

**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.

12FE4M5

OREGON REPUBLICAN PARTY

ADDRESS (number and street)

PO BOX 1586

Check if different  
than previously  
reported. (ACC)

LAKE OSWEGO

OR

97035

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00153031

3. IS THIS  
REPORTNEW  
(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

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

in the  
State of(d) 30-Day  
POST-Election  
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

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

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
05 01 2025

through

M M M / D D D / Y Y Y Y Y Y  
05 31 2025

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

MILLER, GLENN, , ,

Signature of Treasurer

MILLER, GLENN, , ,

Date

M M M / D D D / Y Y Y Y Y Y  
06 20 2025

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**OREGON REPUBLICAN PARTY**

Report Covering the Period:

From:

MM / DD / YYYY  
05 / 01 / 2025

To:

MM / DD / YYYY  
05 / 31 / 2025

|  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1, 2025   |                         | 42621.65                          |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | 55937.75                |                                   |
| (c) Total Receipts (from Line 19) .....  | 33364.73                | 165601.60                         |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | 89302.48                | 208223.25                         |
| 7. Total Disbursements (from Line 31) .....  | 34922.01                | 153842.78                         |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....                        | 54380.47                | 54380.47                          |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | 0.00                    |                                   |



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

**For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov)**

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**OREGON REPUBLICAN PARTY**

Report Covering the Period:

From:

MM / DD / YYYY  
05 / 01 / 2025

To:

MM / DD / YYYY  
05 / 31 / 2025**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).....

20596.70

27317.37

(ii) Unitemized .....

9034.92

47776.39

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

29631.62

75093.76

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

29631.62

75093.76

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

68260.90

## 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).....

38.47

66.84

## 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) .....

3694.64

22180.10

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

3694.64

22180.10

## 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)) .....

33364.73

165601.60

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

29670.09

143421.50

# DETAILED SUMMARY PAGE

of Disbursements

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Page 4

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:  |                               |                                   |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4)                                  |                               |                                   |
| (i) Federal Share .....  | 3180.04                       | 8127.76                           |
| (ii) Non-Federal Share.....  | 11963.02                      | 30575.88                          |
| (b) Other Federal Operating Expenditures .....   | 19533.95                      | 84798.62                          |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 34677.01                      | 123502.26                         |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 30095.52                          |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 0.00                          | 0.00                              |
| 24. Independent Expenditures (use Schedule E) .....  | 0.00                          | 0.00                              |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 .....                                  | 245.00                        | 245.00                            |
| (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)).....                            | 245.00                        | 245.00                            |
| 29. Other Disbursements (Including Non-Federal Donations).....                                 | 0.00                          | 0.00                              |
| 30. Federal Election Activity (52 U.S.C. § 30101(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)) ..      | 34922.01                      | 153842.78                         |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 22958.99                      | 123266.90                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

| <b>III. Net Contributions/<br/>Operating Expenditures</b>                             | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|---|---------------------------------------|---|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....         | 29631.62                              | 75093.76                                  |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                             | 245.00                                | 245.00                                    |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....     | 29386.62                              | 74848.76                                  |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) .....▶ | 22713.99                              | 92926.38                                  |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                  | 38.47                                 | 66.84                                     |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....▶              | 22675.52                              | 92859.54                                  |

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 63  
(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)

**OREGON REPUBLICAN PARTY**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. BAILEY, JANET, , ,**

Mailing Address 20655 SW 98TH AVE

City  
TUALATINState  
ORZip Code  
97062FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 19 / 2025

Transaction ID : SA11AI.6787

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. BAUGHMAN, JO, ANN, ,**

Mailing Address PO BOX 1269

City  
PHILOMATHState  
ORZip Code  
97370FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 08 / 2025

Transaction ID : SA11AI.6790

Amount of Each Receipt this Period

48.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11AI.6724]

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. BAUGHMAN, JO, ANN, ,**

Mailing Address PO BOX 1269

City  
PHILOMATHState  
ORZip Code  
97370FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 18 / 2025

Transaction ID : SA11AI.6791

Amount of Each Receipt this Period

58.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11AI.6726]

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

231.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 63  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**OREGON REPUBLICAN PARTY**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. BAUGHMAN, JO, ANN, ,**

Mailing Address PO BOX 1269

City  
PHILOMATHState  
ORZip Code  
97370FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 22 / 2025

Transaction ID : SA11AI.6792

Amount of Each Receipt this Period

42.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11AI.6727]

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. BAUGHMAN, JO, ANN, ,**

Mailing Address PO BOX 1269

City  
PHILOMATHState  
ORZip Code  
97370FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

381.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 31 / 2025

Transaction ID : SA11AI.6793

Amount of Each Receipt this Period

51.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11AI.6772]

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. BISHOP, BRIAN, , ,**

Mailing Address 5070 NW MILLSTONE WAY

City  
PORTLANDState  
ORZip Code  
97229FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
EXECUTIVE CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

258.36

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 18 / 2025

Transaction ID : SA11AI.6807

Amount of Each Receipt this Period

129.18

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

222.18

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 8 OF 63  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**OREGON REPUBLICAN PARTY**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. BOCHSLER, MONIQUE, , ,**

Mailing Address 41030 KINGSTON JORDAN RD

City  
SCIOState  
ORZip Code  
97374FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HOMEMAKEROccupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 19 / 2025

Transaction ID : SA11AI.6813

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. BRADY, SHERI, , ,**

Mailing Address 1336 NW VALLEJO DR

City

ROSEBURG

State

OR

Zip Code

97471

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RIVERVIEW TERRACEOccupation (for Individual)  
MARKETING DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 17 / 2025

Transaction ID : SA11AI.6815

Amount of Each Receipt this Period

210.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. BROWN, DAVID, , ,**

Mailing Address 336 W OXFORD ST

City

NEWBERG

State

OR

Zip Code

97132

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
COACH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 18 / 2025

Transaction ID : SA11AI.6827

Amount of Each Receipt this Period

125.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

460.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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Detailed Summary PageFOR LINE NUMBER: PAGE 9 OF 63  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**OREGON REPUBLICAN PARTY**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. BROWN, JACOB, , ,**

Mailing Address 217 N MAIN ST

City  
HALFWAYState  
ORZip Code  
97834FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
EBC SERVICESOccupation (for Individual)  
SALES MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.57

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 19 / 2025

Transaction ID : SA11AI.6828

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. BRUMBLES, TRACI, , ,**

Mailing Address 67251 MAPLECREST LN

City  
DEER ISLANDState  
ORZip Code  
97054FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RAINIER LIQUOR STOREOccupation (for Individual)  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.95

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 10 / 2025

Transaction ID : SA11AI.6830

Amount of Each Receipt this Period

129.18

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. BUEHLER, GABRIEL, , ,**

Mailing Address 13285 SW 107TH AVE

City  
PORTLANDState  
ORZip Code  
97223FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CALIBER MECHANICALOccupation (for Individual)  
PLUMBER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 17 / 2025

Transaction ID : SA11AI.6831

Amount of Each Receipt this Period

210.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

464.18

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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Detailed Summary PageFOR LINE NUMBER: PAGE 10 OF 63  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**OREGON REPUBLICAN PARTY**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. BUTLER, WES, , ,**

Mailing Address 15805 S ABIQUA RD NE

City  
SILVERTONState  
ORZip Code  
97381FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RIVERSDALE LANDSCAPE CONSTRUCTIONOccupation (for Individual)  
SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 20 / 2025

Transaction ID : SA11AI.6836

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. CAMPBELL, RAYLA, , ,**

Mailing Address 34392 GAROUTTE RD

City  
COTTAGE GROVEState  
ORZip Code  
97424FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 27 / 2025

Transaction ID : SA11AI.6838

Amount of Each Receipt this Period

245.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. CARLSON, CLINTON, , ,**

Mailing Address 67300 CARLSON LN

City  
IONEState  
ORZip Code  
97843FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

389.90

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 16 / 2025

Transaction ID : SA11AI.6839

Amount of Each Receipt this Period

165.26

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

560.26

**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 PageFOR LINE NUMBER: PAGE 11 OF 63  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**OREGON REPUBLICAN PARTY**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. CARLSON, CLINTON, , ,**

Mailing Address 67300 CARLSON LN

City  
IONEState  
ORZip Code  
97843FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.90

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 26 / 2025

Transaction ID : SA11AI.6840

Amount of Each Receipt this Period

20.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11AI.6727]

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. CARLSON, SARAH, , ,**

Mailing Address 67300 CARLSON LN

City  
IONEState  
ORZip Code  
97843FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.90

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 16 / 2025

Transaction ID : SA11AI.6841

Amount of Each Receipt this Period

165.26

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. CASTLEMAN, CHRIS, , ,**

Mailing Address PO BOX 4112

City  
COOS BAYState  
ORZip Code  
97420FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ENTREPRENEUROccupation (for Individual)  
ENTREPRENEUR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 19 / 2025

Transaction ID : SA11AI.6843

Amount of Each Receipt this Period

125.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

310.26

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 12 OF 63  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**OREGON REPUBLICAN PARTY**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. CHAISSON, NICOLE, , ,**

Mailing Address 7250 MILL CREEK RD

City  
THE DALLESState  
ORZip Code  
97058FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TEK SYSTEMSOccupation (for Individual)  
APPLICATION ANALYST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.18

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 19 / 2025

Transaction ID : SA11AI.6844

Amount of Each Receipt this Period

129.18

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. CHENOWETH, CHRIS, , ,**

Mailing Address 977 SW DOVE CT

City  
MCMINNVILLEState  
ORZip Code  
97128FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 27 / 2025

Transaction ID : SA11AI.6848

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. COURTER, DICK, , ,**

Mailing Address 1600 NW SKYLINE BLVD

City  
PORTLANDState  
ORZip Code  
97229FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 13 / 2025

