

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.

ADDRESS (number and street)

Check if different than previously reported. (ACC)

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

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

- 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)
 - Mar 20 (M3)
 - Apr 20 (M4)
 - May 20 (M5)
 - Jun 20 (M6)
 - Jul 20 (M7)
 - Aug 20 (M8)
 - Sep 20 (M9)
 - Oct 20 (M10)
 - Nov 20 (M11) (Non-Election Year Only)
 - Dec 20 (M12) (Non-Election Year Only)
 - Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

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

Election on / / in the State of

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

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

Election on / / in the State of

5. Covering Period / / through / /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Ms. Melissa Kardon

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Holding Onto Oregon's Priorities

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

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, <input type="text" value="2012"/> | | 14649.01 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 6456.72 | |
| (c) Total Receipts (from Line 19) | 16000.00 | 32000.00 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 22456.72 | 46649.01 |
| 7. Total Disbursements (from Line 31)..... | 17032.62 | 41224.91 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 5424.10 | 5424.10 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

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

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Holding Onto Oregon's Priorities

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

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 0.00 | 0.00 |
| (ii) Unitemized | 0.00 | 0.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶ | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 1000.00 | 16000.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 1000.00 | 16000.00 |
| 12. Transfers From Affiliated/Other Party Committees..... | 15000.00 | 16000.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received..... | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3)..... | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶ | 16000.00 | 32000.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 16000.00 | 32000.00 |

DETAILED SUMMARY PAGE
of Disbursements

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 4532.62 | 13724.91 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 4532.62 | 13724.91 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 12500.00 | 27500.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 17032.62 | 41224.91 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 17032.62 | 41224.91 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 1000.00 | 16000.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 1000.00 | 16000.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶ | 4532.62 | 13724.91 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36)▶ | 4532.62 | 13724.91 |

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

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

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

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

A. Full Name (Last, First, Middle Initial)
TONKON TORP PAC

Mailing Address 888 SW Fifth Avenue
Suite 1600

City Portland State OR Zip Code 97204

FEC ID number of contributing federal political committee. **C** C00428912

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 04 / 2012

Transaction ID : SA11C.6688

Amount of Each Receipt this Period
1000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1000.00 |
| TOTAL This Period (last page this line number only).....▶ | 1000.00 |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 7 OF 15 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input checked="" type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

A. WYDEN FOR OREGON
 Full Name (Last, First, Middle Initial)
 Mailing Address 2911 NE HANCOCK STREET
 City PORTLAND State OR Zip Code 97212
 FEC ID number of contributing federal political committee. **C** C00436998
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 03 / 2012
Transaction ID : SA12.6685
 Amount of Each Receipt this Period
 9500.00
 Transfer

B. Junki Yoshida
 Full Name (Last, First, Middle Initial)
 Mailing Address 17230 NE Sacramento St.
 City Portland State OR Zip Code 97230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Yoshida Group CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 26 / 2012
Transaction ID : SA12.6685.0
 Amount of Each Receipt this Period
 5000.00
[MEMO ITEM]

C. Linda Yoshida
 Full Name (Last, First, Middle Initial)
 Mailing Address 17230 NE Sacramento St.
 City Portland State OR Zip Code 97230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 None Homemaker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 26 / 2012
Transaction ID : SA12.6685.1
 Amount of Each Receipt this Period
 5000.00
[MEMO ITEM]

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 9500.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 8 OF 15 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input checked="" type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

A. WYDEN FOR OREGON
Full Name (Last, First, Middle Initial)
Mailing Address 2911 NE HANCOCK STREET
City PORTLAND State OR Zip Code 97212
FEC ID number of contributing federal political committee. **C** C00436998
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 16000.00

Date of Receipt 06 / 30 / 2012
Transaction ID : SA12.6737
Amount of Each Receipt this Period 5500.00
Transfer

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

Date of Receipt 06 / 29 / 2012
Transaction ID : SA12.6737.0
Amount of Each Receipt this Period 5000.00
[MEMO ITEM]

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

Date of Receipt 06 / 29 / 2012
Transaction ID : SA12.6737.1
Amount of Each Receipt this Period 5000.00
[MEMO ITEM]

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... | 5500.00 |
| TOTAL This Period (last page this line number only)..... | 15000.00 |

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

Full Name (Last, First, Middle Initial)

A. ADP

Mailing Address 4099 SE International Way
Suite 203

City Milwaukie State OR Zip Code 97222

Purpose of Disbursement
Payroll Fees

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.6708

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. ADP

Mailing Address 4099 SE International Way
Suite 203

City Milwaukie State OR Zip Code 97222

Purpose of Disbursement
Payroll Taxes

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.6709

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. ADP

Mailing Address 4099 SE International Way
Suite 203

City Milwaukie State OR Zip Code 97222

Purpose of Disbursement
Payroll Processing

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.6711

Amount of Each Disbursement this Period

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

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

Full Name (Last, First, Middle Initial)

A. ADP

Mailing Address 4099 SE International Way
Suite 203

City Milwaukee State OR Zip Code 97222

Purpose of Disbursement
Payroll Processing

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2012

Transaction ID : SB21B.6720

Amount of Each Disbursement this Period

94.61

Full Name (Last, First, Middle Initial)

