

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 OR AMENDED (N) (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), Dec 20 (M12), Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)

Election on M M / D D / Y Y Y Y Y Y in the State of

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

Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 01 / 01 / 2013 through 06 / 30 / 2013

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 11 / 26 / 2013

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

Table with 10 columns for Office Use Only

**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="2013"/>	<input type="text" value="15649.57"/>	<input type="text" value="15649.57"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="15649.57"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="95003.57"/>	<input type="text" value="95003.57"/>
(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="110653.14"/>	<input type="text" value="110653.14"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="56697.18"/>	<input type="text" value="56697.18"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="53955.96"/>	<input type="text" value="53955.96"/>
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

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).....	34000.00	34000.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	34000.00	34000.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	43500.00	43500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	77500.00	77500.00
12. Transfers From Affiliated/Other Party Committees.....	17500.00	17500.00
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).....	3.57	3.57
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))..... ▶	95003.57	95003.57
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	95003.57	95003.57

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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 .....	6697.18	6697.18
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	6697.18	6697.18
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	50000.00	50000.00
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)) ..	56697.18	56697.18
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	56697.18	56697.18

**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) .....	77500.00	77500.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	77500.00	77500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	6697.18	6697.18
37. Offsets to Operating Expenditures (from Line 15, page 3).....	3.57	3.57
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	6693.61	6693.61

**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 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. James Carlson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6026 SW Madison Court  
 City Portland State OR Zip Code 97221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OHCA Occupation President & CEO  
 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  
 05 / 30 / 2013  
**Transaction ID : SA11AI.7038**  
 Amount of Each Receipt this Period  
 2500.00

**B. Harold Delamarter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24411 NE 128th Street  
 City Brush Prairie State WA Zip Code 98606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Prestige Care Inc. Occupation CEO  
 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  
 05 / 30 / 2013  
**Transaction ID : SA11AI.7055**  
 Amount of Each Receipt this Period  
 5000.00

**C. Jason Delamarter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2721 48th Avenue  
 City Longview State WA Zip Code 98632  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Prestige Care, Inc. Occupation Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2013  
**Transaction ID : SA11AI.7050**  
 Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	8500.00
<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 34  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name (Last, First, Middle Initial)  
**A. Phillip Fogg**

Mailing Address 4560 SE International Way  
 Suite 100

City Milwaukie State OR Zip Code 97222

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

Name of Employer Marquis Companies, Inc. Occupation President

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  
 05 / 30 / 2013

**Transaction ID : SA11AI.7052**

Amount of Each Receipt this Period  
 5000.00

Full Name (Last, First, Middle Initial)  
**B. Steven Fogg**

Mailing Address 3447 Barrington Drive

City West Linn State OR Zip Code 97068

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

Name of Employer Marquis Companies, Inc. Occupation CEO

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  
 05 / 30 / 2013

**Transaction ID : SA11AI.7042**

Amount of Each Receipt this Period  
 2500.00

Full Name (Last, First, Middle Initial)  
**C. Harry Gabriel Jr.**

Mailing Address 1328 SW Palatine Hill Road

City Portland State OR Zip Code 97219

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

Name of Employer Generations Occupation CEO

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  
 05 / 30 / 2013

**Transaction ID : SA11AI.7040**

Amount of Each Receipt this Period  
 2500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 10000.00

**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 34  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name (Last, First, Middle Initial)  
**A. Mark Garber**

Mailing Address 25377 Butler Rd

City Junction City      State OR      Zip Code 97448-8522

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

Name of Employer Pinnacle Health Care      Occupation CFO

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  
 05 / 30 / 2013  
**Transaction ID : SA11AI.7054**

Amount of Each Receipt this Period  
5000.00

Full Name (Last, First, Middle Initial)  
**B. Merlin Hart**

Mailing Address 87102 Kellmore St

City Eugene      State OR      Zip Code 97402-9128

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

Name of Employer Pinnacle Health Care      Occupation President

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  
 05 / 30 / 2013  
**Transaction ID : SA11AI.7056**

Amount of Each Receipt this Period  
5000.00

Full Name (Last, First, Middle Initial)  
**C. David Henderson**

Mailing Address 4421 NE 163rd Avenue

City Vancouver      State WA      Zip Code 98682

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

Name of Employer Prestige Care, Inc.      Occupation Chief Operating Officer

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 / 30 / 2013  
**Transaction ID : SA11AI.7046**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 11000.00

