

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

Holding Onto Oregon's Priorities

ADDRESS (number and street) PO Box 3314

Check if different than previously reported. (ACC) Portland OR 97208

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIPCODE

C00392738

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 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- |                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day **PRE-Election** Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12G) |                                       |

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

- (d) 30-Day **Post -Election** Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 07 01 2008 through 09 30 2008

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 Electronically Filed by Ms. Melissa Kardon Date 04 09 2009

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Holding Onto Oregon's Priorities

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		240170.51
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	186885.34									
(c) Total Receipts (from Line 19) .....	15013.20	19981.60								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	201898.54	260152.11								
7. Total Disbursements (from Line 31) .....	135380.68	193634.25								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	66517.86	66517.86								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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**

Write or Type Committee Name  
Holding Onto Oregon's Priorities

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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	2000.00	3000.00
(i) Itemized (use Schedule A) .....	0.00	0.00
(ii) Unitemized .....	2000.00	3000.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	13000.00	13000.00
(c) Other Political Committees (such as PACs) .....	15000.00	16000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....		
12. Transfers From Affiliated/Other Party Committees .....	0.00	3950.00
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) .....	13.20	31.60
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)) .....	15013.20	19981.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	15013.20	19981.60

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	15380.68	42134.25
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	15380.68	42134.25
22. Transfers to Affiliated/Other Party Committees.....	0.00	15000.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	38800.00	53800.00
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.....	81200.00	82700.00
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))..	135380.68	193634.25
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	135380.68	193634.25

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	15000.00	16000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	15000.00	16000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	15380.68	42134.25
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	13.20	31.60
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	15367.48	42102.65

**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 6 / 26
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Jeffrey Borenstein	Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 87-37 Palermo St.	<b>Transaction ID:</b> SA11AI.5809
	City Holliswood State NY Zip Code 11423	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Holliswood Hospital Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Marina Cecchini	Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 12833 SW 2nd Place	<b>Transaction ID:</b> SA11AI.5811
	City Newberry State FL Zip Code 32669	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Shands Healthcare Occupation Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mark Covall	Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 15089 Stillfield Place	<b>Transaction ID:</b> SA11AI.5813
	City Centreville State VA Zip Code 20120	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Nat'l Assn Psychiatric Health Occupation Executive Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> 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 / 26  
(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

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

**A.**

Full Name (Last, First, Middle Initial)  
John Eiler

Mailing Address 3552 Crittenden

City State Zip Code  
St. Louis MO 63118

FEC ID number of contributing federal political committee. C

Name of Employer SSM Healthcare Occupation Executive V.P. of Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 30 / 2008

**Transaction ID:** SA11AI.5819

Amount of Each Receipt this Period 250.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Stephen Larcen

Mailing Address 47 Oswegatchie Hills Road

City State Zip Code  
Niantic CT 06357

FEC ID number of contributing federal political committee. C

Name of Employer Hartford Hospital Occupation Hospital Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 30 / 2008

**Transaction ID:** SA11AI.5815

Amount of Each Receipt this Period 250.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Mary Lou Mastro

Mailing Address 12410 Ridge Road

City State Zip Code  
Palos Park IL 60464

FEC ID number of contributing federal political committee. C

Name of Employer Linden Oaks at Edward Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 17 / 2008

**Transaction ID:** SA11AI.5799

Amount of Each Receipt this Period 250.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... 750.00

**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: <span style="float: right;">PAGE 8 / 26</span>
	(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	

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

**A.**

Full Name (Last, First, Middle Initial)  
Diana Lee Ramsay

Mailing Address 21 E. Churchill St.

