

# 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

Holding Onto Oregon's Priorities

ADDRESS (number and street) PO Box 3314

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

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

C C00392738

3. IS THIS REPORT NEW (N) OR AMENDED (A)  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)
  - 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 [MM] / [DD] / [YYYY] in the State of [ ]

- (d) 30-Day POST-Election Report for the:
- General (30G)
  - Runoff (30R)
  - Special (30S)

Election on [MM] / [DD] / [YYYY] in the State of [ ]

5. Covering Period [MM] / [DD] / [YYYY] 07 / 01 / 2014 through [MM] / [DD] / [YYYY] 09 / 30 / 2014

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 F. Stephen Michels

Signature of Treasurer F. Stephen Michels [Electronically Filed] Date 04 / 28 / 2015

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

Office Use Only									
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**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="2014"/>	<input type="text" value=""/>	<input type="text" value="102174.21"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="384026.05"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="70102.00"/>	<input type="text" value="457851.70"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="454128.05"/>	<input type="text" value="560025.91"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="234973.84"/>	<input type="text" value="340871.70"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="219154.21"/>	<input type="text" value="219154.21"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="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).....	4952.00	36952.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	4952.00	36952.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	63400.00	378501.70
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	68352.00	415453.70
12. Transfers From Affiliated/Other Party Committees.....	1750.00	41750.00
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	648.00
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))..... ▶	70102.00	457851.70
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	70102.00	457851.70

**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 .....	49473.84	98971.70
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	49473.84	98971.70
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	95000.00	145000.00
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	5000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	5000.00
29. Other Disbursements .....	90500.00	91900.00
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)) ..	234973.84	340871.70
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	234973.84	340871.70

**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) .....	68352.00	415453.70
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	5000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	68352.00	410453.70
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	49473.84	98971.70
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	648.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	49473.84	98323.70

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 40
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. ActBlue**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 382110  
 City Cambridge State MA Zip Code 02238  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 20000.00

Date of Receipt  
 07 / 20 / 2014  
**Transaction ID : SA11AI.7686**  
 Amount of Each Receipt this Period  
 500.00  
 Total earmarked through conduit; PAC limit not affected  
**[MEMO ITEM]**

**B. ActBlue**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 382110  
 City Cambridge State MA Zip Code 02238  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 20500.00

Date of Receipt  
 08 / 25 / 2014  
**Transaction ID : SA11AI.7824**  
 Amount of Each Receipt this Period  
 500.00  
 Total earmarked through conduit; PAC limit not affected  
**[MEMO ITEM]**

**C. ActBlue**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 382110  
 City Cambridge State MA Zip Code 02238  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 23000.00

Date of Receipt  
 09 / 02 / 2014  
**Transaction ID : SA11AI.7829**  
 Amount of Each Receipt this Period  
 2500.00  
 Total earmarked through conduit; PAC limit not affected  
**[MEMO ITEM]**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 7 OF 40  
(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**

Full Name (Last, First, Middle Initial)  
**A. Ed King**

Mailing Address 30414 Le Bleu Road

City Eugene State OR Zip Code 97405-9218

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

Name of Employer King Estates Winery Occupation Owner

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1452.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 23 / 2014  
**Transaction ID : SA11AI.7757**

Amount of Each Receipt this Period  
1452.00

In-kind - Wine Donation

Full Name (Last, First, Middle Initial)  
**B. Joshua Lamel**

Mailing Address 5510 Trent Street

City Chevy Chase State MD Zip Code 20815

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

Name of Employer BGR Group Occupation Attorney

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2014  
**Transaction ID : SA11AI.7684**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**C. Joshua Lamel**

Mailing Address 5510 Trent Street

City Chevy Chase State MD Zip Code 20815

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

Name of Employer BGR Group Occupation Attorney

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : SA11AI.7827**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2452.00

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

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

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

FOR LINE NUMBER: PAGE 8 OF 40  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Holding Onto Oregon's Priorities**

**A. Daniel Tate**  
Full Name (Last, First, Middle Initial)

Mailing Address 4813 Quebec Street, NW

City Washington State DC Zip Code 20016

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

Name of Employer Forbes Tate LLC Occupation Lobbyist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2014

**Transaction ID : SA11AI.7830**

Amount of Each Receipt this Period  
 2500.00

**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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	4952.00



**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 9 OF 40
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Accenture PAC</b>		Date of Receipt
Mailing Address 800 Connecticut Avenue NW Suite 600		<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2014"/>
City Washington	State DC	Zip Code 20006
FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C00300707"/>	<b>Transaction ID : SA11C.7749</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	<input type="text" value="5000.00"/>