B. ADP

Mailing Address 4099 SE International Way
Suite 203

City Milwaukee State OR Zip Code 97222

Purpose of Disbursement
Payroll Taxes

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2012

Transaction ID : SB21B.6721

Amount of Each Disbursement this Period

145.86

Full Name (Last, First, Middle Initial)

C. ADP

Mailing Address 4099 SE International Way
Suite 203

City Milwaukee State OR Zip Code 97222

Purpose of Disbursement
Payroll Processing

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 29 / 2012

Transaction ID : SB21B.6724

Amount of Each Disbursement this Period

94.61

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

335.08

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

Full Name (Last, First, Middle Initial)

A. ADP

Mailing Address 4099 SE International Way
Suite 203

City Milwaukee State OR Zip Code 97222

Purpose of Disbursement
Payroll Taxes

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.6725

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. AT&T Mobility

Mailing Address PO Box 536216

City Atlanta State GA Zip Code 30353-6216

Purpose of Disbursement
Telephone Service

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.6719

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Emerge Oregon

Mailing Address P.O. Box 40132

City Portland State OR Zip Code 97240

Purpose of Disbursement
Event Tickets

012
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.6736

Amount of Each Disbursement this Period

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

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

Full Name (Last, First, Middle Initial)

A. NARAL Prochoice Oregon

Mailing Address 310 Southwest 4th Ave

City Portland State OR Zip Code 97204-2345

Purpose of Disbursement
Event Tickets

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.6735

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. NGP Software, Inc.

Mailing Address 1101 Vermont Avenue, NW
Suite 710

City Washington State DC Zip Code 20005

Purpose of Disbursement
Database

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.6718

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Oregon League of Conservation Voters

Mailing Address 320 SW Stark
Suite 415

City Portland State OR Zip Code 97204

Purpose of Disbursement
Event Tickets

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.6706

Amount of Each Disbursement this Period

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

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

Full Name (Last, First, Middle Initial)

A. Jocelyn Tyree

Mailing Address 8935 SW Bellflower Street

City Tigard State OR Zip Code 97224

Purpose of Disbursement
Salary

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.6710

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Jocelyn Tyree

Mailing Address 8935 SW Bellflower Street

City Tigard State OR Zip Code 97224

Purpose of Disbursement
Salary

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.6722

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Jocelyn Tyree

Mailing Address 8935 SW Bellflower Street

City Tigard State OR Zip Code 97224

Purpose of Disbursement
Salary

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.6723

Amount of Each Disbursement this Period

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

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

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

Full Name (Last, First, Middle Initial)

A. FEINSTEIN FOR SENATE

Mailing Address 1801 AVENUE OF THE STARS SUITE 829

City LOS ANGELES State CA Zip Code 90067

Purpose of Disbursement
Uncashed Check

Candidate Name
DIANNE FEINSTEIN

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: CA District: 00

Date of Disbursement

/ /

Transaction ID : SB23.6734

Amount of Each Disbursement this Period

Category/
Type

Full Name (Last, First, Middle Initial)

B. FRIENDS OF MAZIE HIRONO

Mailing Address PO BOX 677

City HONOLULU State HI Zip Code 96809

Purpose of Disbursement

Candidate Name
MAZIE K HIRONO

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: HI District: 00

Date of Disbursement

/ /

Transaction ID : SB23.6729

Amount of Each Disbursement this Period

Category/
Type

Full Name (Last, First, Middle Initial)

C. HEIDI FOR SENATE

Mailing Address PO BOX 1577

City BISMARCK State ND Zip Code 58502

Purpose of Disbursement

Candidate Name
HEIDI HEITKAMP

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: ND District: 00

Date of Disbursement

/ /

Transaction ID : SB23.6732

Amount of Each Disbursement this Period

Category/
Type

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

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

Full Name (Last, First, Middle Initial)

A. MARTIN HEINRICH FOR SENATE

Mailing Address P.O. BOX 25763

City ALBUQUERQUE State NM Zip Code 87125

Purpose of Disbursement

011

Candidate Name
MARTIN TREVOR HEINRICH

Category/
Type

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: NM District: 00

Date of Disbursement

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 | | 2 | 9 | | 2 | 0 | 1 | 2 | | |

Transaction ID : SB23.6726

Amount of Each Disbursement this Period

| | | | | | | |
|---|---|---|---|---|---|---|
| 2 | 5 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

B. MCCASKILL FOR MISSOURI 2012

Mailing Address 700 13TH STREET NW
SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement

011

Candidate Name
CLAIRE MCCASKILL

Category/
Type

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: MO District: 00

Date of Disbursement

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

Transaction ID : SB23.6715

Amount of Each Disbursement this Period

| | | | | | | |
|---|---|---|---|---|---|---|
| 2 | 5 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

C. NEBRASKANS FOR KERREY

Mailing Address PO BOX 45820

City OMAHA State NE Zip Code 68145

Purpose of Disbursement

011

Candidate Name
J ROBERT KERREY

Category/
Type

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: NE District: 00

Date of Disbursement

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 | | 2 | 9 | | 2 | 0 | 1 | 2 | | |

Transaction ID : SB23.6740

Amount of Each Disbursement this Period

| | | | | | | |
|---|---|---|---|---|---|---|
| 5 | 0 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

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

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

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

| | | | | | | |
|---|---|---|---|---|---|---|
| 1 | 2 | 5 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|