Transaction ID : SA11AI.6861

Amount of Each Receipt this Period

125.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

404.18

**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 PageFOR LINE NUMBER: PAGE 13 OF 63  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**OREGON REPUBLICAN PARTY**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. DECKER, LAJUANA, , ,**

Mailing Address 4507 TYLER DR

City  
HOOD RIVERState  
ORZip Code  
97031FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 09 / 2025

Transaction ID : SA11AI.6871

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. DYER, DAVIS, , ,**

Mailing Address 4888 SEA GALE WAY N

City  
KEIZERState  
ORZip Code  
97303FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 03 / 2025

Transaction ID : SA11AI.6877

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. EGNER, ROBERT, , ,**

Mailing Address 28628 RIDGEWAY RD

City  
SWEET HOMEState  
ORZip Code  
97386FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PACIFIC CAST TECHNOLOGIESOccupation (for Individual)  
AEROSPACE WELDER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 19 / 2025

Transaction ID : SA11AI.6882

Amount of Each Receipt this Period

125.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

375.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 14 OF 63  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**OREGON REPUBLICAN PARTY**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. EPP, RANDY, , ,**

Mailing Address 1890 DEL RIO RD

City  
ROSEBURGState  
ORZip Code  
97471FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTEDOccupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 18 / 2025

Transaction ID : SA11AI.6883

Amount of Each Receipt this Period

210.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. FLECK, JODIE, , ,**

Mailing Address 44000 SE SHOTGUN RD

City  
POSTState  
ORZip Code  
97752FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
OREGON STATE LEGISLATUREOccupation (for Individual)  
LEGISLATIVE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.36

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 01 / 2025

Transaction ID : SA11AI.6890

Amount of Each Receipt this Period

129.18

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. FLESKES, MARY, , ,**

Mailing Address 1425 SE 26TH CT

City  
TROUTDALEState  
ORZip Code  
97060FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

254.18

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 06 / 2025

Transaction ID : SA11AI.6891

Amount of Each Receipt this Period

129.18

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

468.36

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 15 OF 63  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**OREGON REPUBLICAN PARTY**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. GALLIA, CURT, , ,**

Mailing Address 4861 SE MONROE ST

City  
MILWAUKIEState  
ORZip Code  
97222FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ATTRIA SENIOR LIVINGOccupation (for Individual)  
MAINTENANCE TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.18

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 03 / 2025

Transaction ID : SA11AI.6892

Amount of Each Receipt this Period

129.18

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. GOLLY, KRIS, , ,**

Mailing Address 650 REUBEN BOISE RD

City  
DALLASState  
ORZip Code  
97338FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ENTREPRENEUROccupation (for Individual)  
ENTREPRENEUR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 23 / 2025

Transaction ID : SA11AI.6903

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. HAFNER, TRICIA, , ,**

Mailing Address 1388 WILSHIRE DR

City  
STAYTONState  
ORZip Code  
97383FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ENTREPRENEUROccupation (for Individual)  
ENTREPRENEUR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 19 / 2025

Transaction ID : SA11AI.6907

Amount of Each Receipt this Period

125.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

379.18

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 16 OF 63  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**OREGON REPUBLICAN PARTY**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. HANRATTY, MICHAEL, , ,**

Mailing Address 9470 MILL CREEK RD

City  
TILLAMOOKState  
ORZip Code  
97141FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 04 / 2025

Transaction ID : SA11AI.6913

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. HARRINGTON, RICHARD, , ,**

Mailing Address PO BOX 332

City  
BLYState  
ORZip Code  
97622FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.36

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 03 / 2025

Transaction ID : SA11AI.6916

Amount of Each Receipt this Period

129.18

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. HARRIS, JAMES, , ,**

Mailing Address 756 NE 3RD AVE

City  
HILLSBOROState  
ORZip Code  
97124FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

216.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 05 / 2025

Transaction ID : SA11AI.6918

Amount of Each Receipt this Period

216.80

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

470.98

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 17 OF 63  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**OREGON REPUBLICAN PARTY**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. HELLER, HELEN, , ,**

Mailing Address 8205 SW OAK ST

City  
PORTLANDState  
ORZip Code  
97223FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.42

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 02 / 2025

Transaction ID : SA11AI.6919

Amount of Each Receipt this Period

129.84

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. HELLER, HELEN, , ,**

Mailing Address 8205 SW OAK ST

City  
PORTLANDState  
ORZip Code  
97223FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.42

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 31 / 2025

Transaction ID : SA11AI.6920

Amount of Each Receipt this Period

89.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11AI.6772]

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. HONL, TRACY, , ,**Mailing Address 2905 NE CHARLOIS DR  
# 193City  
HILLSBOROState  
ORZip Code  
97124FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 12 / 2025

Transaction ID : SA11AI.6925

Amount of Each Receipt this Period

125.00

☐ Memo Item

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

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

343.84

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 18 OF 63  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**OREGON REPUBLICAN PARTY**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. HONL, TRACY, , ,**Mailing Address 2905 NE CHARLOIS DR  
# 193City  
HILLSBOROState  
ORZip Code  
97124FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 12 / 2025

Transaction ID : SA11AI.6926

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. HONL, TRACY, , ,**Mailing Address 2905 NE CHARLOIS DR  
# 193City  
HILLSBOROState  
ORZip Code  
97124FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 30 / 2025

Transaction ID : SA11AI.6927

Amount of Each Receipt this Period

10.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11AI.6772]

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. JAYNES, SALLY, , ,**

Mailing Address 1831 BASALT DR

City  
MEDFORDState  
ORZip Code  
97504FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 06 / 2025

Transaction ID : SA11AI.6939

Amount of Each Receipt this Period

125.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

260.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 19 OF 63  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**OREGON REPUBLICAN PARTY**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. JOHNSON, DANNY, , ,**

Mailing Address PO BOX 875

City  
HALFWAYState  
ORZip Code  
97834FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 05 / 2025

Transaction ID : SA11AI.6940

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. JONCUS, STEPHEN, , ,**

Mailing Address 22900 SE NAOMI CT

City  
BORINGState  
ORZip Code  
97089FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
JONCUS LAW PCOccupation (for Individual)  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.44

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 17 / 2025

Transaction ID : SA11AI.6943

Amount of Each Receipt this Period

165.26

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. KALK, NICOLE, , ,**

Mailing Address 2308 NE RAVENWOOD DR

City  
BENDState  
ORZip Code  
97701FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CCCIOccupation (for Individual)  
MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

201.86

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 30 / 2025

Transaction ID : SA11AI.6945

Amount of Each Receipt this Period

51.86

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

342.12

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 20 OF 63  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**OREGON REPUBLICAN PARTY**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. KARNER, DARLENE, , ,**Mailing Address 2000 ROBINS LN SE  
UNIT 85City  
SALEMState  
ORZip Code  
97306FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.95

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 02 / 2025

Transaction ID : SA11AI.6948

Amount of Each Receipt this Period

129.18

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. KNOTTS, BRIAN, , ,**

Mailing Address PO BOX 336

City  
CORBETTState  
ORZip Code  
97019FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GORGE TECH LLCOccupation (for Individual)  
IT CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.44

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 12 / 2025

Transaction ID : SA11AI.6956

Amount of Each Receipt this Period

129.18

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. LANCASTER, GLENN, , ,**

Mailing Address 31098 SW COUNTRY VIEW LN

City  
WILSONVILLEState  
ORZip Code  
97070FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 12 / 2025

Transaction ID : SA11AI.6961

Amount of Each Receipt this Period

125.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

383.36

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 21 OF 63  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**OREGON REPUBLICAN PARTY**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. LANGSEV, MAURICE, , ,**

Mailing Address 10208 SW FEATHER DR

City  
CULVERState  
ORZip Code  
97734FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.75

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 19 / 2025

Transaction ID : SA11AI.6962

Amount of Each Receipt this Period

129.18

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. LARCOM, GINGER, , ,**

Mailing Address 2754 SW MULLIGAN PL

City  
CORVALLISState  
ORZip Code  
97333FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

274.13

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 15 / 2025

Transaction ID : SA11AI.6963

Amount of Each Receipt this Period

129.18

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. LAUZON, DAVID, , ,**

Mailing Address 13577 SE WILLINGHAM CT

City  
CLACKAMASState  
ORZip Code  
97015FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 20 / 2025

Transaction ID : SA11AI.6966

Amount of Each Receipt this Period

100.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11AI.6726]

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

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

358.36

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 22 OF 63  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**OREGON REPUBLICAN PARTY**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. LEE, ROBIN, , ,**

Mailing Address 415 SUNRISE AVE

City  
MEDFORDState  
ORZip Code  
97504FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 15 / 2025

Transaction ID : SA11AI.6969

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. LEMBKE, KEITH, , ,**

Mailing Address 39046 TRILLIUM LN

City  
CORVALLISState  
ORZip Code  
97330FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.36

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 12 / 2025

Transaction ID : SA11AI.6970

Amount of Each Receipt this Period

129.18

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. LINN, CALVIN, , ,**

Mailing Address PO BOX 606

City  
CANYONVILLEState  
ORZip Code  
97417FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 17 / 2025

Transaction ID : SA11AI.6974

Amount of Each Receipt this Period

210.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

464.18

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 23 OF 63  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**OREGON REPUBLICAN PARTY**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MANSFIELD, FRANK, , ,**

Mailing Address 35173 WILLETTE LN

City  
ASTORIAState  
ORZip Code  
97103FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

391.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 01 / 2025

Transaction ID : SA11AI.6983

Amount of Each Receipt this Period

216.80

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MASON, DAN, , ,**

Mailing Address 3292 NE KASTER DR

City  
HILLSBOROState  
ORZip Code  
97124FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MG PROPERTIESOccupation (for Individual)  
COMMUNITY MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 31 / 2025