City State Zip Code  
Baltimore MD 21230

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

Name of Employer Sheppard Pratt Health Systems  
Occupation Executive V.P.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2008

**Transaction ID:** SA11AI.5817

Amount of Each Receipt this Period  
250.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Richard Sarle

Mailing Address 4 Jupiter Hills Court

City State Zip Code  
Skillman NJ 08558

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

Name of Employer Carrier Clinic  
Occupation President & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
09 / 04 / 2008

**Transaction ID:** SA11AI.5791

Amount of Each Receipt this Period  
250.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>2000.00</b>



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

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

FOR LINE NUMBER: PAGE 9 / 26  
(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)  
ELECTRONIC RETAILING ASSOCIATION (E-RETAIL PAC)

Mailing Address 2000 North 14th Street  
Suite 300

City ARLINGTON State VA Zip Code 22201

FEC ID number of contributing federal political committee. **C** C00363192

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 09 / 30 / 2008  
**Transaction ID:** SA11C.5821  
 Amount of Each Receipt this Period: 2000.00  
 Contribution

**B.** Full Name (Last, First, Middle Initial)  
NAT'L ASSN OF PSYCHIATRIC HEALTH SYSTEMS PAC (NAPHS/PAC)

Mailing Address 701 13TH STREET NW SUITE 950

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00107136

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 09 / 30 / 2008  
**Transaction ID:** SA11C.5823  
 Amount of Each Receipt this Period: 5000.00  
 Contribution

**C.** Full Name (Last, First, Middle Initial)  
PACIFIC LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 700 Newport Center Drive

City Newport Beach State CA Zip Code 92660

FEC ID number of contributing federal political committee. **C** C00068528

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 09 / 30 / 2008  
**Transaction ID:** SA11C.5801  
 Amount of Each Receipt this Period: 1000.00  
 Political Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 8000.00

**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 / 26

(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)  
PSYCHIATRIC SOLUTIONS INC. FED PAC

Mailing Address 6640 Carothers Parkway  
Suite 500

City State Zip Code  
Franklin TN 37067

FEC ID number of contributing federal political committee. **C** C00407684

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2008

Transaction ID: SA11C.5824

Amount of Each Receipt this Period  
5000.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>5000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>13000.00</b>

**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	Transaction ID: SB21B.5744 Date of Disbursement
	Mailing Address 4099 SE International Way Suite 203	<input type="text" value="07"/> <input type="text" value="02"/> / <input type="text" value="2008"/>
	City Milwaukie State OR Zip Code 97222	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Taxes	<input type="text" value="7.93"/>
	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.5754 Date of Disbursement
	Mailing Address 4099 SE International Way Suite 203	<input type="text" value="07"/> <input type="text" value="31"/> / <input type="text" value="2008"/>
	City Milwaukie State OR Zip Code 97222	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Taxes	<input type="text" value="1093.22"/>
	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.5755 Date of Disbursement
	Mailing Address 4099 SE International Way Suite 203	<input type="text" value="07"/> <input type="text" value="31"/> / <input type="text" value="2008"/>
	City Milwaukie State OR Zip Code 97222	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Processing Fees	<input type="text" value="81.36"/>
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1182.51"/>
<b>TOTAL</b> 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)

PAGE 12 / 26

<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.5786 Date of Disbursement
	Mailing Address 4099 SE International Way Suite 203	<input type="text" value="08"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	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.5787 Date of Disbursement
	Mailing Address 4099 SE International Way Suite 203	<input type="text" value="08"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City Milwaukie State OR Zip Code 97222	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Taxes	<input type="text" value="1093.22"/>
	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.5805 Date of Disbursement
	Mailing Address 4099 SE International Way Suite 203	<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City Milwaukie State OR Zip Code 97222	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Taxes	<input type="text" value="1269.18"/>
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2441.76"/>
<b>TOTAL</b> 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

