

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

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Right to Life/Oregon PAC

ADDRESS (number and street) ▼

4335 River Road N

☐ Check if different than previously reported. (ACC)

Salem

OR

97303

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00141572

3. IS THIS REPORT

☐

NEW (N)

OR

☒

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☒ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End 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)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
04 01 2014

through

M M M / D D D / Y Y Y Y Y Y
06 30 2014

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

Type or Print Name of Treasurer Mrs. Gayle Atteberry

Signature of Treasurer

Mrs. Gayle Atteberry

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
09 09 2014

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**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Right to Life/Oregon PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
04		01		2014

To:

M M	/	D D	/	Y Y Y Y Y
06		30		2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2014		230717.60
(b) Cash on Hand at Beginning of Reporting Period.....	136107.26	
(c) Total Receipts (from Line 19)	700.38	2925.38
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	136807.64	233642.98
7. Total Disbursements (from Line 31)	135093.75	231929.09
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1713.89	1713.89
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)	0.00	



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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Right to Life/Oregon PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
04		01		2014

To:

M M	/	D D	/	Y Y Y Y
06		30		2014

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

(i) Itemized (use Schedule A).....

0.00

0.00

(ii) Unitemized

700.00

2925.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

700.00

2925.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

700.00

2925.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.38

0.38

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))..... ▶

700.38

2925.38

20. 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	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	83.90	15130.23
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	83.90	15130.23
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	2020.00
24. Independent Expenditures (use Schedule E)	134009.85	214303.86
25. Coordinated Party Expenditures (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	475.00
(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	475.00
29. Other Disbursements	0.00	0.00
30. 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 With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	135093.75	231929.09
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) 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	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	700.00	2925.00
34. Total Contribution Refunds (from Line 28(d))	0.00	475.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	700.00	2450.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	83.90	15130.23
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.38	0.38
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	83.52	15129.85

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 33

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

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

NAME OF COMMITTEE (In Full)

Right to Life/Oregon PAC

Full Name (Last, First, Middle Initial)

A. Columbia Bank

Mailing Address 4260 River Rd N

City	State	Zip Code
Keizer	OR	97303

Purpose of Disbursement
bank fees

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		10		2014

Transaction ID : SB21B.14252

Amount of Each Disbursement this Period

57.45

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

SUBTOTAL of Disbursements This Page (optional).....▶

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

57.45

57.45

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

Right to Life/Oregon PAC

A. TOOTIE SMITH FOR OREGON

Date of Disbursement

Transaction ID : SB23.14179

011

Category/
Type

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

1000.00

B.

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....

1000.00

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

1000.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 8 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 <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee ALPHA BROADCASTING			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 16 / 2014		
Mailing Address 1211 SW 5TH AVE			Amount 12992.00		
City PORTLAND	State OR	Zip Code 97204	Transaction ID : SE.14127		
Purpose of Expenditure RADIO ADS in support of jason conger		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 10 / 2014		
Name of Federal Candidate JASON CONGER			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OR		
Calendar Year-To-Date Per Election for Office Sought 105116.39			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Mrs. Gayle Atteberry			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 03 / 2014		
Mailing Address 87366 Dukhobar Rd			Amount 10986.00		
City Eugene	State OR	Zip Code 97402	Transaction ID : SE.14114		
Purpose of Expenditure radio ads		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 01 / 2014		
Name of Federal Candidate JASON CONGER			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OR		
Calendar Year-To-Date Per Election for Office Sought 91254.66			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			23978.00		
(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.					
Signature <u>Mrs. Gayle Atteberry</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 09 / 09 / 2014		

: 97 'A-G79 @G B9CI G'H9LH'F9 @G H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB
.