Transaction ID : SA11AI.6984

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MASTERMAN, JOHN, , ,**

Mailing Address 25089 SE SUNSHINE VALLEY RD

City  
DAMASCUSState  
ORZip Code  
97089FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
TRANSMISSION BUILDER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 15 / 2025

Transaction ID : SA11AI.6985

Amount of Each Receipt this Period

125.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

491.80

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 24 OF 63  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**OREGON REPUBLICAN PARTY**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MCCLENDON, SCOTT, , ,**

Mailing Address 525 WAGON WHEEL DR

City  
LEBANONState  
ORZip Code  
97355FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 19 / 2025

Transaction ID : SA11AI.6986

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MCCLENDON, SCOTT, , ,**

Mailing Address 525 WAGON WHEEL DR

City  
LEBANONState  
ORZip Code  
97355FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 31 / 2025

Transaction ID : SA11AI.6987

Amount of Each Receipt this Period

41.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11AI.6772]

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MCCOY, SANDRA, , ,**

Mailing Address 66284 HUNTER RD

City  
LA GRANDEState  
ORZip Code  
97850FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ANIMAL HEALTH CENTER INCOccupation (for Individual)  
CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

447.77

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 01 / 2025

Transaction ID : SA11AI.6988

Amount of Each Receipt this Period

217.93

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

383.93

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 25 OF 63  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**OREGON REPUBLICAN PARTY**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MELTZER, WILLIAM, , ,**

Mailing Address 425 SE STEARNS RD

City  
PRINEVILLEState  
ORZip Code  
97754FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.95

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 18 / 2025

Transaction ID : SA11AI.6996

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. METZLER, PAUL, , ,**

Mailing Address 618 F ST

City  
SPRINGFIELDState  
ORZip Code  
97477FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MONIQUE FOR CONGRESSOccupation (for Individual)  
FIELD COORDINATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.18

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 19 / 2025

Transaction ID : SA11AI.6998

Amount of Each Receipt this Period

129.18

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MICHELANGELO, JOYCE, , ,**

Mailing Address 2555 RANDALL AVE

City  
CENTRAL POINTState  
ORZip Code  
97502FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

299.90

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 06 / 2025

Transaction ID : SA11AI.6999

Amount of Each Receipt this Period

154.95

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

409.13

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 26 OF 63  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**OREGON REPUBLICAN PARTY**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MICHELANGELO, JOYCE, , ,**

Mailing Address 2555 RANDALL AVE

City  
CENTRAL POINTState  
ORZip Code  
97502FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

454.85

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 06 / 2025

Transaction ID : SA11AI.7000

Amount of Each Receipt this Period

154.95

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MILES, MATHEW, , ,**

Mailing Address 101 SPRING AVE

City  
LA GRANDEState  
ORZip Code  
97850FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 27 / 2025

Transaction ID : SA11AI.7001

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MILLER, GLENN, , ,**

Mailing Address 717 NE 64TH PL

City  
HILLSBOROState  
ORZip Code  
97124FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TTM TECHOccupation (for Individual)  
IT MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

312.37

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 15 / 2025

Transaction ID : SA11AI.7002

Amount of Each Receipt this Period

139.48

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

444.43

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 27 OF 63  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**OREGON REPUBLICAN PARTY**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MILLER, GLENN, , ,**

Mailing Address 717 NE 64TH PL

City  
HILLSBOROState  
ORZip Code  
97124FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TTM TECHOccupation (for Individual)  
IT MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.37

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 16 / 2025

Transaction ID : SA11AI.7003

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MORRILL, TODD, , ,**

Mailing Address 255 SE 32ND AVE

City  
HILLSBOROState  
ORZip Code  
97123FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 12 / 2025

Transaction ID : SA11AI.7006

Amount of Each Receipt this Period

260.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MORTON, HOLLI, , ,**

Mailing Address 304 KILBORN DR

City  
GRANTS PASSState  
ORZip Code  
97526FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

276.05

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 19 / 2025

Transaction ID : SA11AI.7007

Amount of Each Receipt this Period

125.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

395.00

**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 PageFOR LINE NUMBER: PAGE 28 OF 63  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**OREGON REPUBLICAN PARTY**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. NGUYEN, CAROLYN, , ,**

Mailing Address 1351 NE REGATTA PARK RD

City  
LINCOLN CITYState  
ORZip Code  
97367FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
COUNTRY INSURANCEOccupation (for Individual)  
CLAIMS CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 14 / 2025

Transaction ID : SA11AI.7010

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. NIELSEN, JO, , ,**

Mailing Address 2332 HASKINS RD

City  
WEST LINNState  
ORZip Code  
97068FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.18

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 16 / 2025

Transaction ID : SA11AI.7011

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. NORTH, CHIP, , ,**

Mailing Address 14908 FERNS CORNER RD

City  
MONMOUTHState  
ORZip Code  
97361FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTEDOccupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 01 / 2025

Transaction ID : SA11AI.7018

Amount of Each Receipt this Period

125.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

375.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 29 OF 63  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**OREGON REPUBLICAN PARTY**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. PINA, RALPH, , ,**

Mailing Address 24985 HIGHWAY 140 E

City  
BONANZAState  
ORZip Code  
97623FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
AUTO MECHANIC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 08 / 2025

Transaction ID : SA11AI.7035

Amount of Each Receipt this Period

160.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. PLOWHEAD, ANGELA, , ,**Mailing Address 2755 COMMERCIAL ST SE  
#101-258City  
SALEMState  
ORZip Code  
97302FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CAPACITY SOLUTIONSOccupation (for Individual)  
PSYCHOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 31 / 2025

Transaction ID : SA11AI.7038

Amount of Each Receipt this Period

60.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11AI.6772]

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. POWERS, DON, , ,**

Mailing Address 26320 SW MCCONNELL RD

City  
SHERWOODState  
ORZip Code  
97140FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NW LED LIGHTSOccupation (for Individual)  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5150.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 16 / 2025

Transaction ID : SA11AI.7039

Amount of Each Receipt this Period

5000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5220.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 30 OF 63  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**OREGON REPUBLICAN PARTY**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. POWERS, DON, , ,**

Mailing Address 26320 SW MCCONNELL RD

City  
SHERWOODState  
ORZip Code  
97140FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NW LED LIGHTSOccupation (for Individual)  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 30 / 2025

Transaction ID : SA11AI.7040

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. PRESTON, FRANCES, M, ,**

Mailing Address PO BOX 3

City  
PRAIRIE CITYState  
ORZip Code  
97869FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.36

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 01 / 2025

Transaction ID : SA11AI.7041

Amount of Each Receipt this Period

129.18

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. RAINS, DENESA, , ,**

Mailing Address PO BOX 623

City  
MYRTLE POINTState  
ORZip Code  
97458FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
PROPERTY MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 15 / 2025

Transaction ID : SA11AI.7044

Amount of Each Receipt this Period

125.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

404.18

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 31 OF 63  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**OREGON REPUBLICAN PARTY**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. RAISH, DARLENE, , ,**

Mailing Address 2280 BONNIE LN

City  
SPRINGFIELDState  
ORZip Code  
97477FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.36

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 07 / 2025

Transaction ID : SA11AI.7045

Amount of Each Receipt this Period

129.18

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. RANSOM, CALVIN, , ,**

Mailing Address 42662 OLD FOOTHILL RD

City  
RICHLANDState  
ORZip Code  
97870FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RICHLAND FEED & SEED, INC.Occupation (for Individual)  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 18 / 2025

Transaction ID : SA11AI.7047

Amount of Each Receipt this Period

216.80

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. REDNER, ELAINE, , ,**

Mailing Address 72256 HIGHWAY 395 S

City  
PENDLETONState  
ORZip Code  
97801FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

361.45

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 18 / 2025

Transaction ID : SA11AI.7048

Amount of Each Receipt this Period

129.18

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

475.16

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 32 OF 63  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**OREGON REPUBLICAN PARTY**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. REUCK, TERRY, , ,**

Mailing Address 1077 DESERT GLEN RD

City  
ADRIANState  
ORZip Code  
97901FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 17 / 2025

Transaction ID : SA11AI.7053

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. RICE, KIM, , ,**

Mailing Address 11400 SW JODY STREET

City  
BEAVERTONState  
ORZip Code  
97005FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2025

Transaction ID : SA11AI.7055

Amount of Each Receipt this Period

82.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11AI.6772]

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ROCKOW, KEITH, , ,**

Mailing Address 2121 NW KILNWOOD CT

City  
REDMONDState  
ORZip Code  
97756FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PATRICK ENVIRONMENTAL INCOccupation (for Individual)  
FIREFIGHTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

330.51

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 28 / 2025

Transaction ID : SA11AI.7060

Amount of Each Receipt this Period

124.02

☐ Memo Item

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

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

331.02

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 33 OF 63  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**OREGON REPUBLICAN PARTY**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ROCKOW, KEITH, , ,**

Mailing Address 2121 NW KILNWOOD CT

City  
REDMONDState  
ORZip Code  
97756FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PATRICK ENVIRONMENTAL INCOccupation (for Individual)  
FIREFIGHTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.39

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 30 / 2025

Transaction ID : SA11AI.7061

Amount of Each Receipt this Period

85.88

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. RUST, FRANK, , ,**Mailing Address 3737 SW 117TH AVE  
UNIT 56City  
BEAVERTONState  
ORZip Code  
97005FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
DRIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

382.06

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 19 / 2025

Transaction ID : SA11AI.7066

Amount of Each Receipt this Period

216.80

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. SANCHEZ, ANGELITA, , ,**

Mailing Address PO BOX 142

City  
TANGENTState  
ORZip Code  
97389FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
TRUCK DRIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 31 / 2025

Transaction ID : SA11AI.7069

Amount of Each Receipt this Period

150.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

452.68

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 34 OF 63  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**OREGON REPUBLICAN PARTY**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. SAPERSTEIN, MICHAEL, , ,**

