / Yayayay
Full Name of Payee Postmaster	Date of Public Distribution/Dissemination
Postinastei	04 / 23 / 2014
Mailing Address 1050 Sunnyview Rd	Amount
City State Zip Code	210.33
salem OR 97301	Transaction ID : SE.14192 Date of Disbursement or Obligation
Purpose of Expenditure mailing of voter guide in support of art robinson Category/ Type 004	04 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Offic	e Sought: X House District: 04
ART ROBINSON Oppose	President Senate State: OR
Calendar Year-To-Date Per Election for Office Sought Disb 215.40 Disb 2014	ursement For:
Full Name of Payer	
Full Name of Payee Postmaster	Date of Public Distribution/Dissemination 04 04 04 04 04 05 07 07 07 07 07 07 07 07 07
Mailing Address 1050 Sunnyview Rd	Amount
City State Zip Code	210.33
salem OR 97301	Transaction ID : SE.14193 Date of Disbursement or Obligation
Purpose of Expenditure mailing of voter guide in support of tootie smith Category/ Type 004	04 22 7 2014
Name of Federal Candidate Support Office	ee Sought: X House District:05
TOOTIE SMITH Oppose	President Senate State: OR
Calendar Year-To-Date Per Election for Office Sought Disb 2014	oursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	420.66
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Mrs. Gayle Atteberry [Electronically Filed] Date	09 09 2014
Signature	

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Mrs. Gayle Atteberry

Signature

SCHEDULE E (FEC Form 3X)	
TEMIZED INDEPENDENT EXPENDITURES	PAGE 32 OF 33 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Right to Life/Oregon PAC	
	C C00141572
Check if 24-hour report 48-hour report New report Amends report	filed on Man / Dab / Yayayay
Full Name of Payee Postmaster	Date of Public Distribution/Dissemination
Fostillastei	04 23 7 2014
Mailing Address 1050 Sunnyview Rd	Amount
000 700 0 de	70.40
City State Zip Code salem OR 97301	70.12 Transaction ID : SE.14194
	Date of Disbursement or Obligation
Purpose of Expenditure mailing for voter guide in support of gregory walden Category/ Type 004	04 / 22 / 2014
Name of Federal Candidate Support	Office Sought: X House District: 02
GREGORY P WALDEN Oppose	President Senate State: OR
	Disbursement For:
Full Name of Payee	Date of Public Distribution/Dissemination
Postmaster	04 23 2014
Mailing Address 1050 Sunnyview Rd	Amount
City State Zip Code	560.75
salem OR 97301	Transaction ID : SE.14195 Date of Disbursement or Obligation
Purpose of Expenditure mailing of voter guide in oppposition to monica wehby Category/ Time 004	04 / 22 / 2014
Type	04 22 2014
Name of Federal Candidate Support	Office Sought: House District:
MONICA WEHBY Oppose	President Senate State: OR
	Disbursement For: Primary General
Per Election for Office Sought 560.75	2014
_	
(a) SUBTOTAL of Itemized Independent Expenditures	630.87
(b) SUBTOTAL of Unitemized Independent Expenditures	>
(c) TOTAL Independent Expenditures	·
Under penalty of perjury I certify that the independent expenditures reported herein were no with, or at the request or suggestion of, any candidate or authorized committee or agent of exparty committee) any political party committee or its agent.	

[Electronically Filed]

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Date

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Mrs. Gayle Atteberry

Signature

SCHEDULE E (FEC Form 3)				
TEMIZED INDEPENDENT EXPEND	ITURES			PAGE 33 OF 33 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FE	EC IDENTIFICATION NUMBER ▼
Right to Life/Oregon PAC				C00141572
Check if 24-hour report 48-hour r	eport New rep	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Postmaster			Date of I	Public Distribution/Dissemination
			M 04	
Mailing Address 1050 Sunnyview Rd			Amount	
City	State	Zip Code		210.32
salem	OR	97301		on ID: SE.14196 Disbursement or Obligation
Purpose of Expenditure maling for voter guide in support of william	yates	Category/ Type 004	M 04	
Name of Federal Candidate		X Support	Office Sought:	House District: 01
WILLIAM JASON YATES		Oppose	President	
Calendar Year-To-Date Per Election for Office Sought		430.79	Disbursement F 2014 Othe	or:
Full Name of Payee			Date of	Public Distribution/Dissemination
Mailing Address				M / D D / Y Y Y Y
Mailing Address			Amount	
City	State	Zip Code		7
Purpose of Expenditure				Disbursement or Obligation
Tarpose of Experiancie		Category/ Type		M / D D / Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:
		Oppose	President	Senate State:
Calendar Year-To-Date Per Election for Office Sought			Disbursement F	or (specify) ►
(a) SUBTOTAL of Itemized Independent E	xpenditures		•	210.32
(b) SUBTOTAL of Unitemized Independen	t Expenditures		· •	7 1 7 1 7 1
(c) TOTAL Independent Expenditures			· •	134009.85
Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party commit	ny candidate or authorized			

[Electronically Filed]

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Date

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