

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.

Holding Onto Oregon's Priorities

ADDRESS (number and street)

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

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) General (12G) Runoff (12R)
 - Convention (12C) Special (12S)

Election on / / in the State of

- (d) 30-Day POST-Election Report for the:
- General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period / / through / /

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 Ms. Melissa Kardon

Signature of Treasurer Ms. Melissa Kardon [Electronically Filed] Date / /

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

Office Use Only									
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Holding Onto Oregon's Priorities

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2010"/>		25682.20
(b) Cash on Hand at Beginning of Reporting Period.....	27663.14	
(c) Total Receipts (from Line 19)	64500.00	172200.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	92163.14	197882.20
7. Total Disbursements (from Line 31).....	32751.48	138470.54
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	59411.66	59411.66
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)

Write or Type Committee Name

Holding Onto Oregon's Priorities

Report Covering the Period: From: / / To: / /

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).....	16000.00	23500.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	16000.00	23500.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	11800.00	34800.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	27800.00	58300.00
12. Transfers From Affiliated/Other Party Committees.....	36700.00	113900.00
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).....	0.00	0.00
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))..... ▶	64500.00	172200.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	64500.00	172200.00

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	17251.48	47470.54
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	17251.48	47470.54
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3000.00	44000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
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	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	12500.00	47000.00
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)) ..	32751.48	138470.54
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	32751.48	138470.54

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)	27800.00	58300.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	27800.00	58300.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	17251.48	47470.54
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	17251.48	47470.54

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

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

FOR LINE NUMBER: PAGE 6 OF 28
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. David C. Jory
 Full Name (Last, First, Middle Initial)
 Mailing Address 4528 Macomb St. NW
 City Washington State DC Zip Code 20016-2753
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Capital Hill Consulting Group Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2010
Transaction ID : SA11AI.6386
 Amount of Each Receipt this Period
 2000.00

B. Joshua R. Kardon
 Full Name (Last, First, Middle Initial)
 Mailing Address 2911 NE Hancock St.
 City Portland State OR Zip Code 97212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Grant Park Strategies, LLC Occupation Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2010
Transaction ID : SA11AI.6384
 Amount of Each Receipt this Period
 5000.00

C. Chris Maletis
 Full Name (Last, First, Middle Initial)
 Mailing Address 1205 SW Fairfax PI
 City Portland State OR Zip Code 97225-6038
 FEC ID number of contributing federal political committee. **C**
 Name of Employer None Occupation Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2010
Transaction ID : SA11AI.6388
 Amount of Each Receipt this Period
 4000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 11000.00
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 7 OF 28
(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)
David E. Shaw

Mailing Address 120 W. 45th Street
39th Floor

City State Zip Code
New York NY 10036

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

Name of Employer Occupation
D.E. Shaw Research Biomedical Research

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 28 / 2010

Transaction ID : SA11AI.6319

Amount of Each Receipt this Period
5000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	16000.00

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

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

FOR LINE NUMBER: PAGE 8 OF 28
(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

Full Name (Last, First, Middle Initial)
A. AMERICAN HEALTH CARE ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1201 L Street, NW

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00006080**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 03 / 2010
Transaction ID : SA11C.6348

Amount of Each Receipt this Period
 5000.00

Full Name (Last, First, Middle Initial)
B. HCR Manor Care PAC

Mailing Address 333 N. Summit St.
 P.O. Box 10086

City Toledo State OH Zip Code 43699-0086

FEC ID number of contributing federal political committee. **C C00260141**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 03 / 2010
Transaction ID : SA11C.6349

Amount of Each Receipt this Period
 2500.00

Full Name (Last, First, Middle Initial)
C. PACIFIC COAST COUNCIL OF CUSTOMS BROKERS AND FREIGHT FORWARDERS ASSNS INC TRADE EXPANSION

Mailing Address 1120 G STREET NW SUITE 1020

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00454793**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 12 / 2010
Transaction ID : SA11C.6321

Amount of Each Receipt this Period
 2800.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 10300.00