Mailing Address 2115 NE DEKUM ST

City  
PORTLANDState  
ORZip Code  
97211FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 17 / 2025

Transaction ID : SA11AI.7074

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SAWYER, CYNTHIA, , ,**

Mailing Address 8165 SW RIDGEWAY DR

City  
PORTLANDState  
ORZip Code  
97225FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.90

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 05 / 2025

Transaction ID : SA11AI.7077

Amount of Each Receipt this Period

165.26

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. SAWYER, CYNTHIA, , ,**

Mailing Address 8165 SW RIDGEWAY DR

City  
PORTLANDState  
ORZip Code  
97225FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

406.90

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 31 / 2025

Transaction ID : SA11AI.7078

Amount of Each Receipt this Period

97.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11AI.6772]

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

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

387.26

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 35 OF 63  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**OREGON REPUBLICAN PARTY**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. SCHILLING, MARY, , ,**

Mailing Address 93627 RANCH LN

City  
NORTH BENDState  
ORZip Code  
97459FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 01 / 2025

Transaction ID : SA11AI.7083

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SCHILLING, ROD, , ,**

Mailing Address 93627 RANCH LN

City  
NORTH BENDState  
ORZip Code  
97459FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 01 / 2025

Transaction ID : SA11AI.7084

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. SCHMUNK, STEVEN, , ,**

Mailing Address 924 62ND ST

City  
SPRINGFIELDState  
ORZip Code  
97478FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

273.36

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 05 / 2025

Transaction ID : SA11AI.7085

Amount of Each Receipt this Period

129.18

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

379.18

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 36 OF 63  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**OREGON REPUBLICAN PARTY**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. SCHROEDER, SHANTEL, , ,**

Mailing Address 2145 STEELHEAD CT

City  
LEBANONState  
ORZip Code  
97355FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HOMEMAKEROccupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 19 / 2025

Transaction ID : SA11AI.7086

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SHERER, JEREMY, , ,**

Mailing Address 8048 THURSTON RD

City  
SPRINGFIELDState  
ORZip Code  
97478FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CITY OF SPRINGFIELDOccupation (for Individual)  
LAND SURVEYOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.77

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 11 / 2025

Transaction ID : SA11AI.7091

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. SHERER, JEREMY, , ,**

Mailing Address 8048 THURSTON RD

City  
SPRINGFIELDState  
ORZip Code  
97478FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CITY OF SPRINGFIELDOccupation (for Individual)  
LAND SURVEYOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

348.77

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 31 / 2025

Transaction ID : SA11AI.7092

Amount of Each Receipt this Period

48.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11AI.6772]

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

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

298.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 37 OF 63  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**OREGON REPUBLICAN PARTY**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. SIELAFF, ROBIN, , ,**

Mailing Address 5875 SW 166TH CT

City  
BEAVERTONState  
ORZip Code  
97007FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

439.37

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 01 / 2025

Transaction ID : SA11AI.7097

Amount of Each Receipt this Period

216.80

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SIMS, DWIGHT, , ,**Mailing Address 11001 SW TOOZE RD  
BLDG ACity  
WILSONVILLEState  
ORZip Code  
97070FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 17 / 2025

Transaction ID : SA11AI.7100

Amount of Each Receipt this Period

210.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. SLAGLE, MIKE, , ,**

Mailing Address 1427 46TH PL SE

City  
SALEMState  
ORZip Code  
97317FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WESTPRO LABOccupation (for Individual)  
AEROSPACE INDUSTRY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

258.36

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 01 / 2025

Transaction ID : SA11AI.7103

Amount of Each Receipt this Period

129.18

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

555.98

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 38 OF 63  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**OREGON REPUBLICAN PARTY**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. SMITH, CHERYL, , ,**

Mailing Address 66285 QUINCY RD

City  
BURNSState  
ORZip Code  
97720FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
FLORIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.16

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 14 / 2025

Transaction ID : SA11AI.7106

Amount of Each Receipt this Period

1.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11AI.6725]

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SMITH, DAVID, BROCK, ,**Mailing Address 2858 PORT ORFORD LOOP RD  
PO BOX 951City  
PORT ORFORDState  
ORZip Code  
97465FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
STATE OF OREGONOccupation (for Individual)  
SENATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 14 / 2025

Transaction ID : SA11AI.7107

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. SMITH, LISA, , ,**

Mailing Address 70019 MEADOW VIEW

City  
SISTERSState  
ORZip Code  
97759FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NOT EMPLOYEDOccupation (for Individual)  
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

376.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 30 / 2025

Transaction ID : SA11AI.7110

Amount of Each Receipt this Period

188.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11AI.6772]

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

314.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 39 OF 63  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**OREGON REPUBLICAN PARTY**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. SMITH, LISA, , ,**

Mailing Address 70019 MEADOW VIEW

City  
SISTERSState  
ORZip Code  
97759FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NOT EMPLOYEDOccupation (for Individual)  
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

457.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 30 / 2025

Transaction ID : SA11AI.7111

Amount of Each Receipt this Period

81.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11AI.6772]

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SMITH, LISA, , ,**

Mailing Address 70019 MEADOW VIEW

City  
SISTERSState  
ORZip Code  
97759FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NOT EMPLOYEDOccupation (for Individual)  
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

489.27

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 30 / 2025

Transaction ID : SA11AI.7112

Amount of Each Receipt this Period

32.27

☐ Memo Item

EARMARKED THROUGH WINRED [SA11AI.6772]

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. SMITH, LISA, , ,**

Mailing Address 70019 MEADOW VIEW

City  
SISTERSState  
ORZip Code  
97759FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NOT EMPLOYEDOccupation (for Individual)  
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

589.27

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 30 / 2025

Transaction ID : SA11AI.7113

Amount of Each Receipt this Period

100.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11AI.6772]

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

213.27

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 40 OF 63  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**OREGON REPUBLICAN PARTY**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. SMUTZ, NATHAN, I, ,**

Mailing Address 59074 FOOTHILL RD

City  
LA GRANDEState  
ORZip Code  
97850FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
EASTERN OREGON UNIVERSITYOccupation (for Individual)  
RESEARCH ANALYST PROGRAMMEI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 20 / 2025

Transaction ID : SA11AI.7115

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SNOOK, JESSICA, , ,**Mailing Address 1302 MCGEE CT NE  
APT 302City  
SALEMState  
ORZip Code  
97303FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
OREGON LEGISLATIVE ASSEMBLYOccupation (for Individual)  
CHIEF OF STAFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.36

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 07 / 2025

Transaction ID : SA11AI.7116

Amount of Each Receipt this Period

129.18

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. SNYDER, ROGER, , ,**

Mailing Address 251 W AMANDA ST

City  
ROSEBURGState  
ORZip Code  
97471FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
BROKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

505.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 12 / 2025

Transaction ID : SA11AI.7117

Amount of Each Receipt this Period

210.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

489.18

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 41 OF 63  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**OREGON REPUBLICAN PARTY**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. SONGER, JAN, , ,**

Mailing Address 82082 COW CREEK RD

City  
SEASIDEState  
ORZip Code  
97138FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
THE STANDARDOccupation (for Individual)  
UNDERWRITER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 03 / 2025

Transaction ID : SA11AI.7120

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SONGER, JAN, , ,**

Mailing Address 82082 COW CREEK RD

City  
SEASIDEState  
ORZip Code  
97138FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
THE STANDARDOccupation (for Individual)  
UNDERWRITER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 03 / 2025

Transaction ID : SA11AI.7121

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. SONGER, JAN, , ,**

Mailing Address 82082 COW CREEK RD

City  
SEASIDEState  
ORZip Code  
97138FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
THE STANDARDOccupation (for Individual)  
UNDERWRITER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 03 / 2025

Transaction ID : SA11AI.7122

Amount of Each Receipt this Period

85.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

335.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 42 OF 63  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**OREGON REPUBLICAN PARTY**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. STAFFENSON, SHELBY, , ,**

Mailing Address 1820 E HISTORIC COLUMBIA RIVER HWY

City  
TROUTDALEState  
ORZip Code  
97060FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 14 / 2025

Transaction ID : SA11AI.7129

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. TODD, ALICE, , ,**

Mailing Address 31517 BEAVER HOMES RD

City  
RAINIERState  
ORZip Code  
97048FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.95

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 10 / 2025

Transaction ID : SA11AI.7140

Amount of Each Receipt this Period

129.18

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. TOEWS, SANDRA, , ,**

Mailing Address 122 GLACIER ST

City  
OREGON CITYState  
ORZip Code  
97045FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CANBY SMILESOccupation (for Individual)  
MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 18 / 2025

Transaction ID : SA11AI.7141

Amount of Each Receipt this Period

125.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

379.18

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 43 OF 63  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**OREGON REPUBLICAN PARTY**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. TOOZE, DAN, , ,**Mailing Address 19969 HIGHWAY 213  
UNIT 3213City  
OREGON CITYState  
ORZip Code  
97045FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PRDOccupation (for Individual)  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

279.95

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 16 / 2025

Transaction ID : SA11AI.7142

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. WELLES, HERBERT, , ,**

Mailing Address 1621 KOKANEE LN

City  
GRANTS PASSState  
ORZip Code  
97527FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.67

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 20 / 2025

Transaction ID : SA11AI.7152

Amount of Each Receipt this Period

180.72

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. WEST, TOM, , ,**

Mailing Address 4105 N COLONIAL AVE

City  
PORTLANDState  
ORZip Code  
97217FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CHOWNOccupation (for Individual)  
SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

426.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 14 / 2025

Transaction ID : SA11AI.7153

Amount of Each Receipt this Period

216.80

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

522.52

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 44 OF 63  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**OREGON REPUBLICAN PARTY**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. WHELCHER, CONNIE, , ,**