Full Name (Last, First, Middle Initial) <b>B. ASSOCIATION OF AMERICAN RAILROADS POLITICAL ACTION COMMITTEE (RAILPAC)</b>		Date of Receipt
Mailing Address 425 3RD STREET, S..W. SUITE 1000		<input type="text" value="09"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City WASHINGTON	State DC	Zip Code 20024
FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C00280743"/>	<b>Transaction ID : SA11C.7742</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	<input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) <b>C. BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC</b>		Date of Receipt
Mailing Address 1310 G STREET NW		<input type="text" value="08"/> / <input type="text" value="05"/> / <input type="text" value="2014"/>
City WASHINGTON	State DC	Zip Code 20005
FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C00194746"/>	<b>Transaction ID : SA11C.7660</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2500.00"/>	<input type="text" value="2500.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="8500.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 10 OF 40
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. BNSF RAILWAY COMPANY RAILPAC (BNSF RAILPAC)**

Mailing Address P.O. Box 961039  
Suite 220

City Fort Worth State TX Zip Code 76161

FEC ID number of contributing federal political committee. **C** C00235739

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2400.00

Date of Receipt  
09 / 23 / 2014  
**Transaction ID : SA11C.7746**

Amount of Each Receipt this Period  
2400.00

Full Name (Last, First, Middle Initial)  
**B. CARDINAL HEALTH INC. PAC AKA CARDINAL HEALTH COMPANIES PAC**

Mailing Address 7000 CARDINAL PLACE

City DUBLIN State OH Zip Code 43017

FEC ID number of contributing federal political committee. **C** C00332833

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
07 / 18 / 2014  
**Transaction ID : SA11C.7663**

Amount of Each Receipt this Period  
2500.00

Full Name (Last, First, Middle Initial)  
**C. CENTURYLINK INC. EMPLOYEES POLITICAL ACTION COMMITTEE**

Mailing Address 1099 NEW YORK AVENUE NW  
SUITE 250

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00419911

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
07 / 02 / 2014  
**Transaction ID : SA11C.7676**

Amount of Each Receipt this Period  
5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	9900.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 40
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. CSX CORPORATION GOOD GOVERNMENT FUND**

Mailing Address 1331 PENNSYLVANIA AVE, NW, STE 560

City	State	Zip Code
WASHINGTON	DC	20004

FEC ID number of contributing federal political committee. **C** C00163832

Name of Employer	Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
09	/	10	/	2014

**Transaction ID : SA11C.7741**

Amount of Each Receipt this Period  
5000.00

Full Name (Last, First, Middle Initial)  
**B. GENERAL ELECTRIC COMPANY POLITICAL ACTION COMMITTEE (GEPAC)**

Mailing Address 1299 PENNSYLVANIA AVE NW  
SUITE 900

City	State	Zip Code
WASHINGTON	DC	20004

FEC ID number of contributing federal political committee. **C** C00024869

Name of Employer	Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
08	/	14	/	2014

**Transaction ID : SA11C.7637**

Amount of Each Receipt this Period  
2000.00

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

Mailing Address 1295 State Street

City	State	Zip Code
Springfield	MA	01111

FEC ID number of contributing federal political committee. **C** C00118943

Name of Employer	Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
07	/	18	/	2014

**Transaction ID : SA11C.7667**

Amount of Each Receipt this Period  
3000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 40
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. MILLERCOORS LLC PAC</b>		Date of Receipt
Mailing Address 1501 M STREET NW SUITE 330		<input type="text" value="08"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City	State	Zip Code
WASHINGTON	DC	20005
FEC ID number of contributing federal political committee.		<b>Transaction ID : SA11C.7636</b>
Name of Employer		Amount of Each Receipt this Period
Occupation		<input type="text" value="3000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="3000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. NATIONAL BEER WHOLESALERS ASSOCIATION POLITICAL ACTION COMMITTEE</b>		Date of Receipt
Mailing Address 1101 KING STREET SUITE 600		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
ALEXANDRIA	VA	22314
FEC ID number of contributing federal political committee.		<b>Transaction ID : SA11C.7752</b>
Name of Employer		Amount of Each Receipt this Period
Occupation		<input type="text" value="5000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="5000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. NATIONAL MULTI HOUSING COUNCIL POLITICAL ACTION COMMITTEE</b>		Date of Receipt
Mailing Address 1850 M STREET, NW SUITE 540		<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2014"/>
City	State	Zip Code
WASHINGTON	DC	20036
FEC ID number of contributing federal political committee.		<b>Transaction ID : SA11C.7747</b>
Name of Employer		Amount of Each Receipt this Period
Occupation		<input type="text" value="4000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="5000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="12000.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 13 OF 40
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. NAVIENT CORPORATION PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2001 Edmund Halley Drive  
 City Reston State VA Zip Code 20191  
 FEC ID number of contributing federal political committee. **C** C00331835  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 03 / 2014  
**Transaction ID : SA11C.7680**  
 Amount of Each Receipt this Period  
 5000.00