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 9 OF 28
(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. Sun Healthcare PAC
Full Name (Last, First, Middle Initial)
Mailing Address 101 Sun Ave N.E.
City Albuquerque State NM Zip Code 87109-4373
FEC ID number of contributing federal political committee. **C** C00398826
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 07 / 2010
Transaction ID : SA11C.6363
Amount of Each Receipt this Period
1500.00

B.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
Amount of Each Receipt this Period

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	11800.00

**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 10 OF 28
<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. WYDEN FOR OREGON
 Full Name (Last, First, Middle Initial)
 Mailing Address 2911 NE HANCOCK STREET
 City PORTLAND State OR Zip Code 97212
 FEC ID number of contributing federal political committee. **C** C00436998
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 80800.00

Date of Receipt 07 / 28 / 2010
Transaction ID : SA12.6314
 Amount of Each Receipt this Period 3600.00
 Jt Fundraising Contribution Distribution

B. Harley Lippman
 Full Name (Last, First, Middle Initial)
 Mailing Address 1021 Park Avenue 7C
 City New York State NY Zip Code 10028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Genesis 10 CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2600.00

Date of Receipt 07 / 16 / 2010
Transaction ID : SA12.6314.0
 Amount of Each Receipt this Period 2600.00
 Contribution
[MEMO ITEM]

C. Mark Garber
 Full Name (Last, First, Middle Initial)
 Mailing Address 25377 Butler Rd
 City Junction City State OR Zip Code 97448-8522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pinnacle Health Care CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 15 / 2010
Transaction ID : SA12.6314.1
 Amount of Each Receipt this Period 1000.00
 Contribution
[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....	3600.00
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 OF 28
<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. WYDEN FOR OREGON
 Full Name (Last, First, Middle Initial)
 Mailing Address 2911 NE HANCOCK STREET
 City PORTLAND State OR Zip Code 97212
 FEC ID number of contributing federal political committee. **C** C00436998
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 85600.00

Date of Receipt 08 / 03 / 2010
Transaction ID : SA12.6335
 Amount of Each Receipt this Period 4800.00
 Jt Fundraising Contribution Distribution

B. Stephen Gambee
 Full Name (Last, First, Middle Initial)
 Mailing Address 1811 E. Main St.
 City Medford State OR Zip Code 97504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Rogue Waste Systems CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4800.00

Date of Receipt 08 / 03 / 2010
Transaction ID : SA12.6335.0
 Amount of Each Receipt this Period 4800.00
 Contribution
[MEMO ITEM]

C. WYDEN FOR OREGON
 Full Name (Last, First, Middle Initial)
 Mailing Address 2911 NE HANCOCK STREET
 City PORTLAND State OR Zip Code 97212
 FEC ID number of contributing federal political committee. **C** C00436998
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 96000.00

Date of Receipt 08 / 12 / 2010
Transaction ID : SA12.6337
 Amount of Each Receipt this Period 10400.00
 Joint Fundraising Contribution Distribution

SUBTOTAL of Receipts This Page (optional).....	15200.00
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 12 OF 28
<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

Full Name (Last, First, Middle Initial) A. Georges St. Laurent Jr.		Date of Receipt MM / DD / YYYY 08 / 12 / 2010 Transaction ID : SA12.6337.0
Mailing Address 120 NE 136th Avenue Suite 200		Amount of Each Receipt this Period 2600.00
City Vancouver	State WA	Zip Code 98684
FEC ID number of contributing federal political committee. C		Contribution [MEMO ITEM]
Name of Employer St. Laurent Properties	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2600.00	

Full Name (Last, First, Middle Initial) B. Junki Yoshida		Date of Receipt MM / DD / YYYY 08 / 12 / 2010 Transaction ID : SA12.6337.1
Mailing Address 17230 NE Sacramento St.		Amount of Each Receipt this Period 2600.00
City Portland	State OR	Zip Code 97230
FEC ID number of contributing federal political committee. C		Contribution [MEMO ITEM]
Name of Employer Yoshida Group	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2600.00	

Full Name (Last, First, Middle Initial) C. Linda Yoshida		Date of Receipt MM / DD / YYYY 08 / 12 / 2010 Transaction ID : SA12.6337.2
Mailing Address 17230 NE Sacramento St.		Amount of Each Receipt this Period 2600.00
City Portland	State OR	Zip Code 97230
FEC ID number of contributing federal political committee. C		Contribution [MEMO ITEM]
Name of Employer None	Occupation Homemaker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2600.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 28
<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

