

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

RECEIVED
FEC MAIL
OPERATIONS CENTER
2002 NOV -7 A 9 41

1. Name of individual, organization or corporation
Anne Golden

Address (Number and Street) (check if different than previously reported)
247 Third Street

City, State and ZIP Code
Portland Oregon

2. Corporate filers only: Is the filer a qualified nonprofit corporation? Yes No

Individual filers only: NAME OF EMPLOYER: *self-employed* OCCUPATION: *consultant*

3. Identification number
22037834474

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report 12-Day Report preceding the election.
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year-End Report 30-Day Report following the General Election.
 July 31 Mid-Year Report

Date of Election: *11-05-2002* State: *OR*

(b) Is this Report an amendment? Yes No

6. COVERING PERIOD: FROM *11-01-2002* THROUGH *11-05-2002* PAGE *1* OF *1*

8. CONTRIBUTION(S) RECEIVED (Submit multiple lines if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple entries if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check Date		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
<i>Klamath Falls Herald & News P.O. Box 900 Klamath Falls, Or. 97601</i>	<i>Ad.</i>	<i>10-20-2002</i>	<i>502.13</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Robert Buckley Governor Candidate House of Representatives</i>

9. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) \$ _____

10. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) \$ *502.13*

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Corporation's Regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM: *Anne Golden*

SIGNATURE (multi-page filers: sign page 1 only): *Anne Golden*

DATE: *11/1/02*

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this form to the penalties of 2 U.S.C. 1970.

For further information, contact:
Federal Election Commission
995 E Street, N.W.
Washington, D.C. 20460
Tel: Free 800-424-9520 Local 202-694-1100

Any information reported herein may not be copied for sale or use by any person for the purpose of soliciting contributions or for any other commercial purpose except that the name and address of any political committee may be used to solicit contributions from that committee.

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

<input type="checkbox"/>	Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/>	First Class Mail	POSTMARKED 11-2-02
<input type="checkbox"/>	Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/>	No Postmark	
<input type="checkbox"/>	Postmark Illegible	
<input type="checkbox"/>	Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/>	Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/>	Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/>	Electronic Filing	
<i>See</i> PREPARER		11-7-02 DATE PREPARED