**B. NORTHEAST UTILITIES EMPLOYEES' POLITICAL ACTION COMMITTEE-FEDERAL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 901 F STREET NW SUITE 602  
 City WASHINGTON State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C** C00102160  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 15 / 2014  
**Transaction ID : SA11C.7671**  
 Amount of Each Receipt this Period  
 2500.00

**C. OWENS CORNING BETTER GOVERNMENT FUND**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address ONE OWENS CORNING PARKWAY 2G  
 City TOLEDO State OH Zip Code 43659  
 FEC ID number of contributing federal political committee. **C** C00200089  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 14 / 2014  
**Transaction ID : SA11C.7673**  
 Amount of Each Receipt this Period  
 2500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 40
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. THE DOW CHEMICAL COMPANY EMPLOYEES PAC (DOWPAC)**

Mailing Address 2030 DOW CENTER

City MIDLAND State MI Zip Code 48674

FEC ID number of contributing federal political committee. **C** C00074096

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 22 / 2014

**Transaction ID : SA11C.7743**

Amount of Each Receipt this Period  
2500.00

Full Name (Last, First, Middle Initial)  
**B. UNION PACIFIC CORP. FUND FOR EFFECTIVE GOVERNMENT**

Mailing Address 600 13th St., NW Suite 340

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00010470

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 14 / 2014

**Transaction ID : SA11C.7672**

Amount of Each Receipt this Period  
5000.00

Full Name (Last, First, Middle Initial)  
**C. VIACOM INTERNATIONAL, INC. POLITICAL ACTION COMMITTEE**

Mailing Address 1501 M STREET SUITE 1100

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00167759

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2014

**Transaction ID : SA11C.7669**

Amount of Each Receipt this Period  
2500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 15 OF 40  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	---	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

**A. WELLPOINT, INC. WELLPAC**  
Full Name (Last, First, Middle Initial)  
Mailing Address 120 MONUMENT CIRCLE  
City INDIANAPOLIS State IN Zip Code 46204  
FEC ID number of contributing federal political committee. **C** C00197228  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 08 / 04 / 2014  
**Transaction ID : SA11C.7662**  
Amount of Each Receipt this Period 3000.00

**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  
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  
Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	63400.00

**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 16 OF 40
<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 PO Box 3271  
 City PORTLAND State OR Zip Code 97208  
 FEC ID number of contributing federal political committee. **C** C00436998  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 41750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : SA12.7820**  
 Amount of Each Receipt this Period  
 1750.00  
 Joint Fundraising Transfer

**B. Cow Creek Band of Umpqua Tribe of Indians**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2371 N.E. Stephens St. Suite 100  
 City Roseburg State OR Zip Code 97470  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2014  
**Transaction ID : SA12.7820.0**  
 Amount of Each Receipt this Period  
 2500.00  
**[MEMO ITEM]**

**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 M / D D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1750.00



**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. ActBlue**

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238

Purpose of Disbursement  
Fees

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7685**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. ActBlue**

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238

Purpose of Disbursement  
Fees

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7828**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. ActBlue**

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238

Purpose of Disbursement  
Fees

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7832**

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 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.7834**

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.7836**

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 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.7838**

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**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7839**

Amount of Each Disbursement this Period

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 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.7840**

Amount of Each Disbursement this Period

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 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.7842**

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 Milwaukie State OR Zip Code 97222

Purpose of Disbursement  
Payroll Fees

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7844**

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 Processing

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7845**

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 Fees

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7851**

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 Taxes

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7852**

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

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7835**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. AT&T Mobility**

Mailing Address PO Box 536216

City Atlanta State GA Zip Code 30353-6216

Purpose of Disbursement  
Telephone Service

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7841**

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. 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