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 EXPENDITURESPAGE 10 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 <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee Mrs. Gayle Atteberry		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 16 / 2014		
Mailing Address 87366 Dukhobar Rd		Amount 1344.00		
City Eugene	State OR	Zip Code 97402	Transaction ID : SE.14260	
Purpose of Expenditure RADIO ADS		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 06 / 2014	
Name of Federal Candidate JASON CONGER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OR	
Calendar Year-To-Date Per Election for Office Sought		191608.67	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee Bicoastal Media [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 01 / 2014		
Mailing Address 1500 Valley River Drive, Suite 350		Amount 3744.00		
City Eugene	State OR	Zip Code 97401	Transaction ID : SE.14299	
Purpose of Expenditure RADIO ADS IN SUPPORT OF JASON CONGER		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 28 / 2014	
Name of Federal Candidate JASON CONGER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OR	
Calendar Year-To-Date Per Election for Office Sought		58359.66	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		1344.00		
(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.				
Signature Mrs. Gayle Atteberry		[Electronically Filed]		Date MM / DD / YYYY 09 / 09 / 2014

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB
.

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:

Full Name of Payee Clear Channel		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 28 / 2014	
Mailing Address 1333 SW 68th Parkway		Amount 5400.00	
City Tigard	State OR	Zip Code 97223	Transaction ID : SE.14181 Date of Disbursement or Obligation MM / DD / YYYY 04 / 22 / 2014
Purpose of Expenditure radio ads in support of jason conger		Category/ Type 004	
Name of Federal Candidate JASON CONGER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>OR</u>
Calendar Year-To-Date Per Election for Office Sought 131213.39		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	8100.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 13 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 <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYYYY					
Full Name of Payee COMBINED COMMUNICATIONS [MEMO ITEM]			Date of Public Distribution/Dissemination MM / DD / YYYYYY 04 / 16 / 2014		
Mailing Address PO BOX 5037			Amount 1344.00		
City BEND		State OR	Zip Code 97708		Transaction ID : SE.14297
Purpose of Expenditure RADIO ADS IN SUPPORT OF JASON CONGER		Category/Type 004		Date of Disbursement or Obligation MM / DD / YYYYYY 03 / 23 / 2014	
Name of Federal Candidate JASON CONGER			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: OR		
Calendar Year-To-Date Per Election for Office Sought 4298.76			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee COMBINED COMMUNICATIONS			Date of Public Distribution/Dissemination MM / DD / YYYYYY 04 / 16 / 2014		
Mailing Address PO BOX 5037			Amount 1344.00		
City BEND		State OR	Zip Code 97708		Transaction ID : SE.14129
Purpose of Expenditure RADIO ADS in support of jason conger		Category/Type 004		Date of Disbursement or Obligation MM / DD / YYYYYY 04 / 10 / 2014	
Name of Federal Candidate JASON CONGER			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: OR		
Calendar Year-To-Date Per Election for Office Sought 106460.39			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			1344.00		
(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 _____ Signature			[Electronically Filed] Date MM / DD / YYYYYY 09 / 09 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 14 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 <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee DAVE & DAVE INCORPORATED			Date of Public Distribution/Dissemination 04 / 10 / 2014		
Mailing Address 4421 LANKERSHIM BLVD			Amount 869.73		
City TOLUCA LAKE		State CA	Zip Code 91602		Transaction ID : SE.14125
Purpose of Expenditure RADIO AD in support of jason conger		Category/Type 004		Date of Disbursement or Obligation 04 / 09 / 2014	
Name of Federal Candidate JASON CONGER			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General District: _____ State: <u>OR</u>		
Calendar Year-To-Date Per Election for Office Sought 92124.39			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Eagle Mailing Service			Date of Public Distribution/Dissemination 04 / 23 / 2014		
Mailing Address 4907 Indian School Rd NE			Amount 27.08		
City Salem		State OK	Zip Code 97305		Transaction ID : SE.14230
Purpose of Expenditure voter guide in support of james buchal		Category/Type 004		Date of Disbursement or Obligation 04 / 25 / 2014	
Name of Federal Candidate JAMES LAURENCE BUCHAL			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General District: <u>03</u> State: <u>OR</u>		
Calendar Year-To-Date Per Election for Office Sought 142.29			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			896.81		
(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 _____ Signature			[Electronically Filed] Date 09 / 09 / 2014		