Full Name (Last, First, Middle Initial)
A. Dwight Anderson

Mailing Address PO Box 8012

City State Zip Code
Garden City NY 11530-8012

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

Name of Employer Occupation
Ospraie Funds Investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2600.00

Date of Receipt
08 / 12 / 2010
Transaction ID : SA12.6337.3

Amount of Each Receipt this Period
2600.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. 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** C00436998

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
98400.00

Date of Receipt
08 / 20 / 2010
Transaction ID : SA12.6338

Amount of Each Receipt this Period
2400.00

Joint Fundraising Contribution Distribution

Full Name (Last, First, Middle Initial)
C. Neva Goodwin

Mailing Address 11 Lowell Street

City State Zip Code
Cambridge MA 02138

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

Name of Employer Occupation
Tufts University Economist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2400.00

Date of Receipt
08 / 20 / 2010
Transaction ID : SA12.6338.0

Amount of Each Receipt this Period
2400.00

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....▶	2400.00
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 14 OF 28
<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. WYDEN FOR OREGON
 Full Name (Last, First, Middle Initial)
 Mailing Address 2911 NE HANCOCK STREET
 City PORTLAND State OR Zip Code 97212
 FEC ID number of contributing federal political committee. **C** C00436998
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 100900.00

Date of Receipt 09 / 03 / 2010
Transaction ID : SA12.6350
 Amount of Each Receipt this Period 2500.00
 Jt Fundraising Contribution Distribution

B. Merlin Hart
 Full Name (Last, First, Middle Initial)
 Mailing Address 87102 Kellmore St
 City Eugene State OR Zip Code 97402-9128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pinnacle Health Care President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 09 / 03 / 2010
Transaction ID : SA12.6350.0
 Amount of Each Receipt this Period 2500.00
[MEMO ITEM]

C. WYDEN FOR OREGON
 Full Name (Last, First, Middle Initial)
 Mailing Address 2911 NE HANCOCK STREET
 City PORTLAND State OR Zip Code 97212
 FEC ID number of contributing federal political committee. **C** C00436998
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 105900.00

Date of Receipt 09 / 09 / 2010
Transaction ID : SA12.6370
 Amount of Each Receipt this Period 5000.00
 Jt Fundraising Contribution Distribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 7500.00
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 15 OF 28
<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. John C Law
Full Name (Last, First, Middle Initial)

Mailing Address 514 Palisades Beach Road

City Santa Monica State CA Zip Code 90402-2604

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

Name of Employer Warlord Investments Occupation Commercial Landlord

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2010
Transaction ID : SA12.6370.0

Amount of Each Receipt this Period
5000.00

[MEMO ITEM]

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

Mailing Address 2911 NE HANCOCK STREET

City PORTLAND State OR Zip Code 97212

FEC ID number of contributing federal political committee. **C** C00436998

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
111300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2010
Transaction ID : SA12.6376

Amount of Each Receipt this Period
5400.00

Jt Fundraising Contribution Distribution

c. J Duncan Campbell
Full Name (Last, First, Middle Initial)

Mailing Address 260 SW Birdshill Rd

City Portland State OR Zip Code 97219-8504

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

Name of Employer The Campbell Group Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2010
Transaction ID : SA12.6376.0

Amount of Each Receipt this Period
2800.00

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....▶	5400.00
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 16 OF 28
<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

Full Name (Last, First, Middle Initial)
A. Cynthia Campbell

Mailing Address 280 SW Birdshill Rd

City Portland State OR Zip Code 97219

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

Name of Employer None Occupation Homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2800.00

Date of Receipt
09 / 20 / 2010
Transaction ID : SA12.6376.1

Amount of Each Receipt this Period
2800.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. 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** C00436998

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
113900.00

Date of Receipt
09 / 22 / 2010
Transaction ID : SA12.6381

Amount of Each Receipt this Period
2600.00

Jt Fundraising Contribution Distribution

Full Name (Last, First, Middle Initial)
C. J Morton Davis

Mailing Address 44 Wall St.

