

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Holding Onto Oregon's Priorities

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		24977.61
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	24977.61									
(c) Total Receipts (from Line 19)	40065.20	40065.20								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	65042.81	65042.81								
7. Total Disbursements (from Line 31)	47184.48	47184.48								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	17858.33	17858.33								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
Holding Onto Oregon's Priorities

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

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)	4500.00	4500.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	4500.00	4500.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	17500.00	17500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	22000.00	22000.00
12. Transfers From Affiliated/Other Party Committees	18050.00	18050.00
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)	15.20	15.20
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	40065.20	40065.20
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	40065.20	40065.20

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	29684.48	29684.48
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	29684.48	29684.48
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15000.00	15000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	2500.00	2500.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	47184.48	47184.48
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	47184.48	47184.48

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	22000.00	22000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	22000.00	22000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	29684.48	29684.48
37. Offsets to Operating Expenditures (from Line 15, page 3)	15.20	15.20
38. Net Operating Expenditures (subtract Line 37 from Line 36)	29669.28	29669.28

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 27
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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)
Holding Onto Oregon's Priorities

A.

Full Name (Last, First, Middle Initial) Robert Beisner		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address 352 Greenway Ave		Transaction ID: SA11AI.5984
City Newbury Park	State CA	Zip Code 91320
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Solarworld Industries	Occupation Manager	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

B.

Full Name (Last, First, Middle Initial) Michael Ports		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address 2824 Happy Valley Rd		Transaction ID: SA11AI.5986
City Wooster	State OH	Zip Code 44601
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer Ports Petroleum	Occupation President	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional)	4500.00
TOTAL This Period (last page this line number only)	4500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 27
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Holding Onto Oregon's Priorities

<p>A. Full Name (Last, First, Middle Initial) AMERICAN HEALTH CARE ASSOCIATION POLITICAL ACTION COMMITTEE</p> <p>Mailing Address 1201 L Street, NW</p> <p>City State Zip Code Washington DC 20005</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 5000.00</p>	<p>Date of Receipt 04 / 14 / 2009</p> <p>Transaction ID: SA11C.5926</p> <p>Amount of Each Receipt this Period 5000.00</p> <p>Contribution</p>
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<p>B. Full Name (Last, First, Middle Initial) BAXTER HEALTHCARE POLITICAL ACTION COMMITTEE</p> <p>Mailing Address 1501 K Street, NW Suite 375</p> <p>City State Zip Code Washington DC 20005</p> <p>FEC ID number of contributing federal political committee. C C00117838</p> <p>Name of Employer Occupation</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2500.00</p>	<p>Date of Receipt 06 / 30 / 2009</p> <p>Transaction ID: SA11C.5982</p> <p>Amount of Each Receipt this Period 2500.00</p> <p>Contribution</p>
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<p>C. Full Name (Last, First, Middle Initial) INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS POLITICAL ACTION COMMITTEE</p> <p>Mailing Address 900 Seventh St, NW</p> <p>City State Zip Code Washington DC 20001</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 5000.00</p>	<p>Date of Receipt 03 / 03 / 2009</p> <p>Transaction ID: SA11C.5928</p> <p>Amount of Each Receipt this Period 5000.00</p> <p>Contribution</p>
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SUBTOTAL of Receipts This Page (optional)	12500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 / 27
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Holding Onto Oregon's Priorities

A.	Full Name (Last, First, Middle Initial) NEW YORK LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE		Date of Receipt
	Mailing Address 51 Madison Ave. Room 1109		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	New York	NY	10010
	FEC ID number of contributing federal political committee.		<input type="text" value="C00158881"/>
	Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	Transaction ID: SA11C.5981
			Amount of Each Receipt this Period <input type="text" value="5000.00"/>
			Contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="5000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="17500.00"/>

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

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

FOR LINE NUMBER: PAGE 9 / 27
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Holding Onto Oregon's Priorities

A. Full Name (Last, First, Middle Initial)
WYDEN FOR OREGON

Mailing Address 2911 NE HANCOCK STREET

City State Zip Code
PORTLAND OR 97212

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1150.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 1 / 0 5 / 2 0 0 9

Transaction ID: SA12.5886

Amount of Each Receipt this Period
1150.00

Joint Fundraising Contribution Transfer

B. Full Name (Last, First, Middle Initial)
Delores Petruzelli

Mailing Address 9980 SW Riverwood Lane

City State Zip Code
Tigard OR 97224

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

Name of Employer Occupation
None Homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1150.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 1 / 0 5 / 2 0 0 9