Full Name of Payee Eagle Mailing Service		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>04 / 23 / 2014</div> </div>	
Mailing Address 4907 Indian School Rd NE		Amount <div> <div>Amount</div> <div>27.08</div> </div>	
City Salem	State OK	Zip Code 97305	Transaction ID : SE.14232 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>04 / 25 / 2014</div> </div>
Purpose of Expenditure voter guide in support of dennis linthicum		Category/ Type <div> <div>Category/Type</div> <div>004</div> </div>	
Name of Federal Candidate DENNIS BRADLEY LINTHICUM		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate
District: <u>02</u> State: <u>OR</u>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ► 2014	
Calendar Year-To-Date Per Election for Office Sought <div> <div>Amount</div> <div>27.08</div> </div>			

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	270.77
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 16 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 <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Eagle Mailing Service			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 23 / 2014		
Mailing Address 4907 Indian School Rd NE			Amount 81.24		
City Salem	State OK	Zip Code 97305	Transaction ID : SE.14235		
Purpose of Expenditure voter guide in support of delinda morgan		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 25 / 2014		
Name of Federal Candidate DELINDA MORGAN			<input checked="" type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: <u>01</u> <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OR</u>		
Calendar Year-To-Date Per Election for Office Sought 772.47			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Eagle Mailing Service			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 23 / 2014		
Mailing Address 4907 Indian School Rd NE			Amount 81.24		
City Salem	State OK	Zip Code 97305	Transaction ID : SE.14236		
Purpose of Expenditure voter guide in support of art robinson		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 25 / 2014		
Name of Federal Candidate ART ROBINSON			<input checked="" type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: <u>04</u> <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OR</u>		
Calendar Year-To-Date Per Election for Office Sought 426.86			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			162.48		
(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 _____ Signature			[Electronically Filed] Date MM / DD / YYYY 09 / 09 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 17 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 <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Eagle Mailing Service		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 23 / 2014	
Mailing Address 4907 Indian School Rd NE		Amount 81.24	
City Salem	State OK	Zip Code 97305	Transaction ID : SE.14237
Purpose of Expenditure voter guide in support of tootie smith		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 25 / 2014
Name of Federal Candidate TOOTIE SMITH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		426.86	

Full Name of Payee Eagle Mailing Service		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 23 / 2014	
Mailing Address 4907 Indian School Rd NE		Amount 27.08	
City Salem	State OK	Zip Code 97305	Transaction ID : SE.14238
Purpose of Expenditure voter guide in support of gregory walden		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 25 / 2014
Name of Federal Candidate GREGORY P WALDEN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		257.50	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	108.32
(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]

Date

MM / DD / YYYY
09 / 09 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 18 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 <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Eagle Mailing Service			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 23 / 2014		
Mailing Address 4907 Indian School Rd NE			Amount 216.55		
City Salem		State OK	Zip Code 97305		Transaction ID : SE.14239
Purpose of Expenditure voter guide in opposition to monica wehby		Category/Type 004		Date of Disbursement or Obligation MM / DD / YYYY 04 / 25 / 2014	
Name of Federal Candidate MONICA WEHBY			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OR		
Calendar Year-To-Date Per Election for Office Sought 190264.67			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Eagle Mailing Service			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 23 / 2014		
Mailing Address 4907 Indian School Rd NE			Amount 81.24		
City Salem		State OK	Zip Code 97305		Transaction ID : SE.14240
Purpose of Expenditure voter guide in support of william yates		Category/Type 004		Date of Disbursement or Obligation MM / DD / YYYY 04 / 25 / 2014	
Name of Federal Candidate WILLIAM JASON YATES			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR		
Calendar Year-To-Date Per Election for Office Sought 853.71			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			297.79		
(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 _____ Signature			[Electronically Filed] Date MM / DD / YYYY 09 / 09 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 19 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 <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>					
Full Name of Payee Eagle Web Press			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">04</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">23</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address PO Box 12009			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">43.40</div>		
City Salem		State OR	Zip Code 97309		Transaction ID : SE.14210
Purpose of Expenditure voting guide in support of james buchal		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">004</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">04</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">25</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>	
Name of Federal Candidate JAMES LAURENCE BUCHAL			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President <input type="checkbox"/> General State: OR		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">115.21</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Eagle Web Press			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">04</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">23</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address PO Box 12009			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">390.67</div>		
City Salem		State OR	Zip Code 97309		Transaction ID : SE.14211
Purpose of Expenditure voter guide in support of jason conger		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">004</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">04</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">25</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>	
Name of Federal Candidate JASON CONGER			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input type="checkbox"/> General State: OR		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">189457.18</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">434.07</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
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.					
Signature <u>Mrs. Gayle Atteberry</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 20 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 <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>		

