e-FILING REPORT COVER SHEET



COMPANY NAME: PORTLAND GENERAL ELECTRIC COMPANY

DOES REPORT CONTAIN CONFIDENTIAL INFORMATION? No Yes If yes, submit a redacted public version (or a cover letter) by email. Submit the confidential information as directed in OAR 860-001-0070 or the terms of an applicable protective order.
Select report type: RE (Electric) RG (Gas) RW (Water) RT (Telecommunications)
RO (Other, for example, industry safety information)
Did you previously file a similar report? No Yes, report docket number: RE-19 (7)
Report is required by: OAR Statute ORS 757.105 and ORS 759.100 Order Note: A one-time submission required by an order is a compliance filing and not a report (file compliance in the applicable docket) Other (For example, federal regulations, or requested by Staff)
Is this report associated with a specific docket/case? No Yes, docket number:
List Key Words for this report. We use these to improve search results.
Portland General Electric Company 2019 Budget of Expenditures Report RE-19
Send the completed Cover Sheet and the Report in an email addressed to PUC.FilingCenter@state.or.us
Send confidential information, voluminous reports, or energy utility Results of Operations Reports to PUC Filing Center, PO Box 1088, Salem, OR 97308-1088 or by delivery service to 201 High Street SE Suite 100, Salem, OR 97301.
•



March 29, 2019

E-Filed

puc.filingcenter@state.or.us

Public Utility Commission of Oregon 201 High St. SE, Suite 100 PO Box 1088 Salem, OR 97308-1088

Attn: Filing Center

RE: Portland General Electric Company – 2019 Budget of Expenditures Report 19 (7)

Enclosed for filing is Portland General Electric Company's Budget of Expenditures Report for the 2019 calendar year. This report is being provided per OAR 860-027-0015 and the OPUC E-Report Filing requirements. No hardcopy will be submitted.

Should you have any questions, please call Darrington Outama, Manager, Corporate Planning at (503) 464 - 2919 or Stefan Brown, Manager, Regulatory Affairs, at (503) 464 - 7805.

Sincerely,

Stefan Brown

Manager, Regulatory Affairs

Enclosure

cc: Darrington Outama, PGE

PUBLIC UTILITY COMMISSION OF OREGON 3930 FAIRVIEW INDUSTRIAL DR SE, SALEM, OR PO BOX 1088, SALEM, OR 97308-1088

BUDGET OF EXPENDITURES REPORT FOR THE YEAR

2019

GENERAL INSTRUCTIONS

- 1. A BUDGET OF EXPENDITURES REPORT MUST BE SUBMITTED BY ALL UTILITIES OPERATING WITHIN THE STATE OF OREGON IN ACCORDANCE WITH OREGON REVISED STATUTE 757.105.
- 2. THE BUDGET OF EXPENDITURES REPORT SHOULD BE COMPLETED AND FILED WITH THE PUBLIC UTILITY COMMISSION OF OREGON FILING CENTER. COMPLETE THE E-FILING REPORT COVER SHEET FOUND AT: http://www.puc.state.or.us/pages/eFiling/eReports/index.aspx. EMAIL BOTH THE REPORT AND COVER SHEET TO PUC.FilingCenter@state.or.us BY NOVEMBER 1ST OF THE YEAR PRECEDING THAT FOR WHICH THE REPORT IS MADE.
- 3. EACH SECTION SHOULD BE COMPLETED FULLY AND ACCURATELY. WHERE THE WORDS "NONE" OR "NOT APPLICABLE" TRULY AND COMPLETELY STATE THE FACT, THEY SHOULD BE GIVEN AS THE ANSWER.
- 4. ANY ADDITIONAL STATEMENTS OR EXPLANATORY REMARKS SHOULD BE INCLUDED IN THE EMAIL AS AN ATTACHMENT IN MICROSOFT WORD DOCUMENT FORMAT OR TEXT-SEARCHABLE PDF.
- 5. EXPENDITURES SHOULD BE REFERENCED BY THE APPLICABLE ACCOUNT NUMBER OF THE UNIFORM SYSTEM OF ACCOUNTS, ADOPTED BY THE COMMISSION, AND TO WHICH THE UTILITY IS SUBJECT.
- 6. ALL ENTRIES SHOULD BE TYPEWRITTEN OR MADE WITH PERMANENT INK.
- 7. REPORT ALL AMOUNTS IN WHOLE DOLLARS ONLY, OMIT CENTS.