Mailing Address 5633 NW COYNER AVE

City  
REDMONDState  
ORZip Code  
97756FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
IMA FINANCIALOccupation (for Individual)  
COMMERCIAL INSURANCE ADVISOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

426.80

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 18 / 2025

Transaction ID : SA11AI.7154

Amount of Each Receipt this Period

210.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. WHITCOMB, JOSEPH, , ,**

Mailing Address 7130 N RICHARDS ST

City  
PORTLANDState  
ORZip Code  
97203FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DAIMLER TRUCKOccupation (for Individual)  
MATERIALS AUDIT GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.18

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 07 / 2025

Transaction ID : SA11AI.7155

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. WINRED**Mailing Address 4250 FAIRFAX DR  
STE 600City  
ARLINGTONState  
VAZip Code  
22203FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

4926.54

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 05 / 2025

Transaction ID : SA11AI.6510

Amount of Each Receipt this Period

- 24.21

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED. ITEMIZED IF REQUIRED

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

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

335.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 45 OF 63  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**OREGON REPUBLICAN PARTY**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. WINRED**Mailing Address 4250 FAIRFAX DR  
STE 600City  
ARLINGTONState  
VAZip Code  
22203FEC ID number of contributing  
federal political committee.**C**

C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5047.86

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 12 / 2025

Transaction ID : SA11AI.6724

Amount of Each Receipt this Period

121.32

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED. ITEMIZED IF REQUIRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. WINRED**Mailing Address 4250 FAIRFAX DR  
STE 600City  
ARLINGTONState  
VAZip Code  
22203FEC ID number of contributing  
federal political committee.**C**

C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5138.86

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 19 / 2025

Transaction ID : SA11AI.6725

Amount of Each Receipt this Period

91.00

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED. ITEMIZED IF REQUIRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. WINRED**Mailing Address 4250 FAIRFAX DR  
STE 600City  
ARLINGTONState  
VAZip Code  
22203FEC ID number of contributing  
federal political committee.**C**

C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5697.91

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 27 / 2025

Transaction ID : SA11AI.6726

Amount of Each Receipt this Period

559.05

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED. ITEMIZED IF REQUIRED**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 PageFOR LINE NUMBER: PAGE 46 OF 63  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**OREGON REPUBLICAN PARTY**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. WINRED**Mailing Address 4250 FAIRFAX DR  
STE 600City  
ARLINGTONState  
VAZip Code  
22203FEC ID number of contributing  
federal political committee.**C** C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5856.16

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 31 / 2025

Transaction ID : SA11AI.6727

Amount of Each Receipt this Period

158.25

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED. ITEMIZED IF REQUIRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. WINRED**Mailing Address 4250 FAIRFAX DR  
STE 600City  
ARLINGTONState  
VAZip Code  
22203FEC ID number of contributing  
federal political committee.**C** C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7632.35

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 31 / 2025

Transaction ID : SA11AI.6772

Amount of Each Receipt this Period

1776.19

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED. ITEMIZED IF REQUIRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. WOODS, ELAINE, , ,**

Mailing Address 759 NW 175TH PL

City  
BEAVERTONState  
ORZip Code  
97006FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

274.13

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 07 / 2025

Transaction ID : SA11AI.7160

Amount of Each Receipt this Period

129.18

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

129.18

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 47 OF 63  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**OREGON REPUBLICAN PARTY**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. WOODS, JOHN, , ,**

Mailing Address 759 NW 175TH PL

City  
BEAVERTONState  
ORZip Code  
97006FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

274.13

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 07 / 2025

Transaction ID : SA11AI.7161

Amount of Each Receipt this Period

129.18

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. WRIGHT, JONATHAN, , ,**

Mailing Address 34637 SANTIAM HWY

City  
LEBANONState  
ORZip Code  
97355FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SAMARITANOccupation (for Individual)  
HEALTH IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 02 / 2025

Transaction ID : SA11AI.7162

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. YODER, MAURICE, , ,**

Mailing Address 441 NE HILL ST

City  
SHERIDANState  
ORZip Code  
97378FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 11 / 2025

Transaction ID : SA11AI.7163

Amount of Each Receipt this Period

125.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

379.18

20596.70

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 48 OF 63

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <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)

**OREGON REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

**A. ANEDOT INC.**Mailing Address 1340 POYDRAS STREET  
SUITE 1770City  
NEW ORLEANSState  
LAZip Code  
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 |   |   | 0 | 5 |   |   | 2 | 0 | 2 | 5 |   |   |

FEC Identification Number

**C****Transaction ID : SB21B.6728**

Amount of Each Disbursement this Period

53.21

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ANEDOT INC.**Mailing Address 1340 POYDRAS STREET  
SUITE 1770City  
NEW ORLEANSState  
LAZip Code  
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 |   |   | 0 | 7 |   |   | 2 | 0 | 2 | 5 |   |   |

FEC Identification Number

**C****Transaction ID : SB21B.6729**

Amount of Each Disbursement this Period

41.08

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ANEDOT INC.**Mailing Address 1340 POYDRAS STREET  
SUITE 1770City  
NEW ORLEANSState  
LAZip Code  
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 |   |   | 0 | 8 |   |   | 2 | 0 | 2 | 5 |   |   |

FEC Identification Number

**C****Transaction ID : SB21B.6730**

Amount of Each Disbursement this Period

28.39

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

122.68

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 49 OF 63

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <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)

**OREGON REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

**A. ANEDOT INC.**Mailing Address 1340 POYDRAS STREET  
SUITE 1770City  
NEW ORLEANSState  
LAZip Code  
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 |   |   | 1 | 2 |   | 2 | 0 | 2 | 5 |   |   |

FEC Identification Number

**C****Transaction ID : SB21B.6731**

Amount of Each Disbursement this Period

43.08

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ANEDOT INC.**Mailing Address 1340 POYDRAS STREET  
SUITE 1770City  
NEW ORLEANSState  
LAZip Code  
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 |   |   | 1 | 4 |   | 2 | 0 | 2 | 5 |   |   |

FEC Identification Number

**C****Transaction ID : SB21B.6732**

Amount of Each Disbursement this Period

13.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ANEDOT INC.**Mailing Address 1340 POYDRAS STREET  
SUITE 1770City  
NEW ORLEANSState  
LAZip Code  
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 |   |   | 1 | 4 |   | 2 | 0 | 2 | 5 |   |   |

FEC Identification Number

**C****Transaction ID : SB21B.6733**

Amount of Each Disbursement this Period

38.92

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

95.20

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 50 OF 63

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <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)

**OREGON REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

**A. ANEDOT INC.**Mailing Address 1340 POYDRAS STREET  
SUITE 1770City  
NEW ORLEANSState  
LAZip Code  
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 |   |   | 1 | 5 |   |   | 2 | 0 | 2 | 5 |   |

FEC Identification Number

**C****Transaction ID : SB21B.6734**

Amount of Each Disbursement this Period

34.01

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ANEDOT INC.**Mailing Address 1340 POYDRAS STREET  
SUITE 1770City  
NEW ORLEANSState  
LAZip Code  
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 |   |   | 2 | 0 |   |   | 2 | 0 | 2 | 5 |   |

FEC Identification Number

**C****Transaction ID : SB21B.6735**

Amount of Each Disbursement this Period

50.71

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ANEDOT INC.**Mailing Address 1340 POYDRAS STREET  
SUITE 1770City  
NEW ORLEANSState  
LAZip Code  
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 |   |   | 2 | 1 |   |   | 2 | 0 | 2 | 5 |   |

FEC Identification Number

**C****Transaction ID : SB21B.6736**

Amount of Each Disbursement this Period

80.80

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

165.52

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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"/> 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)

**OREGON REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

**A. ANEDOT INC.**Mailing Address 1340 POYDRAS STREET  
SUITE 1770City  
NEW ORLEANSState  
LAZip Code  
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 |   |   | 2 | 2 |   | 2 | 0 | 2 | 5 |   |   |

FEC Identification Number

**C****Transaction ID : SB21B.6737**

Amount of Each Disbursement this Period

166.33

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ANEDOT INC.**Mailing Address 1340 POYDRAS STREET  
SUITE 1770City  
NEW ORLEANSState  
LAZip Code  
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 |   |   | 2 | 3 |   | 2 | 0 | 2 | 5 |   |   |

FEC Identification Number

**C****Transaction ID : SB21B.6738**

Amount of Each Disbursement this Period

15.32

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ANEDOT INC.**Mailing Address 1340 POYDRAS STREET  
SUITE 1770City  
NEW ORLEANSState  
LAZip Code  
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 |   |   | 2 | 9 |   | 2 | 0 | 2 | 5 |   |   |

FEC Identification Number

**C****Transaction ID : SB21B.6739**

Amount of Each Disbursement this Period

17.12

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

198.77

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 52 OF 63

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <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)

**OREGON REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

**A. ANEDOT INC.**Mailing Address 1340 POYDRAS STREET  
SUITE 1770City  
NEW ORLEANSState  
LAZip Code  
70112Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 30 / 2025

FEC Identification Number

**C** Transaction ID : SB21B.6740

Amount of Each Disbursement this Period

26.85

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. EAGLE MOUNTAIN EVENTS**Mailing Address 2221 NE 3RD ST  
#100City  
BENDState  
ORZip Code  
97701Purpose of Disbursement  
EVENT SPONSORSHIP

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 23 / 2025

FEC Identification Number

**C** Transaction ID : SB21B.6742

Amount of Each Disbursement this Period

18000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. FIESTA EVENT INSURANCE**

Mailing Address 4682 CHERRYTREE CT SE

City  
SALEMState  
ORZip Code  
97317Purpose of Disbursement  
EVENT INSURANCE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 15 / 2025

FEC Identification Number

**C** Transaction ID : SB21B.6744

Amount of Each Disbursement this Period

612.90

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

18639.75

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 53 OF 63

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <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)