Full Name of Payee Eagle Web Press			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 23 / 2014		
Mailing Address PO Box 12009			Amount 43.40		
City Salem	State OR	Zip Code 97309	Transaction ID : SE.14212		
Purpose of Expenditure voter guide in support of dennis bradley		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 25 / 2014		
Name of Federal Candidate DENNIS BRADLEY LINTHICUM			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Eagle Web Press			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 23 / 2014		
Mailing Address PO Box 12009			Amount 130.22		
City Salem	State OR	Zip Code 97309	Transaction ID : SE.14214		
Purpose of Expenditure voter guide in support of delinda morgan		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 25 / 2014		
Name of Federal Candidate DELINDA MORGAN			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(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 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

Signature _____

[Electronically Filed]

Date

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

09 / 09 / 2014

Full Name of Payee Eagle Web Press		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 23 / 2014	
Mailing Address PO Box 12009		Amount 130.22	
City Salem	State OR	Zip Code 97309	Transaction ID : SE.14216
Purpose of Expenditure voter guide in support of tootie smith		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 25 / 2014
Name of Federal Candidate TOOTIE SMITH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR
Calendar Year-To-Date Per Election for Office Sought 345.62		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ <table border="1" data-bbox="1101 1640 1360 1644"> <tr><td>260.44</td></tr> </table>	260.44
260.44		
(b) SUBTOTAL of Unitemized Independent Expenditures	▶ <table border="1" data-bbox="1101 1644 1360 1650"> <tr><td></td></tr> </table>	
(c) TOTAL Independent Expenditures.....	▶ <table border="1" data-bbox="1101 1650 1360 1656"> <tr><td></td></tr> </table>	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 22 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 <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Eagle Web Press		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 23 / 2014	
Mailing Address PO Box 12009		Amount 43.40	
City Salem	State OR	Zip Code 97309	Transaction ID : SE.14217
Purpose of Expenditure voter guide in support of gregory walden		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 25 / 2014
Name of Federal Candidate GREGORY P WALDEN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR
Calendar Year-To-Date Per Election for Office Sought 230.42		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Eagle Web Press		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 23 / 2014	
Mailing Address PO Box 12009		Amount 347.25	
City Salem	State OR	Zip Code 97309	Transaction ID : SE.14218
Purpose of Expenditure voter guide in opposition to monica wehby		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 25 / 2014
Name of Federal Candidate MONICA WEHBY		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OR
Calendar Year-To-Date Per Election for Office Sought 189804.43		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> 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 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

