

# PC 10 Statement of Independent Expenditures

rev 1/12

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

Name of Individual or Organization making the Independent Expenditure (use full name)  
Americans For Prosperity

Address, Street/Route 2111 Wilson Boulevard, Suite 350	City Arlington	State VA	Zip Code 22201
---	-------------------	-------------	-------------------

Work Phone Number 703-224-3200
-----------------------------------

Name of Person Responsible for filing PC 10  
Steven Mairella

Address, Street/Route 2111 Wilson Boulevard, Suite 350	City Arlington	State VA	Zip Code 22201
---	-------------------	-------------	-------------------

Date	Name and Address of Payee* <small>*address includes city, or county if no city, and state</small>	Purpose & Support/Oppose Information	A/P	Amount of Expenditure	Paid to A/P
1 4/23/2012	DocuMart Copies and Printing 101 SW Main, Portland, OR	L, Support Jackson 15-110	☐	\$ 348.74	☐
2 4/23/2012	DocuMart Copies and Printing 101 SW Main, Portland, OR	L, Support Jackson 15-111	☐	\$ 348.74	☐
3 4/24/2012	Triton Communications 1660 Hillcrest Ct. NW, Salem, OR	S, Support Reedsport 10-119	☐	\$ 150.00	☐
4			☐	\$	☐
5			☐	\$	☐
6			☐	\$	☐
7			☐	\$	☐
8			☐	\$	☐
9			☐	\$	☐
10			☐	\$	☐

RECEIVED  
 2012 APR 27 PM 10:32  
 KATE BROWN  
 SECRETARY OF THE STATE

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.

for office use only

  
 Signature of person responsible for filing PC 10

4/25/2012  
 Date Signed