**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 9 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. Melanie Matthews</b>		Date of Receipt MM / DD / YYYY 05 / 30 / 2013 <b>Transaction ID : SA11AI.7048</b>
Mailing Address 2121 Golden Maples NW		Amount of Each Receipt this Period 1000.00
City Olympia	State WA	Zip Code 98502
FEC ID number of contributing federal political committee. C		
Name of Employer Prestige Care, Inc.	Occupation Vice President of Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. John Raffaelli</b>		Date of Receipt MM / DD / YYYY 06 / 28 / 2013 <b>Transaction ID : SA11AI.6958</b>
Mailing Address 700 13th Street NW Suite 200		Amount of Each Receipt this Period 2500.00
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. C		
Name of Employer Capitol Counsel LLC	Occupation Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>C. Gregory Vislocky</b>		Date of Receipt MM / DD / YYYY 05 / 30 / 2013 <b>Transaction ID : SA11AI.7044</b>
Mailing Address 5841 SE Columbia Way #203		Amount of Each Receipt this Period 1000.00
City Vancouver	State WA	Zip Code 98661
FEC ID number of contributing federal political committee. C		
Name of Employer Prestige Senior Living	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	34000.00

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

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

FOR LINE NUMBER: PAGE 10 OF 34  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

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

Full Name (Last, First, Middle Initial)  
**A. AMERICAN HEALTH CARE ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address 1201 L Street, NW

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00006080

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  
 05 / 30 / 2013  
**Transaction ID : SA11C.7057**

Amount of Each Receipt this Period  
 5000.00

Full Name (Last, First, Middle Initial)  
**B. CAMBIA HEALTH SOLUTIONS INC. PAC**

Mailing Address 200 SW MARKET ST  
 PO BOX 1271/MS E12C

City PORTLAND State OR Zip Code 97207

FEC ID number of contributing federal political committee. **C** C00252684

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  
 01 / 03 / 2013  
**Transaction ID : SA11C.7031**

Amount of Each Receipt this Period  
 5000.00

Full Name (Last, First, Middle Initial)  
**C. DELOITTE POLITICAL ACTION COMMITTEE**

Mailing Address P.O. BOX 365

City WASHINGTON State DC Zip Code 20044

FEC ID number of contributing federal political committee. **C** C00211318

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  
 06 / 29 / 2013  
**Transaction ID : SA11C.7065**

Amount of Each Receipt this Period  
 2500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 12500.00

**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 11 OF 34
<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

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. EBAY INC-COMMITTEE FOR RESPONSIBLE INTERNET COMMERCE**

Mailing Address 228 S. WASHINGTON ST.  
STE. 115

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00342394

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
06 / 29 / 2013  
**Transaction ID : SA11C.7066**

Amount of Each Receipt this Period  
1500.00

Full Name (Last, First, Middle Initial)  
**B. FLUOR CORPORATION POLITICAL ACTION COMMITTEE (FLUOR PAC)**

Mailing Address 6700 LAS COLINAS BOULEVARD

City IRVING State TX Zip Code 75039

FEC ID number of contributing federal political committee. **C** C00034132

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
03 / 28 / 2013  
**Transaction ID : SA11C.7034**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 101 Constitution Ave. NW  
Suite 500 West

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00096156

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
03 / 22 / 2013  
**Transaction ID : SA11C.7032**

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3500.00
<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 34
<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

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

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

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

Mailing Address 1295 State Street

City Springfield State MA Zip Code 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 ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 29 / 2013

**Transaction ID : SA11C.7067**

Amount of Each Receipt this Period  
 5000.00

**B.** Full Name (Last, First, Middle Initial)  
NATIONAL ASSOCIATION OF HOME BUILDERS

Mailing Address 1201 15TH ST NW

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C30001366

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  
 05 / 30 / 2013

**Transaction ID : SA11C.7060**

Amount of Each Receipt this Period  
 5000.00

**C.** Full Name (Last, First, Middle Initial)  
NATIONAL ASSOCIATION OF REAL ESTATE INVESTMENT TRUSTS, INC. POLITICAL ACTION COMMITTEE

Mailing Address 1875 I STREET, NW  
SUITE 600

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00303339

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  
 05 / 30 / 2013

**Transaction ID : SA11C.7058**

Amount of Each Receipt this Period  
 2500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	12500.00
<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 14 OF 34  
(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
------------------------------	------------------------------	---	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

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

**A. ORACLE AMERICA, INC. POLITICAL ACTION COMMITTEE (ORACLE PAC)**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1015 15TH ST. NW SUITE 200  
City WASHINGTON State DC Zip Code 20005  
FEC ID number of contributing federal political committee. **C** C00323048  
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  
06 / 13 / 2013  
**Transaction ID : SA11C.7063**  
Amount of Each Receipt this Period  
5000.00