City New York State NY Zip Code 10005

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

Name of Employer Occupation
DH Blair Investment Banking Chairman

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2600.00

Date of Receipt
09 / 22 / 2010
Transaction ID : SA12.6381.0

Amount of Each Receipt this Period
2600.00

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....▶	2600.00
TOTAL This Period (last page this line number only).....▶	36700.00

**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

Full Name (Last, First, Middle Initial)

A. ADP

Mailing Address 4099 SE International Way
Suite 203

City Milwaukie State OR Zip Code 97222

Purpose of Disbursement
Payroll Processing Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 14 / 2010

Transaction ID : SB21B.6313

Amount of Each Disbursement this Period

6.00

Full Name (Last, First, Middle Initial)

B. ADP

Mailing Address 4099 SE International Way
Suite 203

City Milwaukie State OR Zip Code 97222

Purpose of Disbursement
Payroll Taxes

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 30 / 2010

Transaction ID : SB21B.6333

Amount of Each Disbursement this Period

1631.44

Full Name (Last, First, Middle Initial)

C. ADP

Mailing Address 4099 SE International Way
Suite 203

City Milwaukie State OR Zip Code 97222

Purpose of Disbursement
Payroll Processing Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 30 / 2010

Transaction ID : SB21B.6334

Amount of Each Disbursement this Period

88.61

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

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

1726.05

**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

Full Name (Last, First, Middle Initial)

A. ADP

Mailing Address 4099 SE International Way
Suite 203

City Milwaukie State OR Zip Code 97222

Purpose of Disbursement
Payroll Taxes

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.6359

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. ADP

Mailing Address 4099 SE International Way
Suite 203

City Milwaukie State OR Zip Code 97222

Purpose of Disbursement
Payroll Taxes

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.6361

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. ADP

Mailing Address 4099 SE International Way
Suite 203

City Milwaukie State OR Zip Code 97222

Purpose of Disbursement
Payroll Processing Fees

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.6362

Amount of Each Disbursement this Period

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)

<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

Full Name (Last, First, Middle Initial)

A. ADP

Mailing Address 4099 SE International Way
Suite 203

City Milwaukie State OR Zip Code 97222

Purpose of Disbursement
Payroll Taxes

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2010

Transaction ID : SB21B.6390

Amount of Each Disbursement this Period

1593.64

Full Name (Last, First, Middle Initial)

B. ADP

Mailing Address 4099 SE International Way
Suite 203

City Milwaukie State OR Zip Code 97222

Purpose of Disbursement
Payroll Processing Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2010

Transaction ID : SB21B.6391

Amount of Each Disbursement this Period

88.61

Full Name (Last, First, Middle Initial)

C. AT&T Mobility

Mailing Address PO Box 536216

City Atlanta State GA Zip Code 30353-6216

Purpose of Disbursement
Telephone Service

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 06 / 2010

Transaction ID : SB21B.6324

Amount of Each Disbursement this Period

473.30

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

2155.55

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

Full Name (Last, First, Middle Initial)

A. AT&T Mobility

Mailing Address PO Box 536216

City Atlanta State GA Zip Code 30353-6216

Purpose of Disbursement
Telephone Service

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.6356

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. AT&T Mobility

Mailing Address PO Box 536216

City Atlanta State GA Zip Code 30353-6216

Purpose of Disbursement
Telephone Service

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.6374

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Bank of America

Mailing Address PO Box 53132

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement
Credit Card Payment

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.6330

Amount of Each Disbursement this Period

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)

<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

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address PO Box 53132

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement
Credit Card Payment

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	1	0

Transaction ID : SB21B.6354

Amount of Each Disbursement this Period

5	7	.	4	5
---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Emerge Oregon

Mailing Address P.O. Box 40132

City Portland State OR Zip Code 97240

Purpose of Disbursement
Event Tickets

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	1	0

Transaction ID : SB21B.6393

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Ms. Melissa Kardon

Mailing Address 2911 NE Hancock

City Portland State OR Zip Code 97212

Purpose of Disbursement
Reimbursement for Internet Service

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	1		2	0	1	0

Transaction ID : SB21B.6323

Amount of Each Disbursement this Period

4	7	.	9	9
---	---	---	---	---

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

1	1	0	5	.	4	4
---	---	---	---	---	---	---

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

1	1	0	5	.	4	4
---	---	---	---	---	---	---

**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

Full Name (Last, First, Middle Initial)