Transaction ID: SA12.5886.0

Amount of Each Receipt this Period
1150.00

Contribution

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
WYDEN FOR OREGON

Mailing Address 2911 NE HANCOCK STREET

City State Zip Code
PORTLAND OR 97212

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3850.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 1 6 / 2 0 0 9

Transaction ID: SA12.5887

Amount of Each Receipt this Period
2700.00

Joint Fundraising Contribution Transfer

SUBTOTAL of Receipts This Page (optional) ► **3850.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 27
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Holding Onto Oregon's Priorities

A. Full Name (Last, First, Middle Initial)
James Fuiten
Mailing Address P.O. Box 1635
City Hillsboro State OR Zip Code 97123
FEC ID number of contributing federal political committee. **C**
Name of Employer Metro West Occupation President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2700.00
Date of Receipt 06 / 16 / 2009
Transaction ID: SA12.5887.0
Amount of Each Receipt this Period 2700.00
Contribution
[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
WYDEN FOR OREGON
Mailing Address 2911 NE HANCOCK STREET
City PORTLAND State OR Zip Code 97212
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5850.00
Date of Receipt 03 / 31 / 2009
Transaction ID: SA12.5964
Amount of Each Receipt this Period 2000.00
Ht Fundraising Contributi-
on

C. Full Name (Last, First, Middle Initial)
Herbert H. Kohl
Mailing Address 825 N. Jefferson St.
Suite 350
City Milwaukee State WI Zip Code 53202
FEC ID number of contributing federal political committee. **C**
Name of Employer U.S. Government Occupation U.S. Senator
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 03 / 31 / 2009
Transaction ID: SA12.5964.0
Amount of Each Receipt this Period 1000.00
Jt. Fundraising Contribut-
ion
[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) ► 2000.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 27
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input checked="" type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Holding Onto Oregon's Priorities

A.	Full Name (Last, First, Middle Initial) AMEDISYS INC POLITICAL ACTION COMMITTEE	Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 5959 South Sherwood Forest Blvd	Transaction ID: SA12.5964.1
	City State Zip Code Baton Rouge LA 70816	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C C00436360	Jt. Fundraising Contribution
Name of Employer Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) WYDEN FOR OREGON	Date of Receipt MM / DD / YYYY 06 / 11 / 2009
	Mailing Address 2911 NE HANCOCK STREET	Transaction ID: SA12.5961
	City State Zip Code PORTLAND OR 97212	Amount of Each Receipt this Period 2200.00
	FEC ID number of contributing federal political committee. C	Joint Fundraising Contribution
Name of Employer Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 8050.00	

C.	Full Name (Last, First, Middle Initial) Gary Fish	Date of Receipt MM / DD / YYYY 06 / 11 / 2009
	Mailing Address 61415 Tam Mc Arthur Loop	Transaction ID: SA12.5961.0
	City State Zip Code Bend OR 97702	Amount of Each Receipt this Period 2200.00
	FEC ID number of contributing federal political committee. C	Joint Fundraising Contribution
Name of Employer Occupation Deschutes Brweery CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2200.00	[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)	▶	2200.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 12 / 27	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Holding Onto Oregon's Priorities

A.

Full Name (Last, First, Middle Initial) WYDEN FOR OREGON		Date of Receipt	
Mailing Address 2911 NE HANCOCK STREET		M M / D D / Y Y Y Y 06 / 26 / 2009	
City	State	Zip Code	Transaction ID: SA12.5980
PORTLAND	OR	97212	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		10000.00	
Name of Employer	Occupation	Jt. Fundraising Contributions	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		
		18050.00	

SUBTOTAL of Receipts This Page (optional)	▶	10000.00
TOTAL This Period (last page this line number only)	▶	18050.00

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Holding Onto Oregon's Priorities

<p>A.</p> <p>Full Name (Last, First, Middle Initial) ADP</p> <p>Mailing Address 4099 SE International Way Suite 203</p> <p>City Milwaukie State OR Zip Code 97222</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.5899</p> <p>Date of Disbursement 01 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 1318.21</p> <p>001 Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) ADP</p> <p>Mailing Address 4099 SE International Way Suite 203</p> <p>City Milwaukie State OR Zip Code 97222</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.5913</p> <p>Date of Disbursement 02 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 1313.41</p> <p>001 Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) ADP</p> <p>Mailing Address 4099 SE International Way Suite 203</p> <p>City Milwaukie State OR Zip Code 97222</p> <p>Purpose of Disbursement Payroll Processing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.5914</p> <p>Date of Disbursement 02 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 79.36</p> <p>001 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2710.98

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

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

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

FOR LINE NUMBER: (check only one)