**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).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	43500.00

**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 15 OF 34
<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

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

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

**A. 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 ▼  
 11500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2013  
**Transaction ID : SA12.7026**  
 Amount of Each Receipt this Period  
 11500.00

**B. Felix Roman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 193635  
 City San Juan State PR Zip Code 00919  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RTC Roman & CO CPA  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2013  
**Transaction ID : SA12.7026.0**  
 Amount of Each Receipt this Period  
 2600.00  
**[MEMO ITEM]**

**C. Robert Rodriguez Lopez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 193635  
 City San Juan State PR Zip Code 00919  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Apex General Contractors Owner  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2013  
**Transaction ID : SA12.7026.1**  
 Amount of Each Receipt this Period  
 2600.00  
**[MEMO ITEM]**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	11500.00
<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 16 OF 34
<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

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) <b>A. Alberto Santiago-Vega</b>		Date of Receipt MM / DD / YYYY 03 / 20 / 2013 <b>Transaction ID : SA12.7026.2</b>
Mailing Address A14 Calle Rio Corozal		Amount of Each Receipt this Period 2600.00
City Bayamon State PR Zip Code 00961	FEC ID number of contributing federal political committee. C	[MEMO ITEM]
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2600.00	

Full Name (Last, First, Middle Initial) <b>B. Felix Davila</b>		Date of Receipt MM / DD / YYYY 03 / 20 / 2013 <b>Transaction ID : SA12.7026.3</b>
Mailing Address PO Box 8899		Amount of Each Receipt this Period 2600.00
City Bayamon State PR Zip Code 00960	FEC ID number of contributing federal political committee. C	[MEMO ITEM]
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2600.00	

Full Name (Last, First, Middle Initial) <b>C. Norma Machado-Ortiz</b>		Date of Receipt MM / DD / YYYY 03 / 20 / 2013 <b>Transaction ID : SA12.7026.4</b>
Mailing Address 156 Dorado Beach East		Amount of Each Receipt this Period 2600.00
City Dorado State PR Zip Code 00646	FEC ID number of contributing federal political committee. C	[MEMO ITEM]
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2600.00	

<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: (check only one)	PAGE 17 OF 34
<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

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

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

**A. Luis Gacho-Cordero**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 156 Dorado Beach East  
 City Dorado State PR Zip Code 00646  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hospital Hermanos Melendez Occupation Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2600.00

Date of Receipt 03 / 20 / 2013  
**Transaction ID : SA12.7026.5**  
 Amount of Each Receipt this Period 2600.00  
**[MEMO ITEM]**

**B. Richard Machado-Gonzalez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 426  
 City Bayamon State PR Zip Code 00959  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hospital Hermanos Melendez Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 20 / 2013  
**Transaction ID : SA12.7026.6**  
 Amount of Each Receipt this Period 5000.00  
**[MEMO ITEM]**

**C. 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 ▼ 17500.00

Date of Receipt 06 / 30 / 2013  
**Transaction ID : SA12.6960**  
 Amount of Each Receipt this Period 6000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6000.00
<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 18 OF 34
<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

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

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

**A. 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 ▼  
 2300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 02 / 2013  
**Transaction ID : SA12.6960.0**  
 Amount of Each Receipt this Period  
 2300.00  
**[MEMO ITEM]**

**B. Peter Mullin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 644 S. Figueroa Street  
 2nd Floor  
 City Los Angeles State CA Zip Code 90017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 None Retired  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 03 / 2013  
**Transaction ID : SA12.6960.1**  
 Amount of Each Receipt this Period  
 2400.00  
**[MEMO ITEM]**

**C. Laura Lauder**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 88 Mercedes Lane  
 City Atherton State CA Zip Code 94027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Lauder Partners, LLC Venture Capitalist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 06 / 2013  
**Transaction ID : SA12.6960.2**  
 Amount of Each Receipt this Period  
 2400.00  
**[MEMO ITEM]**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	17500.00

**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

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. 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.6966**

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

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.6974**

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.6975**

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

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. ADP**

Mailing Address 4099 SE International Way  
Suite 203

City Milwaukie 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.6976**

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 Fees

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.6985**

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

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.6986**

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

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. ADP**

Mailing Address 4099 SE International Way  
Suite 203

City Milwaukie 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.7090**

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

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.6992**

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.6994**

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

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. 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.6995**

