Secretary of State Elections Division | 255 Capitol St. NE, Suite 501, Salem, OR 97310 | p. 503.986.1518 | f. 503.373.7414 | www.oregonvotes.org

PC 10 Statement of Independent Expenditures

rev 01/10

→ *Please type or print legibly in black or blue ink; list only one entry per line*

General Information

Name of Individual or Organization making the Independent Expenditure (use full name)
Jeff Lozar

Address, Street/Route
520 Antelope Way

City	State	Zip Code	Work Phone Number
Eugene	Oregon	97401	541-344-4928

	Date	Name and Address of Payee* *address includes city, or county if no city, and state	Purpose & Support/Oppose Information	A/P	Amount of Expenditure	Paid to A/P
1	03-21-2011	City of Eugene	Voters pamphlet opposition statement	O	$ 300.00	O
2				O	$	O
3				O	$	O
4				O	$	O
5				O	$	O
6				O	$	O
7				O	$	O
8				O	$	O
9				O	$	O
10				O	$	O

I hereby certify the above listed expenditures were made for the candidates or measures specified. By signing this document I acknowledge that I am personally liable for any penalties imposed under ORS Chapter 260 and attest that the information on the form is true and correct.

Signature of person responsible for filing PC 10 — Date Signed: 3-28-2011

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PC 10

see instructions on back and in Campaign Finance Manual

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PC 10 Statement of Independent Expenditures

rev 01/10

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General Information

Name of Individual or Organization making the Independent Expenditure (use full name)
Jeff Lozar

Address, Street/Route
520 Antelope Way

City	State	Zip Code	Work Phone Number
Eugene	Oregon	97401	541-344-4928

	Date	Name and Address of Payee* *address includes city, or county if no city, and state	Purpose & Support/Oppose Information	A/P	Amount of Expenditure	Paid to A/P
1	03-21-2011	City of Eugene	Voters pamphlet opposition statement	O	$ 300.00	O
2				O	$	O
3				O	$	O
4				O	$	O
5				O	$	O
6				O	$	O
7				O	$	O
8				O	$	O
9				O	$	O
10				O	$	O

I hereby certify the above listed expenditures were made for the candidates or measures specified. By signing this document I acknowledge that I am personally liable for any penalties imposed under ORS Chapter 260 and attest that the information on the form is true and correct.

Signature of person responsible for filing PC 10

3-28-2011
Date Signed

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PC 10

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PC 10 Statement of Independent Expenditures

rev 01/10

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General Information

Name of Individual or Organization making the Independent Expenditure (use full name)
Kathie Eckman

Address, Street/Route
61088 River Bluff Trail

City	State	Zip Code	Work Phone Number
Bend	Oregon	97702	541-382-8204

	Date	Name and Address of Payee* *address includes city, or county if no city, and state	Purpose & Support/Oppose Information	A/P	Amount of Expenditure	Paid to A/P
1	03/21/11	Deschutes County Clerk, Deschutes County, Bend, OR 97701	Voters Pamphlet Information	O	$ 400.00	O
2				O	$	O
3				O	$	O
4				O	$	O
5				O	$	O
6				O	$	O
7				O	$	O
8				O	$	O
9				O	$	O
10				O	$	O

I hereby certify the above listed expenditures were made for the candidates or measures specified. By signing this document I acknowledge that I am personally liable for any penalties imposed under ORS Chapter 260 and attest that the information on the form is true and correct.

Kathie Eckman
Kathryn P. Eckman — 03/29/11

Signature of person responsible for filing PC 10 — **Date Signed**

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