PAGE 14 / 27

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

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NAME OF COMMITTEE (In Full)
Holding Onto Oregon's Priorities

A.	Full Name (Last, First, Middle Initial) ADP	Transaction ID: SB21B.5934 Date of Disbursement
	Mailing Address 4099 SE International Way Suite 203	<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City Milwaukie State OR Zip Code 97222	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Processing Fees	<input type="text" value="79.36"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ADP	Transaction ID: SB21B.5935 Date of Disbursement
	Mailing Address 4099 SE International Way Suite 203	<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City Milwaukie State OR Zip Code 97222	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Taxes	<input type="text" value="1586.34"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ADP	Transaction ID: SB21B.5942 Date of Disbursement
	Mailing Address 4099 SE International Way Suite 203	<input type="text" value="04"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>
	City Milwaukie State OR Zip Code 97222	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Taxes	<input type="text" value="14.53"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1680.23"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Holding Onto Oregon's Priorities

A.	Full Name (Last, First, Middle Initial) ADP Mailing Address 4099 SE International Way Suite 203 City Milwaukie State OR Zip Code 97222 Purpose of Disbursement Payroll Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.5989 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 9 Amount of Each Disbursement this Period 1586.34 001 Category/ Type
B.	Full Name (Last, First, Middle Initial) ADP Mailing Address 4099 SE International Way Suite 203 City Milwaukie State OR Zip Code 97222 Purpose of Disbursement Payroll Processing 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) ▼	Transaction ID: SB21B.5990 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 9 Amount of Each Disbursement this Period 81.36 001 Category/ Type
C.	Full Name (Last, First, Middle Initial) ADP Mailing Address 4099 SE International Way Suite 203 City Milwaukie State OR Zip Code 97222 Purpose of Disbursement Payroll Processing 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) ▼	Transaction ID: SB21B.5952 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 9 Amount of Each Disbursement this Period 79.36 001 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	1747.06
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Holding Onto Oregon's Priorities

A.	Full Name (Last, First, Middle Initial) ADP Mailing Address 4099 SE International Way Suite 203 City Milwaukie State OR Zip Code 97222 Purpose of Disbursement Payroll Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.5953 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 9 Amount of Each Disbursement this Period 1586.34
B.	Full Name (Last, First, Middle Initial) ADP Mailing Address 4099 SE International Way Suite 203 City Milwaukie State OR Zip Code 97222 Purpose of Disbursement Payroll Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.5973 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 9 Amount of Each Disbursement this Period 1578.74
C.	Full Name (Last, First, Middle Initial) ADP Mailing Address 4099 SE International Way Suite 203 City Milwaukie State OR Zip Code 97222 Purpose of Disbursement Payroll Processing 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) ▼	Transaction ID: SB21B.5974 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 9 Amount of Each Disbursement this Period 79.36

SUBTOTAL of Disbursements This Page (optional)	3244.44
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Holding Onto Oregon's Priorities

A.	Full Name (Last, First, Middle Initial) AT&T Mobility	Transaction ID: SB21B.5911
	Mailing Address PO Box 536216	Date of Disbursement MM / DD / YYYY 02 / 26 / 2009
	City Atlanta State GA Zip Code 30353-6216	Amount of Each Disbursement this Period 215.91
	Purpose of Disbursement Telephone Service Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) AT&T Mobility	Transaction ID: SB21B.5937
	Mailing Address PO Box 536216	Date of Disbursement MM / DD / YYYY 04 / 09 / 2009
	City Atlanta State GA Zip Code 30353-6216	Amount of Each Disbursement this Period 98.70
	Purpose of Disbursement Telephone Service Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) AT&T Mobility	Transaction ID: SB21B.5945
	Mailing Address PO Box 536216	Date of Disbursement MM / DD / YYYY 04 / 28 / 2009
	City Atlanta State GA Zip Code 30353-6216	Amount of Each Disbursement this Period 129.89
	Purpose of Disbursement Telephone Service Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	444.50
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Holding Onto Oregon's Priorities

A.	Full Name (Last, First, Middle Initial) AT&T Mobility	Transaction ID: SB21B.5958 Date of Disbursement																			
	Mailing Address PO Box 536216	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	8		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	8		2	0	0	9												
	City Atlanta State GA Zip Code 30353-6216	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Telephone Service Candidate Name	<table border="1"><tr><td>106.01</td></tr></table>	106.01																		
106.01																					
	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) ▼																			
		001 Category/ Type																			