MM / DD / YYYY  
09 / 05 / 2014

**Transaction ID : SB21B.7847**

Amount of Each Disbursement this Period

94.36

Full Name (Last, First, Middle Initial)

**B. Bank of America**

Mailing Address PO Box 53132

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement  
Credit Card Payment

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 07 / 2014

**Transaction ID : SB21B.7767**

Amount of Each Disbursement this Period

13699.59

Full Name (Last, First, Middle Initial)

**C. Hotel Monaco**

Mailing Address 506 SW Washington Street

City Portland State OR Zip Code 97204

Purpose of Disbursement  
Meeting Expenses

003  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 07 / 2014

**Transaction ID : SB21B.7767.0**

Amount of Each Disbursement this Period

33.50

**[MEMO ITEM]**

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

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

13793.95

**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. Hotel Monaco**

Mailing Address 506 SW Washington Street

City Portland State OR Zip Code 97204

Purpose of Disbursement  
Meeting Expenses

003  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 07 / 2014

Transaction ID : SB21B.7767.1

Amount of Each Disbursement this Period

9.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Fieldwork Flowers**

Mailing Address 3143 SW Moody Ave

City Portland State OR Zip Code 97239

Purpose of Disbursement  
Flowers

003  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 07 / 2014

Transaction ID : SB21B.7767.2

Amount of Each Disbursement this Period

550.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Hotel Monaco**

Mailing Address 506 SW Washington Street

City Portland State OR Zip Code 97204

Purpose of Disbursement  
Meeting Expenses

003  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 07 / 2014

Transaction ID : SB21B.7767.5

Amount of Each Disbursement this Period

42.50

[MEMO ITEM]

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

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

0.00

**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. Hertz Rent-A-Car**

Mailing Address 7000 NE Airport Way

City Portland State OR Zip Code 97218

Purpose of Disbursement  
Travel Expenses

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB21B.7767.7**

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Flying Elephants**

Mailing Address 115 NW 22nd Ave

City Portland State OR Zip Code 97210

Purpose of Disbursement  
Catering

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB21B.7767.8**

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Carey**

Mailing Address 4530 Wisconsin Avenue NW

City Washington State DC Zip Code 20016

Purpose of Disbursement  
Travel Expenses

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB21B.7767.10**

Amount of Each Disbursement this Period

[MEMO ITEM]

**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. Ace Hotel**

Mailing Address 1022 SW Stark Street

City Portland State OR Zip Code 97205

Purpose of Disbursement  
Catering

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : SB21B.7767.11

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Grape Escape Winery Tour**

Mailing Address 77 NE Holland St

City Portland State OR Zip Code 97211

Purpose of Disbursement  
Wine Tour

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : SB21B.7767.13

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Lenovo Group**

Mailing Address 1009 Think Pl

City Morrisville State NC Zip Code 27560

Purpose of Disbursement  
Office Equipment

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : SB21B.7767.16

Amount of Each Disbursement this Period

[MEMO ITEM]

**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. Lenovo Group**

Mailing Address 1009 Think Pl

City Morrisville State NC Zip Code 27560

Purpose of Disbursement  
Software

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	7			2	0	1	4		

**Transaction ID : SB21B.7767.20**

Amount of Each Disbursement this Period

1	1	9	.	9	9
---	---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. The Green Dragon**

Mailing Address 928 SE 9th Ave

City Portland State OR Zip Code 97214

Purpose of Disbursement  
Meeting Expenses

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	7			2	0	1	4		

**Transaction ID : SB21B.7767.21**

Amount of Each Disbursement this Period

4	3	5	.	0	0
---	---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Bank of America**

Mailing Address PO Box 53132

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement  
Credit Card Payment

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	9			2	0	1	4		

**Transaction ID : SB21B.7725**

Amount of Each Disbursement this Period

1	6	9	.	6	5	1
---	---	---	---	---	---	---

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

1	6	9	.	6	5	1
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**TOTAL** This Period (last page this line number only)..... ▶

1	6	9	.	6	5	1
---	---	---	---	---	---	---

**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. Carey**

Mailing Address 4530 Wisconsin Avenue NW

City Washington State DC Zip Code 20016

Purpose of Disbursement  
Travel Expenses

**002**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7725.0**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Charlie Palmer Steak House**