**OREGON REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

**A. HICKORY DATA LLC**

Mailing Address 15 W OAK ST

City  
ALEXANDRIAState  
VAZip Code  
22301

Purpose of Disbursement

FUNDRAISING FEES

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 |   |   | 1 | 9 |   |   | 2 | 0 | 2 | 5 |   |

FEC Identification Number

**C**

Transaction ID : SB21B.6745

Amount of Each Disbursement this Period

13.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. TMA DIRECT**

Mailing Address 1900 RESTON METRO PLAZA, SUITE 600

City  
RESTONState  
VAZip Code  
20190

Purpose of Disbursement

FUNDRAISING FEES

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 |   |   | 1 | 9 |   |   | 2 | 0 | 2 | 5 |   |

FEC Identification Number

**C**

Transaction ID : SB21B.6746

Amount of Each Disbursement this Period

1.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. TMA DIRECT**

Mailing Address 1900 RESTON METRO PLAZA, SUITE 600

City  
RESTONState  
VAZip Code  
20190

Purpose of Disbursement

FUNDRAISING FEES

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 |   |   | 2 | 7 |   |   | 2 | 0 | 2 | 5 |   |

FEC Identification Number

**C**

Transaction ID : SB21B.6747

Amount of Each Disbursement this Period

169.23

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

184.63

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 54 OF 63

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <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)

**OREGON REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

**A. WINRED TECHNICAL SERVICES, LLC**Mailing Address 1776 WILSON BLVD  
SUITE 530City  
ARLINGTONState  
VAZip Code  
22219

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 |   |   | 0 | 5 |   |   | 2 | 0 | 2 | 5 |   |

FEC Identification Number

**C****Transaction ID : SB21B.6748**

Amount of Each Disbursement this Period

87.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WINRED TECHNICAL SERVICES, LLC**Mailing Address 1776 WILSON BLVD  
SUITE 530City  
ARLINGTONState  
VAZip Code  
22219

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 |   |   | 1 | 2 |   |   | 2 | 0 | 2 | 5 |   |

FEC Identification Number

**C****Transaction ID : SB21B.6749**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WINRED TECHNICAL SERVICES, LLC**Mailing Address 1776 WILSON BLVD  
SUITE 530City  
ARLINGTONState  
VAZip Code  
22219

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 |   |   | 1 | 9 |   |   | 2 | 0 | 2 | 5 |   |

FEC Identification Number

**C****Transaction ID : SB21B.6750**

Amount of Each Disbursement this Period

4.40

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

96.60

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 55 OF 63

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <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)

**OREGON REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

**A. WINRED TECHNICAL SERVICES, LLC**Mailing Address 1776 WILSON BLVD  
SUITE 530City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 27 / 2025

FEC Identification Number

C

Transaction ID : SB21B.6751

Amount of Each Disbursement this Period

29.90

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify)Category/  
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

29.90

19533.05

**SCHEDULE H3 (FEC Form 3X)**  
**TRANSFERS FROM NONFEDERAL ACCOUNTS FOR**  
**ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

PAGE 56 OF 63

FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

OREGON REPUBLICAN PARTY

NAME OF ACCOUNT

OREGON REPUBLICAN PARTY

DATE OF RECEIPT

MM / DD / YYYY  
05 / 08 / 2025

TOTAL AMOUNT TRANSFERRED

3694.64

## BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative .....

3694.64

Transaction ID : H3.7166

ii) Generic Voter Drive .....

iii) Exempt Activities.....

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

b) .....

c) Total Amount Transferred For Direct Fundraising .....

v) Direct Candidate Support (List Activity or Event Identifier)

a) .....

b) .....

c) Total Amount Transferred For Direct Candidate Support.....

vi) Public Communications Referring Only to Party (Made by PAC) .....

## TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative) .....

3694.64

TOTAL This Period (Generic Voter Drive) .....

0.00

TOTAL This Period (Exempt Activities) .....

0.00

TOTAL This Period (Direct Fundraising) .....

0.00

TOTAL This Period (Direct Candidate Support) .....

0.00

TOTAL This Period (Public Communications Referring Only to Party) .....

0.00

TOTAL This Period (Total Amount Transferred).....

3694.64

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 57 OF 63

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

OREGON REPUBLICAN PARTY

|  |             |                   |   |  |
|--|-------------|-------------------|---|--|
| <b>A. Full Name (Last, First, Middle Initial) Transaction ID : H4.7176</b> <input checked="" type="checkbox"/> Memo Item |             |                   | Allocated Activity or Event:  |  |
| ANN HAND   |             |                   | <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt |  |
| Mailing Address 4005 WISCONSIN AVE   |             |                   | <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support                                  |  |
| City<br>WASHINGTON   | State<br>DC | Zip Code<br>20016 | <input type="checkbox"/> Public Comm (ref to party only) by PAC   |  |
| Purpose of Disbursement:<br>OFFICE SUPPLIES [H4.6763]  |             | Category/<br>Type | Allocated Activity or Event Year-To-Date  |  |
| Activity or Event Identifier:<br>Administrative  |             |                   | 19836.93  |  |
| FEDERAL SHARE  |             | +                 | NONFEDERAL SHARE  |  |
| 36.91  |             |                   | 138.85  |  |
|  |             | =                 | TOTAL AMOUNT  |  |
|  |             |                   | 175.76  |  |

|  |             |                   |   |  |
|--|-------------|-------------------|---|--|
| <b>B. Full Name (Last, First, Middle Initial) Transaction ID : H4.7179</b> <input checked="" type="checkbox"/> Memo Item |             |                   | Allocated Activity or Event:  |  |
| REPUBLICAN RED WINERY  |             |                   | <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt |  |
| Mailing Address 177 WEBSTER ST   |             |                   | <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support                                  |  |
| City<br>MONTEREY   | State<br>CA | Zip Code<br>93940 | <input type="checkbox"/> Public Comm (ref to party only) by PAC   |  |
| Purpose of Disbursement:<br>TRAVEL: FOOD [H4.6763]   |             | Category/<br>Type | Allocated Activity or Event Year-To-Date  |  |
| Activity or Event Identifier:<br>Administrative  |             |                   | 19836.93  |  |
| FEDERAL SHARE  |             | +                 | NONFEDERAL SHARE  |  |
| 15.54  |             |                   | 58.46   |  |
|  |             | =                 | TOTAL AMOUNT  |  |
|  |             |                   | 74.00   |  |

|  |             |                   |   |  |
|--|-------------|-------------------|---|--|
| <b>C. Full Name (Last, First, Middle Initial) Transaction ID : H4.7181</b> <input checked="" type="checkbox"/> Memo Item |             |                   | Allocated Activity or Event:  |  |
| UNITED AIRLINES  |             |                   | <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt |  |
| Mailing Address PO BOX 06649   |             |                   | <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support                                  |  |
| City<br>CHICAGO  | State<br>IL | Zip Code<br>60606 | <input type="checkbox"/> Public Comm (ref to party only) by PAC   |  |
| Purpose of Disbursement:<br>TRAVEL: AIR [H4.6763]  |             | Category/<br>Type | Allocated Activity or Event Year-To-Date  |  |
| Activity or Event Identifier:<br>Administrative  |             |                   | 19836.93  |  |
| FEDERAL SHARE  |             | +                 | NONFEDERAL SHARE  |  |
| 130.45   |             |                   | 490.72  |  |
|  |             | =                 | TOTAL AMOUNT  |  |
|  |             |                   | 621.17  |  |

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 0.00          |   | 0.00             |   | 0.00         |

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

|               |                  |              |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|               |                  |              |

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 58 OF 63

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

OREGON REPUBLICAN PARTY

|  |             |                   |   |  |
|--|-------------|-------------------|---|--|
| <b>A. Full Name (Last, First, Middle Initial) Transaction ID : H4.7182</b> <input checked="" type="checkbox"/> Memo Item |             |                   | Allocated Activity or Event:  |  |
| UNITED AIRLINES  |             |                   | <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt |  |
| Mailing Address PO BOX 06649   |             |                   | <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support                                  |  |
| City<br>CHICAGO  | State<br>IL | Zip Code<br>60606 | <input type="checkbox"/> Public Comm (ref to party only) by PAC   |  |
| Purpose of Disbursement:<br>TRAVEL: FEES [H4.6763]   |             | Category/<br>Type | Allocated Activity or Event Year-To-Date  |  |
| Activity or Event Identifier:<br>Administrative  |             |                   | 19836.93  |  |
| FEDERAL SHARE  |             | +                 | NONFEDERAL SHARE  |  |
| 14.70  |             |                   | 55.30   |  |
|  |             | =                 | TOTAL AMOUNT  |  |
|  |             |                   | 70.00   |  |

|   |             |                   |   |  |
|---|-------------|-------------------|---|--|
| <b>B. Full Name (Last, First, Middle Initial) Transaction ID : H4.6759</b> <input type="checkbox"/> Memo Item |             |                   | Allocated Activity or Event:  |  |
| CINJOE, LLC   |             |                   | <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt |  |
| Mailing Address 187 HIGH STREET NE<br>202   |             |                   | <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support                                  |  |
| City<br>SALEM   | State<br>OR | Zip Code<br>97301 | <input type="checkbox"/> Public Comm (ref to party only) by PAC   |  |
| Purpose of Disbursement:<br>RENT  |             | Category/<br>Type | Allocated Activity or Event Year-To-Date  |  |
| Activity or Event Identifier:<br>Administrative   |             |                   | 25913.70  |  |
| FEDERAL SHARE   |             | +                 | NONFEDERAL SHARE  |  |
| 294.00  |             |                   | 1106.00   |  |
|   |             | =                 | TOTAL AMOUNT  |  |
|   |             |                   | 1400.00   |  |

|   |             |                   |   |  |
|---|-------------|-------------------|---|--|
| <b>C. Full Name (Last, First, Middle Initial) Transaction ID : H4.6766</b> <input type="checkbox"/> Memo Item |             |                   | Allocated Activity or Event:  |  |
| PUBLIC STORAGE  |             |                   | <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt |  |
| Mailing Address 1815 HYACINTH ST NE   |             |                   | <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support                                  |  |
| City<br>SALEM   | State<br>OR | Zip Code<br>97301 | <input type="checkbox"/> Public Comm (ref to party only) by PAC   |  |
| Purpose of Disbursement:<br>STORAGE   |             | Category/<br>Type | Allocated Activity or Event Year-To-Date  |  |
| Activity or Event Identifier:<br>Administrative   |             |                   | 26249.70  |  |
| FEDERAL SHARE   |             | +                 | NONFEDERAL SHARE  |  |
| 70.56   |             |                   | 265.44  |  |
|   |             | =                 | TOTAL AMOUNT  |  |
|   |             |                   | 336.00  |  |