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) ADP	Transaction ID: SB21B.5806 Date of Disbursement
	Mailing Address 4099 SE International Way Suite 203	<input type="text" value="09"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	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) AT&T Mobility	Transaction ID: SB21B.5788 Date of Disbursement
	Mailing Address PO Box 536216	<input type="text" value="09"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Atlanta State GA Zip Code 30353-6216	Amount of Each Disbursement this Period
	Purpose of Disbursement Telephone Service	<input type="text" value="95.94"/>
	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) Bank of America	Transaction ID: SB21B.5746 Date of Disbursement
	Mailing Address PO Box 53132	<input type="text" value="07"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Phoenix State AZ Zip Code 85072	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Payment	<input type="text" value="42.59"/>
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="217.89"/>
<b>TOTAL</b> 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) Verizon	Transaction ID: SB21B.5746.0 Date of Disbursement 07 / 08 / 2008
	Mailing Address P.O. Box 19707	
	City Irvine State CA Zip Code 92623-9707	Amount of Each Disbursement this Period 42.59
	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) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: SB21B.5781 Date of Disbursement 08 / 15 / 2008
	Mailing Address PO Box 53132	
	City Phoenix State AZ Zip Code 85072	Amount of Each Disbursement this Period 36.40
	Purpose of Disbursement Credit Card Payment 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) Bank of America	Transaction ID: SB21B.5781.1 Date of Disbursement 08 / 15 / 2008
	Mailing Address PO Box 53132	
	City Phoenix State AZ Zip Code 85072	Amount of Each Disbursement this Period 16.50
	Purpose of Disbursement Credit Card fees 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) ▼

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	36.40
<b>TOTAL</b> 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) Bank of America	Transaction ID: SB21B.5826 Date of Disbursement
	Mailing Address PO Box 53132	<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City Phoenix State AZ Zip Code 85072	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Fees Candidate Name	<input type="text" value="5.00"/>
	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) ▼
		<input type="text" value="001"/> Category/Type

B.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: SB21B.5793 Date of Disbursement
	Mailing Address PO Box 53132	<input type="text" value="09"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City Phoenix State AZ Zip Code 85072	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Payment Candidate Name	<input type="text" value="60.83"/>
	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) ▼
		<input type="text" value="001"/> Category/Type

C.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: SB21B.5793.1 Date of Disbursement
	Mailing Address PO Box 53132	<input type="text" value="09"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City Phoenix State AZ Zip Code 85072	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Fees Candidate Name	<input type="text" value="16.50"/>
	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) ▼
		<input type="text" value="001"/> Category/Type

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="65.83"/>
<b>TOTAL</b> 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)

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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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address PO Box 53132</p> <p>City Phoenix State AZ Zip Code 85072</p> <p>Purpose of Disbursement Bank 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><b>Transaction ID:</b> SB21B.5833</p> <p>Date of Disbursement 09 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 5.00</p> <p>001 Category/ Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Basic Rights Oregon</p> <p>Mailing Address 310 SW 4th Ave #610</p> <p>City Portland State OR Zip Code 97204</p> <p>Purpose of Disbursement Event Tickets</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><b>Transaction ID:</b> SB21B.5831</p> <p>Date of Disbursement 09 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>012 Category/ Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Ms. Melissa Kardon</p> <p>Mailing Address 2911 NE Hancock</p> <p>City Portland State OR Zip Code 97212</p> <p>Purpose of Disbursement Salary</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><b>Transaction ID:</b> SB21B.5753</p> <p>Date of Disbursement 07 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 2508.34</p> <p>001 Category/ Type</p>

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

4013.34

**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

Transaction ID: SB21B.5785  
Date of Disbursement

Mailing Address 2911 NE Hancock

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	0	8

City Portland State OR Zip Code 97212

Amount of Each Disbursement this Period

Purpose of Disbursement  
Salary

001
Category/ Type

2508.34
---------

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Ms. Melissa Kardon

Transaction ID: SB21B.5797  
Date of Disbursement

Mailing Address 2911 NE Hancock

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	9		2	0	0	8

City Portland State OR Zip Code 97212

Amount of Each Disbursement this Period

Purpose of Disbursement  
Reimbursement for Internet Service

001
Category/ Type

239.95
--------

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Ms. Melissa Kardon

Transaction ID: SB21B.5808  
Date of Disbursement

Mailing Address 2911 NE Hancock

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	0	8

City Portland State OR Zip Code 97212

Amount of Each Disbursement this Period

Purpose of Disbursement  
Reimbursement for Computer Software

001
Category/ Type

39.99
-------

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

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

2788.28
---------

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

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**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 18 / 26