FULL NAME OF UTILITY					
Portland General Electric Company					
ADDRESS OF PRINCIPAL OFFICE		CITY	STATE	ZIP CODE	•
121 SW Salmon St.		Portland	OR		97204
ADDRESS OF PRINCIPAL OFFICE I	N OREGON (IF OTHER THAN ABOVE)	CITY	STATE	ZIP CODE	
STATE OF INCORPORATION DATE OF INCORPORATION		TYPE OF ORGANIZATION	I ON IF NOT INCOPORATED	DATE ORGA	NIZED
Oregon	July 25, 1930				
STATE THE CLASSES OF UTILITY	AND OTHER SERVICES FURNISHED B	Y THE UTILITY IN EACH	STATE IN WHICH THE UT	ILITY OPERA	TES

Electric - Oregon (1)

DIRECTORS AT DATE OF BUDGET								
NAME OF DIRECTOR	CITY AND STATE OF RESIDENCE	LENGTH OF TERM	TERM EXPIRES					
John W. Ballantine	Palm Beach, FL	(1)	(1)					
Rodney L. Brown, Jr.	Seattle, WA	(1)	(1)					
Jack E. Davis	Scottsdale, AZ	(1)	(1)					
David A. Dietzler	Lake Oswego, OR	(1)	(1)					
Kirby A. Dyess	Beaverton, OR	(1)	(1)					
Mark B. Ganz	Portland, OR	(1)	(1)					
Kathryn J. Jackson	Pittsburgh, PA	(1)	(1)					
Neil J. Nelson	Keizer, OR	(1)	(1)					
M. Lee Pelton	Boston, MA	(1)	(1)					
Maria M. Pope	Portland, OR	(1)	(1)					
Charles W. Shivery See note explanations on page 9.	Longboat Key, FL	(1)	(1)					

See note explanations on page 9.

ANNUAL SALARY AND OTHER COMPENSATION OF OFFICERS AND RETIRED EXECUTIVES

PERMITTED EXECUTIVE OFFICER. AN EXECUTIVE OFFICER'S SALARY AND OTHER COMPENSATION PAID BY AN AFFILIATED COMPANY SHOULD ALSO BE SHOWN. AN EXECUTIVE OFFICER DIRECTS OR CONTROLS THE POLICIES AND BUSINESS OF THE UTILITY OR IS ENTRUSTED OR CHARGED WITH ADMINISTRATIVE DUTIES TO CARRY THOSE POLICIES INTO EFFECT. ALL PROPOSED CHANGES IN POSITION AND SALARIES OF EXECUTIVE OFFICERS FROM THE PREVIOUS BUDGET OF EXPENDITURES REPORT OR SUPPLEMENTAL BUDGETS SHOULD BE FULLY EXPLAINED. PLEASE REPORT BONUS INFORMATION FOR THE BONUS EARNED THE PRIOR YEAR BUT FORECAST TO BE PAID IN THE BUDGET YEAR. REPORT WHOLE DOLLARS ONLY.