B.	Full Name (Last, First, Middle Initial) AT&T Mobility	Transaction ID: SB21B.5975 Date of Disbursement																			
	Mailing Address PO Box 536216	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	0	9												
	City Atlanta State GA Zip Code 30353-6216	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Telephone Service Candidate Name	<table border="1"><tr><td>106.24</td></tr></table>	106.24																		
106.24																					
	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) ▼																			
		001 Category/ Type																			

C.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: SB21B.5955 Date of Disbursement																			
	Mailing Address PO Box 53132	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>5</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		3	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		3	1		2	0	0	9												
	City Phoenix State AZ Zip Code 85072	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Credit Card Payment Candidate Name	<table border="1"><tr><td>22.65</td></tr></table>	22.65																		
22.65																					
	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) ▼																			
		001 Category/ Type																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>234.90</td></tr></table>	234.90
234.90		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Holding Onto Oregon's Priorities

A.	Full Name (Last, First, Middle Initial) Basic Rights Oregon	Transaction ID: SB21B.5939 Date of Disbursement																			
	Mailing Address 310 SW 4th Ave #610	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	4		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	4		2	0	0	9												
	City Portland State OR Zip Code 97204	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Event Tickets	<table border="1"><tr><td>375.00</td></tr></table>	375.00																		
375.00																					
	Candidate Name	<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
001																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) Ms. Melissa Kardon	Transaction ID: SB21B.5897 Date of Disbursement																			
	Mailing Address 2911 NE Hancock	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
	City Portland State OR Zip Code 97212	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Salary	<table border="1"><tr><td>2860.19</td></tr></table>	2860.19																		
2860.19																					
	Candidate Name	<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
001																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) Ms. Melissa Kardon	Transaction ID: SB21B.5910 Date of Disbursement																			
	Mailing Address 2911 NE Hancock	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	3		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	3		2	0	0	9												
	City Portland State OR Zip Code 97212	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Internet Service Reimbursement	<table border="1"><tr><td>95.98</td></tr></table>	95.98																		
95.98																					
	Candidate Name	<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
001																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>3331.17</td></tr></table>	3331.17
3331.17		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 20 / 27

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

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NAME OF COMMITTEE (In Full)
Holding Onto Oregon's Priorities

A.	Full Name (Last, First, Middle Initial) Ms. Melissa Kardon	Transaction ID: SB21B.5912 Date of Disbursement 02 / 27 / 2009
	Mailing Address 2911 NE Hancock	Amount of Each Disbursement this Period 2860.19
	City Portland State OR Zip Code 97212	
	Purpose of Disbursement Salary Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Ms. Melissa Kardon	Transaction ID: SB21B.5919 Date of Disbursement 03 / 18 / 2009
	Mailing Address 2911 NE Hancock	Amount of Each Disbursement this Period 47.99
	City Portland State OR Zip Code 97212	
	Purpose of Disbursement Reimbursement for Internet Service Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Ms. Melissa Kardon	Transaction ID: SB21B.5932 Date of Disbursement 03 / 31 / 2009
	Mailing Address 2911 NE Hancock	Amount of Each Disbursement this Period 2561.66
	City Portland State OR Zip Code 97212	
	Purpose of Disbursement Salary Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	5469.84
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Holding Onto Oregon's Priorities

A. Full Name (Last, First, Middle Initial) Ms. Melissa Kardon <hr/> Mailing Address 2911 NE Hancock <hr/> City Portland State OR Zip Code 97212 <hr/> Purpose of Disbursement Reimbursement for Internet Service Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.5941 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 9
	Amount of Each Disbursement this Period 47.99
B. Full Name (Last, First, Middle Initial) Ms. Melissa Kardon <hr/> Mailing Address 2911 NE Hancock <hr/> City Portland State OR Zip Code 97212 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.5988 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 9
	Amount of Each Disbursement this Period 2561.66
C. Full Name (Last, First, Middle Initial) Ms. Melissa Kardon <hr/> Mailing Address 2911 NE Hancock <hr/> City Portland State OR Zip Code 97212 <hr/> Purpose of Disbursement Reimbursement for Internet Service Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.5946 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 9
	Amount of Each Disbursement this Period 47.99

SUBTOTAL of Disbursements This Page (optional) ►

2657.64

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 22 / 27

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

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NAME OF COMMITTEE (In Full)
Holding Onto Oregon's Priorities