<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><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Ms. Melissa Kardon</p> <p>Mailing Address 2911 NE Hancock</p> <p>City Portland State OR Zip Code 97212</p> <p>Purpose of Disbursement Salary 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><b>Transaction ID:</b> SB21B.5804 <b>Date of Disbursement</b> 09 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 2856.84</p> <p>001 Category/ Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) NGP Software, Inc.</p> <p>Mailing Address 1101 Vermont Avenue, NW Suite 710</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Database Maintenance 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><b>Transaction ID:</b> SB21B.5796 <b>Date of Disbursement</b> 09 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 100.00</p> <p>001 Category/ Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) NGP Software, Inc.</p> <p>Mailing Address 1101 Vermont Avenue, NW Suite 710</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Database Maintenance 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><b>Transaction ID:</b> SB21B.5807 <b>Date of Disbursement</b> 09 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 300.00</p> <p>001 Category/ Type</p>

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

3256.84

**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)

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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) Oregon NARAL	Transaction ID: SB21B.5830 Date of Disbursement 09 / 30 / 2008
	Mailing Address P.O. Box 40472	Amount of Each Disbursement this Period 1250.00
	City Portland State OR Zip Code 97240	
	Purpose of Disbursement Event Tickets	012 Category/ Type
	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) ▼

B.	Full Name (Last, First, Middle Initial) Verizon	Transaction ID: SB21B.5748 Date of Disbursement 07 / 08 / 2008
	Mailing Address P.O. Box 19707	Amount of Each Disbursement this Period 42.61
	City Irvine State CA Zip Code 92623-9707	
	Purpose of Disbursement Telephone Service	001 Category/ Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) Verizon	Transaction ID: SB21B.5784 Date of Disbursement 08 / 15 / 2008
	Mailing Address P.O. Box 19707	Amount of Each Disbursement this Period 42.61
	City Irvine State CA Zip Code 92623-9707	
	Purpose of Disbursement Telephone Service	001 Category/ Type
	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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1335.22
<b>TOTAL</b> 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 20 / 26

<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.5798

Date of Disbursement

Mailing Address P.O. Box 19707

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	9		2	0	0	8

City Irvine State CA Zip Code 92623-9707

Amount of Each Disbursement this Period

42.61
-------

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) .....

42.61

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

15380.68

# 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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Forward Oregon</p> <p>Mailing Address 232 NE 9th Ave</p> <p>City Portland State OR Zip Code 97232</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.5778</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/>8 / <input type="text" value="1"/>2 / <input type="text" value="2"/>008</p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3800.00"/></p> <p>011 Category/Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) FRIENDS OF SENATOR CARL LEVIN</p> <p>Mailing Address 10 G STREET NE, SUITE 470</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MI District: 00</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.5759</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/>8 / <input type="text" value="0"/>5 / <input type="text" value="2"/>008</p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5000.00"/></p> <p>011 Category/Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) JEFF MERKLEY FOR OREGON</p> <p>Mailing Address PO BOX 29136</p> <p>City PORTLAND State OR Zip Code 97296</p> <p>Purpose of Disbursement Primary Debt Reduction</p> <p>Candidate Name JEFF MERKLEY FOR OREGON</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OR District: 00</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.5750</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/>7 / <input type="text" value="1"/>5 / <input type="text" value="2"/>008</p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5000.00"/></p> <p>011 Category/Type</p>

**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 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

<p><b>A.</b> Full Name (Last, First, Middle Initial) JEFF MERKLEY FOR OREGON</p> <p>Mailing Address PO BOX 29136</p> <p>City PORTLAND State OR Zip Code 97296</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name JEFF MERKLEY FOR OREGON</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.5752</p> <p>Date of Disbursement 07 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) KURT SCHRADER FOR CONGRESS</p> <p>Mailing Address 607 N. Main St Suite 240</p> <p>City Oregon City State OR Zip Code 97045</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 05</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.5765</p> <p>Date of Disbursement 08 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) MUSGROVE FOR U S SENATE</p> <p>Mailing Address PO BOX 24477 1076 HIGHLAND COLONY PARKWAY</p> <p>City JACKSON State MS Zip Code 39225</p> <p>Purpose of Disbursement Federal Contribution</p> <p>Candidate Name MUSGROVE FOR U S SENATE</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.5827</p> <p>Date of Disbursement 09 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>Category/ Type</p>