Mailing Address 101 Constitution Avenue NW

City Washington State DC Zip Code 20001

Purpose of Disbursement  
Catering

**003**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7725.1**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Whole Foods**

Mailing Address 2201 I Street NW

City Washington State DC Zip Code 20037

Purpose of Disbursement  
Catering

**003**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7725.2**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

**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. HRC Box Office**

Mailing Address 1640 Rhode Island Avenue NW

City Washington State DC Zip Code 20036

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.7725.4**

Amount of Each Disbursement this Period

[MEMO ITEM]

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.7725.5**

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Bank of America**

Mailing Address PO Box 53132

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement  
Checks

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7849**

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. Bank of America**

Mailing Address PO Box 53132

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement  
Stamp

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2014

Transaction ID : SB21B.7850

Amount of Each Disbursement this Period

18.00

Full Name (Last, First, Middle Initial)

**B. Bank of America**

Mailing Address PO Box 53132

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement  
Credit Card Payment

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2014

Transaction ID : SB21B.7759

Amount of Each Disbursement this Period

446.12

Full Name (Last, First, Middle Initial)

**C. Fresh Connections**

Mailing Address 1114 Herndon Pkwy

City Herndon State VA Zip Code 20170

Purpose of Disbursement  
Catering

003

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2014

Transaction ID : SB21B.7759.0

Amount of Each Disbursement this Period

293.72

[MEMO ITEM]

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

464.12

**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. Maura Hagerty**

Mailing Address 300 Massachusetts Avenue  
Apt. 700

City Washington State DC Zip Code 20001

Purpose of Disbursement  
Travel Expenses Reimbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**003**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.7858**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Hotel Monaco**

Mailing Address 506 SW Washington Street

City Portland State OR Zip Code 97204

Purpose of Disbursement  
Lodging/Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**003**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.7766**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Ed King**

Mailing Address 30414 Le Bleu Road

City Eugene State OR Zip Code 97405-9218

Purpose of Disbursement  
In-kind - Wine Donation

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**003**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.7758**

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. 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.7811**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. The Ashmead Group**

Mailing Address 909 New Jersey Avenue SE  
Suite 1018

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Fundraising Consultants

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7812**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. The Ashmead Group**

Mailing Address 909 New Jersey Avenue SE  
Suite 1018

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Fundraising Consultants

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7815**

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. The Ashmead Group**

Mailing Address 909 New Jersey Avenue SE  
Suite 1018

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Fundraising Consultants

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7816**

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.7837**

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.7843**

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

001
Category/ Type

Candidate Name

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
09	/	30	/	2014

Transaction ID : SB21B.7853

Amount of Each Disbursement this Period

807.19
--------

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

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
	/		/	

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

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
	/		/	

Amount of Each Disbursement this Period

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

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

807.19
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49473.84
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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. ALASKA DEMOCRATIC PARTY**

Mailing Address 2602 FAIRBANKS ST

City ANCHORAGE State AK Zip Code 99503

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 02 / 2014

Transaction ID : SB23.7711

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. BIG EASY COMMITTEE**

Mailing Address 700 13TH STREET, NW  
SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 03 / 2014

Transaction ID : SB23.7698

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. BRALEY FOR IOWA**

Mailing Address PO BOX 856

City DES MOINES State IA Zip Code 50304

Purpose of Disbursement

Candidate Name

**BRUCE L BRALEY**

Office Sought:  House  
 Senate  
 President

State: IA District: 00

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 13 / 2014

Transaction ID : SB23.7689

Amount of Each Disbursement this Period

5000.00

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

**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 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. CORY BOOKER FOR SENATE**

Mailing Address PO BOX 32237

City NEWARK State NJ Zip Code 07102

Purpose of Disbursement

011

Candidate Name  
**CORY A BOOKER**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NJ District: 00

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	2		2	0	1	4

Transaction ID : **SB23.7709**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. DEMOCRATIC PARTY OF ARKANSAS**

Mailing Address 1300 WEST CAPITOL AVENUE

City LITTLE ROCK State AR Zip Code 72201

Purpose of Disbursement

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	2		2	0	1	4

Transaction ID : **SB23.7713**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. DEMOCRATIC PARTY OF NEW MEXICO**

Mailing Address 8214 2ND STREET NW, STE A

City ALBUQUERQUE State NM Zip Code 87114

Purpose of Disbursement

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	1	4

Transaction ID : **SB23.7817**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1	5	0	0	0	0	0	0	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