A. Ms. Melissa Kardon

Mailing Address 2911 NE Hancock

City Portland State OR Zip Code 97212

Purpose of Disbursement
Salary

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.6332

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Ms. Melissa Kardon

Mailing Address 2911 NE Hancock

City Portland State OR Zip Code 97212

Purpose of Disbursement
Reimbursement for Internet Service

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.6358

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Ms. Melissa Kardon

Mailing Address 2911 NE Hancock

City Portland State OR Zip Code 97212

Purpose of Disbursement
Salary

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.6360

Amount of Each Disbursement this Period

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)

<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

Full Name (Last, First, Middle Initial)

A. Ms. Melissa Kardon

Mailing Address 2911 NE Hancock

City Portland State OR Zip Code 97212

Purpose of Disbursement
Reimbursement for Internet Service

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 03 / 2010

Transaction ID : SB21B.6353

Amount of Each Disbursement this Period

47.99

Full Name (Last, First, Middle Initial)

B. Ms. Melissa Kardon

Mailing Address 2911 NE Hancock

City Portland State OR Zip Code 97212

Purpose of Disbursement
Salary

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2010

Transaction ID : SB21B.6394

Amount of Each Disbursement this Period

2551.14

Full Name (Last, First, Middle Initial)

C. NARAL Prochoice Oregon

Mailing Address 310 Southwest 4th Ave

City Portland State OR Zip Code 97204-2345

Purpose of Disbursement
Event Tickets

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2010

Transaction ID : SB21B.6392

Amount of Each Disbursement this Period

625.00

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

3224.13

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

Full Name (Last, First, Middle Initial)

A. NGP Software, Inc.

Mailing Address 1101 Vermont Avenue, NW
Suite 710

City Washington State DC Zip Code 20005

Purpose of Disbursement
Database Maintenance

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.6366

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Verizon

Mailing Address P.O. Box 19707

City Irvine State CA Zip Code 92623-9707

Purpose of Disbursement
Telephone Service

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.6325

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Verizon

Mailing Address P.O. Box 19707

City Irvine State CA Zip Code 92623-9707

Purpose of Disbursement
Telephone Service

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.6357

Amount of Each Disbursement this Period

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)

<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

Full Name (Last, First, Middle Initial)

A. Verizon

Mailing Address P.O. Box 19707

City Irvine State CA Zip Code 92623-9707

Purpose of Disbursement
Telephone Service

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2010

Transaction ID : SB21B.6375

Amount of Each Disbursement this Period

43.49

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

43.49

17251.48

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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

Full Name (Last, First, Middle Initial)

A. DEFAZIO FOR CONGRESS

Mailing Address PO Box 1316

City Springfield State OR Zip Code 97477

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB23.6368

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

3000.00

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

3000.00

**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 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

Full Name (Last, First, Middle Initial)

A. Committee to Elect Nick Kahl

Mailing Address PO Box 33658

City Portland State OR Zip Code 97292

Purpose of Disbursement

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 10 / 2010

Transaction ID : SB29.6364

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends of Val Hoyle

Mailing Address 3110 West 14th Ave

City Eugene State OR Zip Code 97402

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 01 / 2010

Transaction ID : SB29.6327

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Future PAC

Mailing Address c/o 921 SW Washington Street
Suite 810

City Portland State OR Zip Code 97205

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 10 / 2010

Transaction ID : SB29.6369

Amount of Each Disbursement this Period

5000.00

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

7000.00

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 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

Full Name (Last, First, Middle Initial)

A. Mary Nolan for State Rep.

Mailing Address PO Box 1686

City Portland State OR Zip Code 97207

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 01 / 2010

Transaction ID : SB29.6328

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Senate Democratic Leadership Fund

Mailing Address P.O. Box 5271

City Portland State OR Zip Code 97208

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 13 / 2010

Transaction ID : SB29.6373

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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)..... ▶

5500.00

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

12500.00