MM / DD / YYYY
09 / 09 / 2014

Signature

Full Name of Payee Gateway Communications, Inc		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 24 / 2014	
Mailing Address 16805 NE Mason Court		Amount 46454.90	
City Portland	State OR	Zip Code 97230	Transaction ID : SE.14183
Purpose of Expenditure mailing in support of jason conger		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 24 / 2014
Name of Federal Candidate JASON CONGER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>OR</u>
Calendar Year-To-Date Per Election for Office Sought 178299.16		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	46585.12
(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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 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 <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Gateway Communications, Inc			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 24 / 2014		
Mailing Address 16805 NE Mason Court			Amount 9714.35		
City Portland	State OR	Zip Code 97230	Transaction ID : SE.14184		
Purpose of Expenditure mailing in support of jason conger		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 24 / 2014		
Name of Federal Candidate JASON CONGER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OR		
Calendar Year-To-Date Per Election for Office Sought		188013.51	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Gateway Communications, Inc			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 13 / 2014		
Mailing Address 16805 NE Mason Court			Amount 20000.00		
City Portland	State OR	Zip Code 97230	Transaction ID : SE.14263		
Purpose of Expenditure postcard in opposition to monica wehby		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 13 / 2014		
Name of Federal Candidate MONICA WEHBY		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OR		
Calendar Year-To-Date Per Election for Office Sought		211608.81	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			29714.35		
(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]		Date MM / DD / YYYY 09 / 09 / 2014	
Signature _____					

Full Name of Payee HOPE 1079 [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 01 / 2014	
Mailing Address 3545 SANTIAM HWY		Amount 4320.00	
City ALBANY	State OR	Zip Code 97322	Transaction ID : SE.14300 Date of Disbursement or Obligation MM / DD / YYYY 03 / 28 / 2014
Purpose of Expenditure RADIO ADS IN SUPPORT OF JASON CONGER		Category/ Type 004	
Name of Federal Candidate JASON CONGER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>OR</u>
Calendar Year-To-Date Per Election for Office Sought		58359.66	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div style="border: 1px solid black; padding: 5px; width: 200px;">0.14</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div style="border: 1px solid black; height: 30px;"></div>
(c) TOTAL Independent Expenditures.....	▶	<div style="border: 1px solid black; height: 30px;"></div>

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.

Date _____

Signature

: 97 `A-G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A-N5HCB
.

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:

Full Name of Payee KPDQ-FM		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 14 / 2014	
Mailing Address 6400 SE LAKE RD SUITE 350		Amount 13053.00	
City PORTLAND	State OR	Zip Code 97222	Transaction ID : SE.14133
Purpose of Expenditure RADIO ADS in support of jason conger	Category/ Type	004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 10 / 2014
Name of Federal Candidate JASON CONGER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: _____ State: <u>OR</u>
Calendar Year-To-Date Per Election for Office Sought	125813.39		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(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 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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life/Oregon PAC			FEC IDENTIFICATION NUMBER ▼ C C00141572		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>					
Full Name of Payee KWIL [MEMO ITEM]			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">04</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 3545 SANTIAM HWY			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2922.00</div>		
City ALBANY	State OR	Zip Code 97322	Transaction ID : SE.14302		
Purpose of Expenditure RADIO ADS JASON CONGER		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">004</div>	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">03</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">28</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Name of Federal Candidate JASON CONGER			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OR		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">58359.66</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee KYKN			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">04</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">16</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 4205 Cherry Ave			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">3600.00</div>		
City Keizer	State OR	Zip Code 97303	Transaction ID : SE.14131		
Purpose of Expenditure RADIO ADS in support of jason conger		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">004</div>	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">04</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Name of Federal Candidate JASON CONGER			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OR		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">110060.39</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">3600.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
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 _____ Signature			[Electronically Filed] Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 29 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 <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Postmaster			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 23 / 2014		
Mailing Address 1050 Sunnyview Rd			Amount 70.12		
City salem	State OR	Zip Code 97301	Transaction ID : SE.14188 Date of Disbursement or Obligation MM / DD / YYYY 04 / 22 / 2014		
Purpose of Expenditure mailing of voter guide in support of james buchal		Category/ Type 004			
Name of Federal Candidate JAMES LAURENCE BUCHAL			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>03</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OR</u>		
Calendar Year-To-Date Per Election for Office Sought 71.81			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Postmaster			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 23 / 2014		
Mailing Address 1050 Sunnyview Rd			Amount 630.87		
City salem	State OR	Zip Code 97301	Transaction ID : SE.14189 Date of Disbursement or Obligation MM / DD / YYYY 04 / 22 / 2014		
Purpose of Expenditure mailing voter guide in support of jason conger		Category/ Type 004			
Name of Federal Candidate JASON CONGER			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>OR</u>		
Calendar Year-To-Date Per Election for Office Sought 131844.26			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(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 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 _____ Signature			[Electronically Filed] Date MM / DD / YYYY 09 / 09 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life/Oregon PAC		FEC IDENTIFICATION NUMBER ▼ C C00141572
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Postmaster		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 23 / 2014	
Mailing Address 1050 Sunnyview Rd		Amount 70.12	
City salem	State OR	Zip Code 97301	Transaction ID : SE.14190
Purpose of Expenditure mailing of voter guide in support of dennis linthicum		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 22 / 2014
Name of Federal Candidate DENNIS BRADLEY LINTHICUM		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR
Calendar Year-To-Date Per Election for Office Sought 73.50		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Postmaster		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 23 / 2014	
Mailing Address 1050 Sunnyview Rd		Amount 210.33	
City salem	State OR	Zip Code 97301	Transaction ID : SE.14191
Purpose of Expenditure mailing of voter guide in support of delinda morgan		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 22 / 2014
Name of Federal Candidate DELINDA MORGAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR
Calendar Year-To-Date Per Election for Office Sought 220.47		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(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 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

