For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Stoel Rives Political Action Committee

ADDRESS (number and street) ☐ Check if different than previously reported
900 SW 5th Avenue, Suite 2300

CITY, STATE and ZIP CODE
Portland, OR 97204-1268

2. FEC IDENTIFICATION NUMBER
C00289165

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

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid Year Report (Non-election Year Only)
☐ Termination Report

Monthly Report Due On:
☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

☒ Twelfth day report preceding General (Type of Election) election on 11/8/94 in the State of Oregon

☐ Thirtieth day report following the General Election on _____ in the State of _____.

(b) Is this Report an Amendment? ☒ YES ☐ NO

SUMMARY

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5.	Covering Period October 1, 1994 through October 19, 1994		
6.	(a) Cash on Hand January 1, 19 94		$ 0
	(b) Cash on Hand at Beginning of Reporting Period	$ 500	
	(c) Total Receipts (from Line 19)	$ 6,000	$ 9,500
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 6,500	$ 9,500
7.	Total Disbursements (from Line 30)	$ 2,000	$ 5,000
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 4,500	$ 4,500
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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
E. Walter Van Valkenburg, Assistant Treasurer

Signature of Treasurer

Date 12/8/94

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

FEC FORM 3X
(revised 9/93)
FEAAN101

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE: Stoel Rives Political Action Committee

REPORT COVERING PERIOD FROM: 10/1/94 TO: 10/19/94

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees	0	0	11(a)(i)
i. Itemized (use Schedule A)	6,000	9,500	11(a)(ii)
ii. Unitemized	6,000	9,500	11(a)(iii)
iii. Total (add i and ii) ➤	0	0	11(b)
b. Political Party Committees	0	0	11(c)
c. Other Political Committees (such as PACs)	6,000	9,500	11(d)
d. Total Contributions (add a iii, b and c) ➤	0	0	12
12. Transfers From Affiliated/Other Party Committees	0	0	13
13. All Loans Received	0	0	14
14. Loan Repayments Received	0	0	15
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0	16
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0	17
17. Other Federal Receipts (Dividends, interest, etc.)	0	0	18
18. Transfers from Nonfederal Account for Joint Activity	6,000	9,500	19
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	6,000	9,500	20
20. Total Federal Receipts (subtract line 18 from line 19) ➤			
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)	0	0	21(a)(i)
i. Federal Share	0	0	21(a)(ii)
ii. Non-Federal Share	0	0	21(b)
b. Other Federal Operating Expenditures	0	0	21(c)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	0	0	22
22. Transfers to Affiliated/Other Party Committees	2,000	5,000	23
23. Contributions to Federal Candidates/Committees and Other Political Committees	0	0	24
24. Independent Expenditures (use Schedule E)	0	0	25
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0	0	26
26. Loan Repayments Made	0	0	27
27. Loans Made			
28. Refunds of Contributions To:	0	0	28(a)
a. Individuals/Persons Other Than Political Committees	0	0	28(b)
b. Political Party Committees	0	0	28(c)
c. Other Political Committees (such as PACs)	0	0	28(d)
d. Total Contribution Refunds (add a, b and c) ➤	0	0	29
29. Other Disbursements	2,000	5,000	30
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	2,000	5,000	31
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤			
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	2,000	5,000	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	2,000	5,000	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	0	0	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	0	0	37

FE4A(rev01)

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER

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)
Stoel Rives Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert D. Van Brocklin 6259 SE 32nd Avenue Portland, OR 97202	Stoel Rives Boley Jones & Grey	10/17/94	$77.50 (exempt legal services)
Receipt For: ☐ Primary ☐ General ☒ Other (specify): exempt legal services	Occupation: Attorney Aggregate Year-to-Date > $ 387.50		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Geraldine M. Johnson 12730 SW Barberry Drive Beaverton, OR 97005	Stoel Rives Boley Jones & Grey	10/17/94	$10.00 (exempt accounting services)
Receipt For: ☐ Primary ☐ General ☒ Other (specify): exempt accounting srvcs	Occupation: Assistant Accounting Manager Aggregate Year-to-Date > $ 30.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	$ 87.50
TOTAL This Period (last page this line number only)	$ 87.50

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

Stoel Rives Political Action Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Furse for Congress Committee 6200 SW Virginia Avenue, Suite 106 Portland, OR 97201	Contribution to U.S. House Candidate Committee Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/7/94	$1,000.00
Furse for Congress Committee 6200 SW Virginia Avenue, Suite 106 Portland, OR 97201	Contribution to U.S. House Candidate Committee Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/7/94	$ 500.00
Furse for Congress Committee 6200 SW Virginia Avenue, Suite 106 Portland, OR 97201	Contribution to U.S. House Candidate Committee Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/14/94	$ 500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) ..... $ 2,000.00

TOTAL This Period (last page this line number only) ..... $ 2,000.00

FE4AN101

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	DATE OF RECEIPT
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 12-8-94
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

MMR
PREPARER

12-14-94
DATE PREPARED

FEC FORM 70-2 (12/92)

9 4 0 3 9 3 3 3 9 5 4