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

15000.00

**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)

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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

<b>A.</b> Full Name (Last, First, Middle Initial) UDALL FOR COLORADO <hr/> Mailing Address PO BOX 40158 <hr/> City DENVER State CO Zip Code 80204 <hr/> Purpose of Disbursement Political Contribution Candidate Name	Transaction ID: SB23.5775 Date of Disbursement 08 / 12 / 2008 <hr/> Amount of Each Disbursement this Period 5000.00
<b>B.</b> Full Name (Last, First, Middle Initial) UDALL FOR US ALL <hr/> Mailing Address 3311 CANDELARIA NE SUITE A <hr/> City ALBUQUERQUE State NM Zip Code 87107 <hr/> Purpose of Disbursement Political Contribution Candidate Name	Transaction ID: SB23.5777 Date of Disbursement 08 / 12 / 2008 <hr/> Amount of Each Disbursement this Period 5000.00

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

10000.00

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

38800.00

# 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

**A.** Full Name (Last, First, Middle Initial)  
Committee to Elect Brad Avakian

Mailing Address PO Box 765

City Beaverton State OR Zip Code 97075

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB29.5770

Date of Disbursement

08 / 12 / 2008

Amount of Each Disbursement this Period

2500.00

**B.** Full Name (Last, First, Middle Initial)  
Committee to Elect Brad Avakian

Mailing Address PO Box 765

City Beaverton State OR Zip Code 97075

Purpose of Disbursement  
Non-Federal Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB29.5829

Date of Disbursement

09 / 30 / 2008

Amount of Each Disbursement this Period

2500.00

**C.** Full Name (Last, First, Middle Initial)  
Democratic Party of Oregon

Mailing Address 232 NE 9th Ave.  
Suite 105

City Portland State OR Zip Code 97232

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

012  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB29.5763

Date of Disbursement

08 / 12 / 2008

Amount of Each Disbursement this Period

15000.00

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

20000.00

**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)

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<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) Forward Oregon	Transaction ID: SB29.5780 Date of Disbursement
	Mailing Address 232 NE 9th Ave	<input type="text" value="08"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City Portland State OR Zip Code 97232	Amount of Each Disbursement this Period
	Purpose of Disbursement Nonfederal Contribution Candidate Name	<input type="text" value="26200.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="011"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Future PAC	Transaction ID: SB29.5790 Date of Disbursement
	Mailing Address c/o 921 SW Washington Street Suite 810	<input type="text" value="09"/> / <input type="text" value="03"/> / <input type="text" value="2008"/>
	City Portland State OR Zip Code 97205	Amount of Each Disbursement this Period
	Purpose of Disbursement Nonfederal Contribution Candidate Name	<input type="text" value="25000.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="011"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Kate Brown Committee	Transaction ID: SB29.5772 Date of Disbursement
	Mailing Address 2236 SE 10th Ave	<input type="text" value="08"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City Portland State OR Zip Code 97214	Amount of Each Disbursement this Period
	Purpose of Disbursement Nonfederal Contribution Candidate Name	<input type="text" value="5000.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="011"/> Category/Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="56200.00"/>
<b>TOTAL</b> 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)

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<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)  
The Committee to Elect Ben Westlund

Transaction ID: SB29.5768

Date of Disbursement

Mailing Address P.O. Box 1379

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	2		2	0	0	8

City State Zip Code  
Bend OR 97709

Amount of Each Disbursement this Period

5000.00
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Purpose of Disbursement  
Nonfederal Contribution

011
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

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

5000.00
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TOTAL This Period (last page this line number only) ..... ►

81200.00
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