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 364.56        |   | 1371.44          |   | 1736.00      |

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

|               |                  |              |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|               |                  |              |

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 59 OF 63

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**OREGON REPUBLICAN PARTY**

|  |             |                   |                                    |   |  |
|--|-------------|-------------------|------------------------------------|---|--|
| <b>A. Full Name (Last, First, Middle Initial) Transaction ID : H4.6768</b> |             |                   | <input type="checkbox"/> Memo Item | Allocated Activity or Event:  |  |
| RED CURVE SOLUTIONS, LLC   |             |                   |                                    | <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt |  |
| Mailing Address 138 CONANT ST<br>STE 401                                   |             |                   |                                    | <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support                                  |  |
| City<br>BEVERLY  | State<br>MA | Zip Code<br>01915 |                                    | <input type="checkbox"/> Public Comm (ref to party only) by PAC   |  |
| Purpose of Disbursement:<br>COMPLIANCE CONSULTING                          |             |                   | Category/<br>Type                  | Allocated Activity or Event Year-To-Date  |  |
| Activity or Event Identifier:<br>Administrative                            |             |                   |                                    | 27843.29  |  |
| FEDERAL SHARE  |             |                   | +                                  | NONFEDERAL SHARE  |  |
| 334.65   |             |                   |                                    | 1258.94   |  |
|  |             |                   | =                                  | TOTAL AMOUNT  |  |
|  |             |                   |                                    | 1593.59   |  |

|  |             |                   |                                    |   |  |
|--|-------------|-------------------|------------------------------------|---|--|
| <b>B. Full Name (Last, First, Middle Initial) Transaction ID : H4.6765</b> |             |                   | <input type="checkbox"/> Memo Item | Allocated Activity or Event:  |  |
| MICROSOFT  |             |                   |                                    | <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt |  |
| Mailing Address 1 MICROSOFT WAY  |             |                   |                                    | <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support                                  |  |
| City<br>REDMOND  | State<br>WA | Zip Code<br>98052 |                                    | <input type="checkbox"/> Public Comm (ref to party only) by PAC   |  |
| Purpose of Disbursement:<br>SUBSCRIPTIONS                                  |             |                   | Category/<br>Type                  | Allocated Activity or Event Year-To-Date  |  |
| Activity or Event Identifier:<br>Administrative                            |             |                   |                                    | 28008.29  |  |
| FEDERAL SHARE  |             |                   | +                                  | NONFEDERAL SHARE  |  |
| 34.65  |             |                   |                                    | 130.35  |  |
|  |             |                   | =                                  | TOTAL AMOUNT  |  |
|  |             |                   |                                    | 165.00  |  |

|  |             |                   |                                    |   |  |
|--|-------------|-------------------|------------------------------------|---|--|
| <b>C. Full Name (Last, First, Middle Initial) Transaction ID : H4.6770</b> |             |                   | <input type="checkbox"/> Memo Item | Allocated Activity or Event:  |  |
| RYVALL LLC   |             |                   |                                    | <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt |  |
| Mailing Address 911 14TH ST SE   |             |                   |                                    | <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support                                  |  |
| City<br>WASHINGTON   | State<br>DC | Zip Code<br>20003 |                                    | <input type="checkbox"/> Public Comm (ref to party only) by PAC   |  |
| Purpose of Disbursement:<br>WEBSITE HOSTING                                |             |                   | Category/<br>Type                  | Allocated Activity or Event Year-To-Date  |  |
| Activity or Event Identifier:<br>Administrative                            |             |                   |                                    | 29008.29  |  |
| FEDERAL SHARE  |             |                   | +                                  | NONFEDERAL SHARE  |  |
| 210.00   |             |                   |                                    | 790.00  |  |
|  |             |                   | =                                  | TOTAL AMOUNT  |  |
|  |             |                   |                                    | 1000.00   |  |

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 579.30        |   | 2179.29          |   | 2758.59      |

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

|               |                  |              |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|               |                  |              |

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 60 OF 63

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

OREGON REPUBLICAN PARTY

|  |       |                   |   |  |
|--|-------|-------------------|---|--|
| <b>A. Full Name (Last, First, Middle Initial) Transaction ID : H4.7172</b> <input checked="" type="checkbox"/> Memo Item |       |                   | Allocated Activity or Event:  |  |
| PORT OF PORTLAND   |       |                   | <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt |  |
| Mailing Address 7200 NE AIRPORT WAY  |       |                   | <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support                                  |  |
| City   | State | Zip Code          | <input type="checkbox"/> Public Comm (ref to party only) by PAC   |  |
| PORTLAND   | OR    | 97218             |   |  |
| Purpose of Disbursement:<br>TRAVEL: PARKING EXPENSE [H4.6764]  |       | Category/<br>Type | Allocated Activity or Event Year-To-Date  |  |
| Activity or Event Identifier:<br>Administrative  |       |                   | 29008.29  |  |
| FEDERAL SHARE  |       | +                 | NONFEDERAL SHARE  |  |
| 25.20  |       |                   | 94.80   |  |
|  |       | =                 | TOTAL AMOUNT  |  |
|  |       |                   | 120.00  |  |

|  |       |                   |   |  |
|--|-------|-------------------|---|--|
| <b>B. Full Name (Last, First, Middle Initial) Transaction ID : H4.7174</b> <input checked="" type="checkbox"/> Memo Item |       |                   | Allocated Activity or Event:  |  |
| TRUMP NATIONAL DORAL MIAMI   |       |                   | <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt |  |
| Mailing Address 4400 NW 87TH AVE   |       |                   | <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support                                  |  |
| City   | State | Zip Code          | <input type="checkbox"/> Public Comm (ref to party only) by PAC   |  |
| MIAMI  | FL    | 33178             |   |  |
| Purpose of Disbursement:<br>TRAVEL: LODGING [H4.6764]  |       | Category/<br>Type | Allocated Activity or Event Year-To-Date  |  |
| Activity or Event Identifier:<br>Administrative  |       |                   | 29008.29  |  |
| FEDERAL SHARE  |       | +                 | NONFEDERAL SHARE  |  |
| 212.86   |       |                   | 800.75  |  |
|  |       | =                 | TOTAL AMOUNT  |  |
|  |       |                   | 1013.61   |  |

|  |       |                   |   |  |
|--|-------|-------------------|---|--|
| <b>C. Full Name (Last, First, Middle Initial) Transaction ID : H4.7177</b> <input checked="" type="checkbox"/> Memo Item |       |                   | Allocated Activity or Event:  |  |
| PORT OF PORTLAND   |       |                   | <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt |  |
| Mailing Address 7200 NE AIRPORT WAY  |       |                   | <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support                                  |  |
| City   | State | Zip Code          | <input type="checkbox"/> Public Comm (ref to party only) by PAC   |  |
| PORTLAND   | OR    | 97218             |   |  |
| Purpose of Disbursement:<br>TRAVEL: PARKING EXPENSE [H4.6763]  |       | Category/<br>Type | Allocated Activity or Event Year-To-Date  |  |
| Activity or Event Identifier:<br>Administrative  |       |                   | 29008.29  |  |
| FEDERAL SHARE  |       | +                 | NONFEDERAL SHARE  |  |
| 10.92  |       |                   | 41.08   |  |
|  |       | =                 | TOTAL AMOUNT  |  |
|  |       |                   | 52.00   |  |

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 0.00          |   | 0.00             |   | 0.00         |

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

|               |                  |              |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|               |                  |              |

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**PAGE 61 OF 63  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