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 Fees

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.6996**

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 Taxes

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7000**

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

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. ADP**

Mailing Address 4099 SE International Way  
Suite 203

City Milwaukie State OR Zip Code 97222

Purpose of Disbursement  
Payroll Fees

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 / 30 / 2013

Transaction ID : SB21B.7001

Amount of Each Disbursement this Period

20.96

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

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 / 30 / 2013

Transaction ID : SB21B.7002

Amount of Each Disbursement this Period

123.00

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 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  
06 / 28 / 2013

Transaction ID : SB21B.7027

Amount of Each Disbursement this Period

153.65

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

297.61

**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

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. 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.7028**

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.7029**

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.6978**

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

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. 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  
04 / 08 / 2013

**Transaction ID : SB21B.6990**

Amount of Each Disbursement this Period

99.24

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

MM / DD / YYYY  
05 / 06 / 2013

**Transaction ID : SB21B.6997**

Amount of Each Disbursement this Period

87.29

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

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2013

**Transaction ID : SB21B.7004**

Amount of Each Disbursement this Period

93.82

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

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

280.35

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

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

FOR LINE NUMBER:  
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

**A. Comcast Cable**

Mailing Address 9605 SW Nimbus Ave.

City Beaverton State OR Zip Code 97008

Purpose of Disbursement  
Internet 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.6989**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Comcast Cable**

Mailing Address 9605 SW Nimbus Ave.

City Beaverton State OR Zip Code 97008

Purpose of Disbursement  
Internet 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.6998**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. NGP Software, Inc.**

Mailing Address 1101 Vermont Avenue, NW  
Suite 710

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Database

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.6969**

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

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. 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.6977**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. 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.6988**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Oregon Medical Association**

Mailing Address 11740 SW 68th Pkwy #100

City Portland State OR Zip Code 97223

Purpose of Disbursement  
Catering for event

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7024**

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

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. 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.6967**

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.6973**

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.7091**

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

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. 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.6993**

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.6999**

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  
Mileage Reimbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7003**

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

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. 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.7092**

Amount of Each Disbursement this Period

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

/  /

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

/  /

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. ALASKANS FOR BEGICH**

Mailing Address PO BOX 240287

City ANCHORAGE State AK Zip Code 99524

Purpose of Disbursement  
Contributions

011

Candidate Name  
**MARK BEGICH**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: AK District: 00

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 20 / 2013

Transaction ID : SB23.6971

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. AL FRANKEN FOR SENATE 2014**

Mailing Address PO BOX 583144

City MINNEAPOLIS State MN Zip Code 55458

Purpose of Disbursement

011

Candidate Name  
**AL FRANKEN**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: MN District: 00

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 25 / 2013

Transaction ID : SB23.7016

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. CHRIS COONS FOR DELAWARE**

Mailing Address PO BOX 9900

City NEWARK State DE Zip Code 19714

Purpose of Disbursement

011

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 25 / 2013

Transaction ID : SB23.7007

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)..... ▶





**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) <b>A. MARKEY COMMITTEE; THE</b>		Date of Disbursement MM / DD / YYYY 06 / 10 / 2013
Mailing Address PO BOX 526		<b>Transaction ID : SB23.7006</b>
City MEDFORD	State MA	
Purpose of Disbursement	Category/ Type 011	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	
State: MA District: 00	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General	

Full Name (Last, First, Middle Initial) <b>B. Mark Pryor for US Senate</b>		Date of Disbursement MM / DD / YYYY 06 / 25 / 2013
Mailing Address P.O. Box 2720		<b>Transaction ID : SB23.7009</b>
City Little Rock	State AR	
Purpose of Disbursement	Category/ Type 011	Amount of Each Disbursement this Period 5000.00
Candidate Name <b>MARK L PRYOR</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
State: AR District: 00	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. REED COMMITTEE</b>		Date of Disbursement MM / DD / YYYY 06 / 25 / 2013
Mailing Address PO BOX 8628		<b>Transaction ID : SB23.7013</b>
City CRANSTON	State RI	
Purpose of Disbursement	Category/ Type 011	Amount of Each Disbursement this Period 5000.00
Candidate Name <b>JACK F REED</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
State: RI District: 00	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

15000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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. UDALL FOR US ALL

Mailing Address 3311 CANDELARIA NE SUITE A

City ALBUQUERQUE State NM Zip Code 87107

Purpose of Disbursement

011

Candidate Name  
**TOM UDALL**

Category/  
Type

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 25 / 2013

Transaction ID : SB23.7019

Amount of Each Disbursement this Period

5000.00

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

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

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

5000.00

50000.00