

**Political Organization
Report of Contributions and Expenditures**

▶ See separate instructions.

A For the period beginning **April 1**, 2002 and ending **June 30**, 2002

B Check applicable boxes: Initial report Change of address Amended report Final report

1 Name of organization: **Oregon Alliance for Senior Access to Prescriptions**
Employer identification number: **01 0638906**

2 Mailing address (P.O. Box or number, street, and room or suite number):
805 SW Broadway, Suite 2280

City or town, state, and ZIP code:
Portland, OR 97205

3 E-mail address of organization: **lbergstein@aol.com**
4 Date organization was formed: **03-22-02**

5a Name of custodian of records: **Karen L. Wells dba Wells C&E Services**
5b Custodian's address: **3080 Jefferson-Scio Drive SE**
Jefferson, OR 97352-9424

6a Name of contact person: **Len Bergstein**
6b Contact person's address: **805 SW Broadway, Suite 2280**
Portland, OR 97205

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number:
City or town, state, and ZIP code:

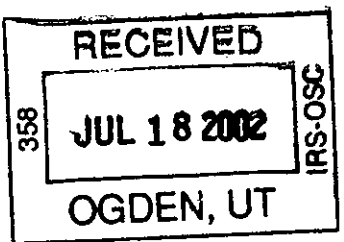
8 Type of report (check only one box):

- a First quarterly report (due by April 15)
- b Second quarterly report (due by July 15)
- c Third quarterly report (due by October 15)
- d Year-end report (due by January 31)
- e Mid-year report (Non-election year only-due by July 31)
- f Monthly report for the month of: _____ (due by the 20th day following the month shown above, except the December report, which is due by January 31)
- g Pre-election report (due by the 12th or 15th day before the election)
 - (1) Type of election: _____
 - (2) Date of election: _____
 - (3) For the state of: _____
- h Post-general election report (due by the 30th day after general election)
 - (1) Date of election: _____
 - (2) For the state of: _____

9 Total amount of reported contributions (total from all attached Schedules A)	9	0.00
10 Total amount of reported expenditures (total from all attached Schedules B)	10	0.00

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.
CAF# 8006-53800R
Sign Here Karen S. Wells Date July 1, 2001
Signature of authorized official

For Paperwork Reduction Act Notice, see separate instructions. Cat. No. 30406G Form **8872** (7-2000)
This PAC has been discontinued. There will be no more reports.



ENVELOPE POSTMARK DATE JUL 15 2002

SCANNED JUL 27 2002

7 m e

Schedule A Itemized Contributions		Schedule A page 1 of 1
Name of organization Oregon Alliance for Senior Access to Prescriptions		Employer identification number 01 : 0638906
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	
Subtotal of contributions reported on this page only. Enter here and also include this amount in the total on line 9 of Form 8872 . . . ▶		\$ 0.00

Schedule B Itemized Expenditures		Schedule B page 1 of 1
Name of organization Oregon Alliance for Senior Access to Prescriptions		Employer identification number 01 : 0638906
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Subtotal of expenditures reported on this page only. Enter here and also include this amount in the total on line 10 of Form 8872 ▶		\$ 0.00

Form **8821**

(Rev. January 2000)

Department of the Treasury
Internal Revenue Service

Tax Information Authorization

▶ IF THIS AUTHORIZATION IS NOT SIGNED AND DATED, IT WILL BE RETURNED.

OMB No. 1545-1165

For IRS Use Only

Received by:

Name _____

Telephone (____) _____

Function _____

Date ____/____/____

1 Taxpayer information.

Taxpayer name(s) and address (please type or print)
Oregon Alliance for Senior Access to Prescriptions
805 SW Broadway, Suite 2280
Portland, OR 97205

Social security number(s)

Employer identification number
01 - 0638906

01:063890 ✓

Daytime telephone number
(503) 260-1263

Plan number (if applicable)

2 Appointee.

Name and address (please type or print)
Karen L. Wells dba Wells C & E Services
3080 Jefferson-Scio Drive SE
Jefferson, OR 97352-9424

CAF No. **8006-5380OR**

Telephone No. (541) 327-1902

Fax No. (541) 327-1902

Check if new: Address

Telephone No.

3 Tax matters. The appointee is authorized to inspect and/or receive confidential tax information in any office of the IRS for the tax matters listed on this line.

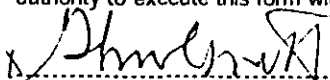
(a) Type of Tax (Income, Employment, Excise, etc.)	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s)	(d) Specific Tax Matters (see instr.)
Political organization income	SS4,990,1096,1099,1120POL,	2001, 2002, 2003, 2004	Not applicable
+ tax	+ 4868,8822,8871,8872,8868		

4 Specific use not recorded on Centralized Authorization File (CAF). If the tax information authorization is for a specific use not recorded on CAF, check this box. (See the instructions on page 2.)
If you checked this box, skip lines 5 and 6.

5 Disclosure of tax information (you must check the box on line 5a or b unless the box on line 4 is checked):
a If you want copies of tax information, notices, and other written communications sent to the appointee on an ongoing basis, check this box
b If you do not want any copies of notices or communications sent to your appointee, check this box

6 Retention/revocation of tax information authorizations. This tax information authorization automatically revokes all prior authorizations for the same tax matters you listed above on line 3 unless you checked the box on line 4. If you do not want to revoke a prior tax information authorization, you MUST attach a copy of any authorizations you want to remain in effect AND check this box
To revoke this tax information authorization, see the instructions on page 2.

7 Signature of taxpayer(s). If a tax matter applies to a joint return, either husband or wife must sign. If signed by a corporate officer, partner, guardian, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute this form with respect to the tax matters/periods covered.


11/3/22/02

Signature _____ Date _____ Signature _____ Date _____
 Print Name: **Glenn C. Lovett** Title (if applicable): **Treasurer**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of form. Form 8821 authorizes any individual, corporation, firm, organization, or partnership you designate to inspect and/or receive your confidential information in any office of the IRS for the type of tax and the years or periods you list on this form. You may file your own tax information authorization without using Form 8821, but it must include all the information that is requested on the form.

Form 8821 does not authorize your appointee to advocate your position with respect to the Federal tax laws; to execute waivers, consents, or closing agreements; or to otherwise represent you before the IRS. If you want to authorize an individual to represent you, use Form 2848, Power of Attorney and Declaration of Representative.

Use Form 56, Notice Concerning Fiduciary Relationship, to notify the IRS of the existence of a fiduciary relationship. A fiduciary (trustee, executor, administrator, receiver, or guardian) stands in the position of a taxpayer and acts as the taxpayer. Therefore, a fiduciary does not act as an appointee and should not file Form 8821. If a fiduciary wishes to authorize an appointee to inspect and/or receive confidential tax information on behalf of the fiduciary, Form 8821 must be filed and signed by the fiduciary acting in the position of the taxpayer.

Taxpayer identification numbers (TINs). TINs are used to identify taxpayer information with corresponding tax returns. It is important that you furnish correct names, social security numbers (SSNs), individual taxpayer identification numbers (ITINs), or employer identification numbers (EINs) so that the IRS can respond to your request.