EARN	ED THE PRIOR YEAR BUT FORECAST TO BE F	AID IN THE BODGET	LEAK, KEPO	KI WHOLE DOLLARS ONLI.	
LISA	A. KANER, VICE PRESIDENT, GENERAL COUN	SEL AND CORPORAT	E COMPLIAN	CE OFFICER	
NO.	DESCRIPTION OF COMPENSATION	PAID BY COMPANY	ACCOUNT#	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
1a	ANNUAL SALARY	\$ 319,921	920		
1b	ANNUAL SALARY	\$ 59,218	926		
1	ANNUAL SALARY TOTAL (3)	\$ 379,139			
2	AMOUNT ASSIGNED TO OREGON	100%			
3	MEDICAL & DENTAL INSURANCE	20,617	926		
4	LIFE & DISABILITY INSURANCE (4)				•
5	INCOME PROTECTION INSURANCE				
6	DISCOUNT ON UTILITY SERVICE				
7	PENSION PLAN (6)		926		
. 8	SAVINGS PLAN	27,500	926		
9	STOCK PURCHASE PLAN (8)	358,831	921		
10	PAID PARKING	3,120	921		
11	MEMBERSHIPS			,	
12	OTHER BENEFITS	440.000			
13	TOTAL OTHER COMPENSATION	410,068		•	
14	PERCENT ASSIGNED TO OREGON	100%			
15	DEFERRED COMP. IN SALARY (*)	-			
16	BONUS EARNED IN PRIOR YEAR (15)				
	l	1	•		1
LADD	A BERREDARI - MICE DESIDENT GDID VDCF	 TECUTINE INTERC	DATION & SV	STEMS OPERATIONS	
	 Y BEKKEDAHL, VICE PRESIDENT, GRID ARCH DESCRIPTION OF COMPENSATION				NAME OF AFFILIATED CO.
NO.	DESCRIPTION OF COMPENSATION	PAID BY COMPANY	ACCOUNT#	STEMS OPERATIONS PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
	DESCRIPTION OF COMPENSATION ANNUAL SALARY (3)	PAID BY COMPANY 45,478			NAME OF AFFILIATED CO.
NO. 1a	DESCRIPTION OF COMPENSATION ANNUAL SALARY ⁽³⁾ ANNUAL SALARY ⁽³⁾	PAID BY COMPANY 45,478 \$. 275,012	ACCOUNT # 926		NAME OF AFFILIATED CO.
NO. 1a 1b	DESCRIPTION OF COMPENSATION ANNUAL SALARY (3)	PAID BY COMPANY 45,478 \$ 275,012 \$ 320,490	ACCOUNT # 926		NAME OF AFFILIATED CO.
NO. 1a 1b 1	DESCRIPTION OF COMPENSATION ANNUAL SALARY ⁽³⁾ ANNUAL SALARY ⁽³⁾ ANNUAL SALARY TOTAL ⁽³⁾	PAID BY COMPANY 45,478 \$. 275,012 \$ 320,490 100%	ACCOUNT # 926		NAME OF AFFILIATED CO.
NO. 1a 1b 1	DESCRIPTION OF COMPENSATION ANNUAL SALARY ⁽³⁾ ANNUAL SALARY ⁽³⁾ ANNUAL SALARY TOTAL ⁽³⁾ AMOUNT ASSIGNED TO OREGON	PAID BY COMPANY 45,478 \$ 275,012 \$ 320,490	ACCOUNT # 926 588		NAME OF AFFILIATED CO.
NO. 1a 1b 1 2 3	DESCRIPTION OF COMPENSATION ANNUAL SALARY (3) ANNUAL SALARY (3) ANNUAL SALARY TOTAL (3) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE	PAID BY COMPANY 45,478 \$. 275,012 \$ 320,490 100%	ACCOUNT # 926 588		NAME OF AFFILIATED CO.
NO. 1a 1b 1 2 3 4	DESCRIPTION OF COMPENSATION ANNUAL SALARY ⁽³⁾ ANNUAL SALARY ⁽³⁾ ANNUAL SALARY TOTAL ⁽³⁾ AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE ⁽⁴⁾	PAID BY COMPANY 45,478 \$. 275,012 \$ 320,490 100%	ACCOUNT # 926 588		NAME OF AFFILIATED CO.
NO. 1a 1b 1 2 3 4 5	DESCRIPTION OF COMPENSATION ANNUAL SALARY (3) ANNUAL SALARY (3) ANNUAL SALARY TOTAL (3) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE (4) INCOME PROTECTION INSURANCE	PAID BY COMPANY 45,478 \$. 275,012 \$ 320,490 100%	ACCOUNT # 926 588		NAME OF AFFILIATED CO.
NO. 1a 1b 1 2 3 4 5	DESCRIPTION OF COMPENSATION ANNUAL SALARY (3) ANNUAL SALARY (10) ANNUAL SALARY TOTAL (10) ANOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE (10) INCOME PROTECTION INSURANCE DISCOUNT ON UTILITY SERVICE PENSION PLAN (10) SAVINGS PLAN	PAID BY COMPANY 45,478 \$. 275,012 \$ 320,490 100%	926 588 926		NAME OF AFFILIATED CO.