OREGON REPUBLICAN PARTY

|  |             |                   |   |  |
|--|-------------|-------------------|---|--|
| <b>A. Full Name (Last, First, Middle Initial) Transaction ID : H4.7180</b> <input checked="" type="checkbox"/> Memo Item |             |                   | Allocated Activity or Event:  |  |
| TRUMP NATIONAL DORAL MIAMI   |             |                   | <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt |  |
| Mailing Address 4400 NW 87TH AVE   |             |                   | <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support                                  |  |
| City<br>MIAMI  | State<br>FL | Zip Code<br>33178 | <input type="checkbox"/> Public Comm (ref to party only) by PAC   |  |
| Purpose of Disbursement:<br>TRAVEL: LODGING [H4.6763]  |             | Category/<br>Type | Allocated Activity or Event Year-To-Date  |  |
| Activity or Event Identifier:<br>Administrative  |             |                   | 29008.29  |  |
| FEDERAL SHARE  |             | +                 | NONFEDERAL SHARE  |  |
| 212.86   |             |                   | 800.75  |  |
|  |             | =                 | TOTAL AMOUNT  |  |
|  |             |                   | 1013.61   |  |

|   |             |                   |   |  |
|---|-------------|-------------------|---|--|
| <b>B. Full Name (Last, First, Middle Initial) Transaction ID : H4.6761</b> <input type="checkbox"/> Memo Item |             |                   | Allocated Activity or Event:  |  |
| COMCAST CABLE   |             |                   | <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt |  |
| Mailing Address PO BOX 60533  |             |                   | <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support                                  |  |
| City<br>CITY OF INDUSTRY  | State<br>CA | Zip Code<br>91716 | <input type="checkbox"/> Public Comm (ref to party only) by PAC   |  |
| Purpose of Disbursement:<br>BROADBAND SERVICES  |             | Category/<br>Type | Allocated Activity or Event Year-To-Date  |  |
| Activity or Event Identifier:<br>Administrative   |             |                   | 29215.04  |  |
| FEDERAL SHARE   |             | +                 | NONFEDERAL SHARE  |  |
| 43.42   |             |                   | 163.33  |  |
|   |             | =                 | TOTAL AMOUNT  |  |
|   |             |                   | 206.75  |  |

|  |             |                   |   |  |
|--|-------------|-------------------|---|--|
| <b>C. Full Name (Last, First, Middle Initial) Transaction ID : H4.7171</b> <input checked="" type="checkbox"/> Memo Item |             |                   | Allocated Activity or Event:  |  |
| DELTA AIRLINES   |             |                   | <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt |  |
| Mailing Address 1030 DELTA BOULEVARD   |             |                   | <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support                                  |  |
| City<br>ATLANTA  | State<br>GA | Zip Code<br>30354 | <input type="checkbox"/> Public Comm (ref to party only) by PAC   |  |
| Purpose of Disbursement:<br>TRAVEL: AIR [H4.6764]  |             | Category/<br>Type | Allocated Activity or Event Year-To-Date  |  |
| Activity or Event Identifier:<br>Administrative  |             |                   | 29215.04  |  |
| FEDERAL SHARE  |             | +                 | NONFEDERAL SHARE  |  |
| 57.20  |             |                   | 215.20  |  |
|  |             | =                 | TOTAL AMOUNT  |  |
|  |             |                   | 272.40  |  |

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 43.42         |   | 163.33           |   | 206.75       |

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

|               |                  |              |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|               |                  |              |

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 62 OF 63

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

OREGON REPUBLICAN PARTY

|   |       |                   |   |  |
|---|-------|-------------------|---|--|
| <b>A. Full Name (Last, First, Middle Initial) Transaction ID : H4.6758</b> <input type="checkbox"/> Memo Item |       |                   | Allocated Activity or Event:  |  |
| 101 DOMAIN  |       |                   | <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt |  |
| Mailing Address 3220 EXECUTIVE RIDGE STE 101  |       |                   | <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support                                  |  |
| City  | State | Zip Code          | <input type="checkbox"/> Public Comm (ref to party only) by PAC   |  |
| VISTA   | CA    | 92081             |   |  |
| Purpose of Disbursement:<br>WEBSITE HOSTING   |       | Category/<br>Type | Allocated Activity or Event Year-To-Date  |  |
| Activity or Event Identifier:<br>Administrative   |       |                   | 29325.21  |  |
| FEDERAL SHARE   |       | +                 | NONFEDERAL SHARE  |  |
| 23.14   |       |                   | 87.03   |  |
|   |       | =                 | TOTAL AMOUNT  |  |
|   |       |                   | 110.17  |  |

|   |       |                   |   |  |
|---|-------|-------------------|---|--|
| <b>B. Full Name (Last, First, Middle Initial) Transaction ID : H4.6762</b> <input type="checkbox"/> Memo Item |       |                   | Allocated Activity or Event:  |  |
| GO BIG MEDIA, INC.  |       |                   | <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt |  |
| Mailing Address PO BOX 25026  |       |                   | <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support                                  |  |
| City  | State | Zip Code          | <input type="checkbox"/> Public Comm (ref to party only) by PAC   |  |
| WASHINGTON  | DC    | 20027             |   |  |
| Purpose of Disbursement:<br>DIGITAL CONSULTING & EXPENSES   |       | Category/<br>Type | Allocated Activity or Event Year-To-Date  |  |
| Activity or Event Identifier:<br>Administrative   |       |                   | 34745.21  |  |
| FEDERAL SHARE   |       | +                 | NONFEDERAL SHARE  |  |
| 1138.20   |       |                   | 4281.80   |  |
|   |       | =                 | TOTAL AMOUNT  |  |
|   |       |                   | 5420.00   |  |

|   |       |                   |   |  |
|---|-------|-------------------|---|--|
| <b>C. Full Name (Last, First, Middle Initial) Transaction ID : H4.6767</b> <input type="checkbox"/> Memo Item |       |                   | Allocated Activity or Event:  |  |
| QUICKBOOKS  |       |                   | <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt |  |
| Mailing Address 2632 MARINE WAY   |       |                   | <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support                                  |  |
| City  | State | Zip Code          | <input type="checkbox"/> Public Comm (ref to party only) by PAC   |  |
| MOUNTAIN VIEW   | CA    | 94043             |   |  |
| Purpose of Disbursement:<br>SUBSCRIPTIONS   |       | Category/<br>Type | Allocated Activity or Event Year-To-Date  |  |
| Activity or Event Identifier:<br>Administrative   |       |                   | 34844.21  |  |
| FEDERAL SHARE   |       | +                 | NONFEDERAL SHARE  |  |
| 20.79   |       |                   | 78.21   |  |
|   |       | =                 | TOTAL AMOUNT  |  |
|   |       |                   | 99.00   |  |

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1182.13       |   | 4447.04          |   | 5629.17      |

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

|               |                  |              |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|               |                  |              |

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**PAGE 63 OF 63  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

OREGON REPUBLICAN PARTY

|   |             |                      |   |  |
|---|-------------|----------------------|---|--|
| <b>A. Full Name (Last, First, Middle Initial) Transaction ID : H4.6760</b> <input type="checkbox"/> Memo Item |             |                      | Allocated Activity or Event:  |  |
| CINJOE, LLC   |             |                      | <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt |  |
| Mailing Address 187 HIGH STREET NE<br>202   |             |                      | <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support                                  |  |
| City<br>SALEM   | State<br>OR | Zip Code<br>97301    | <input type="checkbox"/> Public Comm (ref to party only) by PAC   |  |
| Purpose of Disbursement:<br>RENT  |             | <input type="text"/> | Allocated Activity or Event Year-To-Date  |  |
| Activity or Event Identifier:<br>Administrative   |             |                      | <input type="text"/> 36244.21   |  |
| FEDERAL SHARE   |             | +                    | NONFEDERAL SHARE  |  |
| <input type="text"/> 294.00   |             |                      | <input type="text"/> 1106.00  |  |
|   |             | =                    | TOTAL AMOUNT  |  |
|   |             |                      | <input type="text"/> 1400.00  |  |

|   |             |                      |   |  |
|---|-------------|----------------------|---|--|
| <b>B. Full Name (Last, First, Middle Initial) Transaction ID : H4.6763</b> <input type="checkbox"/> Memo Item |             |                      | Allocated Activity or Event:  |  |
| HONL, TRACY, , ,  |             |                      | <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt |  |
| Mailing Address 2905 NE CHARLOIS DR<br># 193  |             |                      | <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support                                  |  |
| City<br>HILLSBORO   | State<br>OR | Zip Code<br>97124    | <input type="checkbox"/> Public Comm (ref to party only) by PAC   |  |
| Purpose of Disbursement:<br>EXPENSE REIMBURSEMENT: SEE ITEMIZATION(S) IF REQUIRED                             |             | <input type="text"/> | Allocated Activity or Event Year-To-Date  |  |
| Activity or Event Identifier:<br>Administrative   |             |                      | <input type="text"/> 38250.75   |  |
| FEDERAL SHARE   |             | +                    | NONFEDERAL SHARE  |  |
| <input type="text"/> 421.37   |             |                      | <input type="text"/> 1585.17  |  |
|   |             | =                    | TOTAL AMOUNT  |  |
|   |             |                      | <input type="text"/> 2006.54  |  |

|   |             |                      |   |  |
|---|-------------|----------------------|---|--|
| <b>C. Full Name (Last, First, Middle Initial) Transaction ID : H4.6764</b> <input type="checkbox"/> Memo Item |             |                      | Allocated Activity or Event:  |  |
| MASON, DAN, , ,   |             |                      | <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt |  |
| Mailing Address 3292 NE KASTER DR   |             |                      | <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support                                  |  |
| City<br>HILLSBORO   | State<br>OR | Zip Code<br>97124    | <input type="checkbox"/> Public Comm (ref to party only) by PAC   |  |
| Purpose of Disbursement:<br>EXPENSE REIMBURSEMENT: SEE ITEMIZATION(S) IF REQUIRED                             |             | <input type="text"/> | Allocated Activity or Event Year-To-Date  |  |
| Activity or Event Identifier:<br>Administrative   |             |                      | <input type="text"/> 39656.76   |  |
| FEDERAL SHARE   |             | +                    | NONFEDERAL SHARE  |  |
| <input type="text"/> 295.26   |             |                      | <input type="text"/> 1110.75  |  |
|   |             | =                    | TOTAL AMOUNT  |  |
|   |             |                      | <input type="text"/> 1406.01  |  |

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

|                              |   |                              |   |                              |
|------------------------------|---|------------------------------|---|------------------------------|
| FEDERAL SHARE                | + | NONFEDERAL SHARE             | = | TOTAL AMOUNT                 |
| <input type="text"/> 1010.63 |   | <input type="text"/> 3801.92 |   | <input type="text"/> 4812.55 |

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

|                              |                               |                               |
|------------------------------|-------------------------------|-------------------------------|
| FEDERAL SHARE                | NONFEDERAL SHARE              | TOTAL AMOUNT                  |
| <input type="text"/> 3180.04 | <input type="text"/> 11963.02 | <input type="text"/> 15143.06 |