MM / DD / YYYY
09 / 09 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life/Oregon PAC			FEC IDENTIFICATION NUMBER ▼ C C00141572		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Postmaster			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 23 / 2014		
Mailing Address 1050 Sunnyview Rd			Amount 210.33		
City salem	State OR	Zip Code 97301	Transaction ID : SE.14192		
Purpose of Expenditure mailing of voter guide in support of art robinson		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 22 / 2014		
Name of Federal Candidate ART ROBINSON			<input checked="" type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: <u>04</u> <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OR</u>		
Calendar Year-To-Date Per Election for Office Sought 215.40			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Postmaster			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 23 / 2014		
Mailing Address 1050 Sunnyview Rd			Amount 210.33		
City salem	State OR	Zip Code 97301	Transaction ID : SE.14193		
Purpose of Expenditure mailing of voter guide in support of tootie smith		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 22 / 2014		
Name of Federal Candidate TOOTIE SMITH			<input checked="" type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: <u>05</u> <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OR</u>		
Calendar Year-To-Date Per Election for Office Sought 215.40			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> 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 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 _____ Signature			[Electronically Filed] Date MM / DD / YYYY 09 / 09 / 2014		

Full Name of Payee Postmaster		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>04 / 23 / 2014</div> </div>	
Mailing Address 1050 Sunnyview Rd		Amount <div> <div>560.75</div> </div>	
City salem	State OR	Zip Code 97301	Transaction ID : SE.14195 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>04 / 22 / 2014</div> </div>
Purpose of Expenditure mailing of voter guide in opposition to monica wehby		Category/ Type <div> <div>004</div> </div>	
Name of Federal Candidate MONICA WEHBY		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate
Calendar Year-To-Date Per Election for Office Sought <div> <div>560.75</div> </div>		District: _____ State: <u>OR</u> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	630.87
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Right to Life/Oregon PAC			FEC IDENTIFICATION NUMBER ▼ C C00141572		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Postmaster			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 04 / 23 / 2014		
Mailing Address 1050 Sunnyview Rd			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">210.32</div>		
City salem		State OR	Zip Code 97301		Transaction ID : SE.14196
Purpose of Expenditure maling for voter guide in support of william yates		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">004</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 04 / 22 / 2014	
Name of Federal Candidate WILLIAM JASON YATES			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">430.79</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>		
Mailing Address			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
City		State	Zip Code		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>
Purpose of Expenditure		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>			
Name of Federal Candidate			<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">210.32</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">134009.85</div>		
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 _____ Signature			[Electronically Filed] Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 09 / 09 / 2014		