A.	Full Name (Last, First, Middle Initial) Ms. Melissa Kardon	Transaction ID: SB21B.5951 Date of Disbursement 05 / 29 / 2009
	Mailing Address 2911 NE Hancock	Amount of Each Disbursement this Period 2561.66
	City Portland State OR Zip Code 97212	
	Purpose of Disbursement Salary Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Ms. Melissa Kardon	Transaction ID: SB21B.5972 Date of Disbursement 06 / 30 / 2009
	Mailing Address 2911 NE Hancock	Amount of Each Disbursement this Period 2561.66
	City Portland State OR Zip Code 97212	
	Purpose of Disbursement Salary Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Multnomah County Democrats	Transaction ID: SB21B.5908 Date of Disbursement 02 / 12 / 2009
	Mailing Address PO Box 6596	Amount of Each Disbursement this Period 750.00
	City Portland State OR Zip Code 97228	
	Purpose of Disbursement Event Tickets Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	5873.32
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Holding Onto Oregon's Priorities

A.	Full Name (Last, First, Middle Initial) NGP Software, Inc.	Transaction ID: SB21B.5889 Date of Disbursement
	Mailing Address 1101 Vermont Avenue, NW Suite 710	<input type="text" value="01"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement Database Maintenance Candidate Name	<input type="text" value="300.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) NGP Software, Inc.	Transaction ID: SB21B.5938 Date of Disbursement
	Mailing Address 1101 Vermont Avenue, NW Suite 710	<input type="text" value="04"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement Database Maintenance Candidate Name	<input type="text" value="300.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) NGP Software, Inc.	Transaction ID: SB21B.5971 Date of Disbursement
	Mailing Address 1101 Vermont Avenue, NW Suite 710	<input type="text" value="06"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement Database Maintenance Candidate Name	<input type="text" value="300.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="900.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Holding Onto Oregon's Priorities

A.	Full Name (Last, First, Middle Initial) Oregon League of Conservation Voters	Transaction ID: SB21B.5920 Date of Disbursement
	Mailing Address 320 SW Stark Suite 415	<input type="text" value="03"/> / <input type="text" value="19"/> / <input type="text" value="2009"/>
	City Portland State OR Zip Code 97204	Amount of Each Disbursement this Period
	Purpose of Disbursement Event Tickets Candidate Name	<input type="text" value="625.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Verizon	Transaction ID: SB21B.5943 Date of Disbursement
	Mailing Address P.O. Box 19707	<input type="text" value="04"/> / <input type="text" value="28"/> / <input type="text" value="2009"/>
	City Irvine State CA Zip Code 92623-9707	Amount of Each Disbursement this Period
	Purpose of Disbursement Telephone Service Candidate Name	<input type="text" value="42.63"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Verizon	Transaction ID: SB21B.5957 Date of Disbursement
	Mailing Address P.O. Box 19707	<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City Irvine State CA Zip Code 92623-9707	Amount of Each Disbursement this Period
	Purpose of Disbursement Telephone Service Candidate Name	<input type="text" value="42.63"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Holding Onto Oregon's Priorities

A.

Full Name (Last, First, Middle Initial)
Verizon

Transaction ID: SB21B.5959
Date of Disbursement

Mailing Address P.O. Box 19707

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	0	9

City Irvine State CA Zip Code 92623-9707

Amount of Each Disbursement this Period

47.63

Purpose of Disbursement
Telephone Service

001
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

47.63

TOTAL This Period (last page this line number only)

29051.97

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Holding Onto Oregon's Priorities

A.

Full Name (Last, First, Middle Initial)
FRIENDS OF BARBARA BOXER

Transaction ID: SB23.5977

Date of Disbursement

Mailing Address PO BOX 411176

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	9

City LOS ANGELES State CA Zip Code 90041

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Political Contribution

011

Category/
Type

Candidate Name

Office Sought: House Senate President
State: CA District: 00

Disbursement For: 2010 Primary General Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)
PEOPLE FOR PATTY MURRAY U S SENATE CAMPAIGN

Transaction ID: SB23.5979

Date of Disbursement

Mailing Address PO BOX 3662

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	9

City SEATTLE State WA Zip Code 98124

Amount of Each Disbursement this Period

10000.00

Purpose of Disbursement
Political Contribution

011

Category/
Type

Candidate Name

Office Sought: House Senate President
State: WA District: 00

Disbursement For: 2010 Primary General Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

15000.00

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

15000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 27 / 27

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

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NAME OF COMMITTEE (In Full)
Holding Onto Oregon's Priorities

A.	Full Name (Last, First, Middle Initial) Emerge Oregon		Transaction ID: SB29.5949	
	Mailing Address P.O. Box 40132		Date of Disbursement MM / DD / YYYY 03 / 16 / 2009	
	City Portland	State OR	Zip Code 97240	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Non-federal Donation		012 Category/ Type	
	Candidate Name			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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

2500.00