

Secretary of State Elections Division | 285 Capitol St. NE, Suite 601, Salem, OR 97310 | p. 503.986.1518 | f. 503.373.7414 | www.oregonvotes.org

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)
Alliance for Democracy, Portland

Address, Street/Route 112 NE 45th Ave	City Portland	State OR	Zip Code 97213
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Work Phone Number
503-998-0862

Name of Person Responsible for filing PC 10
Joan Horton

Address, Street/Route 818 SW #rd Ave., PMB # 356	City Portland	State OR	Zip Code 97204
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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
08/28/12	Secretary of State, Oregon	O opposing M84	<input type="radio"/>	\$ 1200	<input type="radio"/>
			<input type="radio"/>	\$	<input type="radio"/>
			<input type="radio"/>	\$	<input type="radio"/>
			<input type="radio"/>	\$	<input type="radio"/>
			<input type="radio"/>	\$	<input type="radio"/>
			<input type="radio"/>	\$	<input type="radio"/>
			<input type="radio"/>	\$	<input type="radio"/>
			<input type="radio"/>	\$	<input type="radio"/>
			<input type="radio"/>	\$	<input type="radio"/>
			<input type="radio"/>	\$	<input type="radio"/>

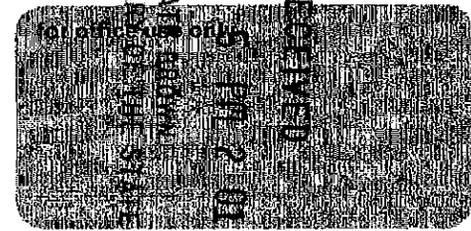
SECRET
2012 SEP 5 11:20 AM

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 280 and attest that the information on the form is true and correct.

Joan Horton

8/29/12

Signature of person responsible for filing PC 10 Date Signed



Last Transmission

Aug.30.2012 04:18 PM

Name : Judi Krussow Tax Service

Tel : 503+695+6285

Date	Time	Type	ID	Duration	Pages	Result
Aug.30	04:18PM	Send	15033737414	00:00	0	Canceled

*I tried to fax this last week
 & it wouldn't go thru.*

John

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 2012 SEP 5 PM 2 01
 KATE BROWN
 SECRETARY OF THE STATE

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 Blvd., Suite 350

City

Arlington

State

VA

Zip Code

22201

Work Phone Number

(703) 224-3200

Name of Person Responsible for filing PC 10

Eric Wang

Address, Street/Route

2111 Wilson Blvd., 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 9/5/2012	Nicole Kaeding 2111 Wilson Blvd. Ste. 350 Arlington, VA 22201	Allocable salary + benefits; support Measure 84	<input type="checkbox"/>	\$ 45.08	<input type="checkbox"/>
2			<input type="checkbox"/>	\$	<input type="checkbox"/>
3			<input type="checkbox"/>	\$	<input type="checkbox"/>
4			<input type="checkbox"/>	\$	<input type="checkbox"/>
5			<input type="checkbox"/>	\$	<input type="checkbox"/>
6			<input type="checkbox"/>	\$	<input type="checkbox"/>
7			<input type="checkbox"/>	\$	<input type="checkbox"/>
8			<input type="checkbox"/>	\$	<input type="checkbox"/>
9			<input type="checkbox"/>	\$	<input type="checkbox"/>
10			<input type="checkbox"/>	\$	<input type="checkbox"/>

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 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

9/5/12

Date Signed