1	5	0	0	0	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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. DEMOCRATIC PARTY OF VIRGINIA**

Mailing Address 1710 E FRANKLIN ST

City RICHMOND State VA Zip Code 23223

Purpose of Disbursement

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 02 / 2014

Transaction ID : SB23.7700

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF JEANNE SHAHEEN**

Mailing Address 105 N STATE STREET

City CONCORD State NH Zip Code 03301

Purpose of Disbursement

011

Candidate Name

Category/  
Type

**JEANNE SHAHEEN**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NH District: 00

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 02 / 2014

Transaction ID : SB23.7708

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. GEORGIA VICTORY FUND**

Mailing Address 2470 DANIELLS BR RD STE 121

City ATHENS State GA Zip Code 30606

Purpose of Disbursement

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 03 / 2014

Transaction ID : SB23.7694

Amount of Each Disbursement this Period

10000.00

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

20000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<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. Hagan Forward NC**

Mailing Address 600 PENNSYLVANIA AVE SE  
Suite 210

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 02 / 2014

Transaction ID : SB23.7719

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. IOWA DEMOCRATIC PARTY**

Mailing Address 5661 FLEUR DRIVE

City DES MOINES State IA Zip Code 50321

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 13 / 2014

Transaction ID : SB23.7692

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. KENTUCKY STATE DEMOCRATIC CENTRAL EXECUTIVE COMMITTEE**

Mailing Address PO BOX 694

City FRANKFORT State KY Zip Code 40602

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 02 / 2014

Transaction ID : SB23.7696

Amount of Each Disbursement this Period

5000.00

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

**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 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) <b>A. MARKEY COMMITTEE; THE</b>		Date of Disbursement MM / DD / YYYY 09 / 23 / 2014
Mailing Address PO BOX 526		<b>Transaction ID : SB23.7819</b>
City MEDFORD	State MA	
Zip Code 02155	Purpose of Disbursement <b>011</b>	Amount of Each Disbursement this Period 5000.00
Candidate Name <b>EDWARD J MARKEY</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: MA	District: 00	

Full Name (Last, First, Middle Initial) <b>B. MVP FUND 2014</b>		Date of Disbursement MM / DD / YYYY 09 / 03 / 2014
Mailing Address PO BOX 226		<b>Transaction ID : SB23.7723</b>
City BLOOMFIELD HILLS	State MI	
Zip Code 48303	Purpose of Disbursement <b>011</b>	Amount of Each Disbursement this Period 5000.00
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:	

Full Name (Last, First, Middle Initial) <b>C. PEOPLE FOR RICK WEILAND</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2014
Mailing Address PO BOX 1488		<b>Transaction ID : SB23.7705</b>
City SIOUX FALLS	State SD	
Zip Code 57101	Purpose of Disbursement <b>011</b>	Amount of Each Disbursement this Period 5000.00
Candidate Name <b>RICHARD PAUL WEILAND</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: SD	District: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	15000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

<input 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. PETERS FOR MICHIGAN**

Mailing Address PO BOX 226

City BLOOMFIELD HILLS State MI Zip Code 48303

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
**Gary Peters**

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 02 / 2014

Transaction ID : **SB23.7704**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. REED COMMITTEE**

Mailing Address PO BOX 8628

City CRANSTON State RI Zip Code 02920

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
**JACK F REED**

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

State: RI District: 00

Date of Disbursement

MM / DD / YYYY  
09 / 09 / 2014

Transaction ID : **SB23.7814**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. UDALL FOR US ALL**

Mailing Address 3311 CANDELARIA NE SUITE A

City ALBUQUERQUE State NM Zip Code 87107

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
**MARK E UDALL**

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

State: CO District: 00

Date of Disbursement

MM / DD / YYYY  
09 / 02 / 2014

Transaction ID : **SB23.7710**

Amount of Each Disbursement this Period

5000.00

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

15000.00

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

95000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Future PAC Oregon House Democrats**

Mailing Address P.O. Box 1754

City Portland State OR Zip Code 97207-1754

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

**Transaction ID : SB29.7809**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Multnomah County Democrats**

Mailing Address PO Box 6596

City Portland State OR Zip Code 97228

Purpose of Disbursement  
Event Tickets

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

**Transaction ID : SB29.7722**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Senate Democratic Leadership Fund**

Mailing Address P.O. Box 5271

City Portland State OR Zip Code 97208

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

**Transaction ID : SB29.7810**

Amount of Each Disbursement this Period

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

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