

**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

A.	Full Name (Last, First, Middle Initial) DEFAZIO FOR CONGRESS	Transaction ID: SB23.5210 Date of Disbursement
	Mailing Address PO Box 1316	<input type="text" value="11"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City Springfield State OR Zip Code 97477	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="500.00"/>
	Candidate Name	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008
	State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Democratic Party of Oregon	Transaction ID: SB23.5206 Date of Disbursement
	Mailing Address 232 NE 9th Ave. Suite 105	<input type="text" value="10"/> <input type="text" value="24"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City Portland State OR Zip Code 97232	Amount of Each Disbursement this Period
	Purpose of Disbursement Donation	<input type="text" value="5000.00"/>
	Candidate Name	<input type="text" value="012"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:
	State: District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Committee	Transaction ID: SB23.5191 Date of Disbursement
	Mailing Address P.O. Box 96047	<input type="text" value="09"/> <input type="text" value="06"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City Washington State DC Zip Code 20077-7245	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution	<input type="text" value="5000.00"/>
	Candidate Name	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010
	State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="10500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>