NO. 1a 1b 1 2 3 4 5 6 7	DESCRIPTION OF COMPENSATION ANNUAL SALARY (3) ANNUAL SALARY (3) ANNUAL SALARY TOTAL (3) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE (4) INCOME PROTECTION INSURANCE DISCOUNT ON UTILITY SERVICE PENSION PLAN (5) SAVINGS PLAN STOCK PURCHASE PLAN (6)	\$ 275,012 \$ 320,490 10,574	926 588 926		NAME OF AFFILIATED CO.
NO. 1a 1b 1 2 3 4 5 6 7 8 9 10	DESCRIPTION OF COMPENSATION ANNUAL SALARY (3) ANNUAL SALARY (3) ANNUAL SALARY TOTAL (3) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE (4) INCOME PROTECTION INSURANCE DISCOUNT ON UTILITY SERVICE PENSION PLAN (5) SAVINGS PLAN STOCK PURCHASE PLAN (6) PAID PARKING	PAID BY COMPANY 45,478 \$ 275,012 \$ 320,490 100% 18,574	926 588 926 926		NAME OF AFFILIATED CO.
NO. 1a 1b 1 2 3 4 5 6 7 8 9 10 11	DESCRIPTION OF COMPENSATION ANNUAL SALARY (3) ANNUAL SALARY (3) ANNUAL SALARY TOTAL (3) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE (4) INCOME PROTECTION INSURANCE DISCOUNT ON UTILITY SERVICE PENSION PLAN (5) SAVINGS PLAN STOCK PURCHASE PLAN (6) PAID PARKING MEMBERSHIPS	PAID BY COMPANY	926 588 926 926 926 921		NAME OF AFFILIATED CO.
NO. 1a 1b 1 2 3 4 5 6 7 8 9 10 11	DESCRIPTION OF COMPENSATION ANNUAL SALARY (3) ANNUAL SALARY (3) ANNUAL SALARY TOTAL (3) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE (4) INCOME PROTECTION INSURANCE DISCOUNT ON UTILITY SERVICE PENSION PLAN (6) SAVINGS PLAN STOCK PURCHASE PLAN (6) PAID PARKING MEMBERSHIPS OTHER BENEFITS	\$ 275,012 \$ 320,490 100% 16,574 277,500 221,754 3,120	926 588 926 926 926 921		NAME OF AFFILIATED CO.
NO. 1a 1b 1 2 3 4 5 6 7 8 9 10 11 12 13	DESCRIPTION OF COMPENSATION ANNUAL SALARY (3) ANNUAL SALARY (3) ANNUAL SALARY TOTAL (3) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE (4) INCOME PROTECTION INSURANCE DISCOUNT ON UTILITY SERVICE PENSION PLAN (6) SAVINGS PLAN STOCK PURCHASE PLAN (6) PAID PARKING MEMBERSHIPS OTHER BENEFITS TOTAL OTHER COMPENSATION	\$ 275,010 \$ 275,012 \$ 320,490 100% 16,574 27,500 221,754 3,120 \$ 268,948	926 588 926 926 926 921		NAME OF AFFILIATED CO.
NO. 1a 1b 1 2 3 4 5 6 7 8 9 10 11	DESCRIPTION OF COMPENSATION ANNUAL SALARY (3) ANNUAL SALARY (3) ANNUAL SALARY TOTAL (3) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE (4) INCOME PROTECTION INSURANCE DISCOUNT ON UTILITY SERVICE PENSION PLAN (6) SAVINGS PLAN STOCK PURCHASE PLAN (6) PAID PARKING MEMBERSHIPS OTHER BENEFITS	\$ 275,012 \$ 320,490 100% 16,574 277,500 221,754 3,120	926 588 926 926 926 921		NAME OF AFFILIATED CO.
NO. 1a 1b 1 2 3 4 5 6 7 8 9 10 11 12 13	DESCRIPTION OF COMPENSATION ANNUAL SALARY (3) ANNUAL SALARY (3) ANNUAL SALARY TOTAL (3) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE (4) INCOME PROTECTION INSURANCE DISCOUNT ON UTILITY SERVICE PENSION PLAN (6) SAVINGS PLAN STOCK PURCHASE PLAN (6) PAID PARKING MEMBERSHIPS OTHER BENEFITS TOTAL OTHER COMPENSATION	\$ 275,010 \$ 275,012 \$ 320,490 100% 16,574 27,500 221,754 3,120 \$ 268,948	926 588 926 926 926 921		NAME OF AFFILIATED CO.

CARC	L A. DILLIN, VICE PRESIDENT, CUSTOMER ST	RATEGIES AND BUS	INESS DEVEL	OPMENT	Page 3
	DESCRIPTION OF COMPENSATION	PAID BY COMPANY	ACCOUNT#	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
1a	ANNUAL SALARY		903		
1b	ANNUAL SALARY		920		İ
10	ANNUAL SALARY		926		
1	ANNUAL SALARY TOTAL (3)	\$ -			
2	AMOUNT ASSIGNED TO OREGON	100%			
3	MEDICAL & DENTAL INSURANCE	12,868	926		1
4	LIFE & DISABILITY INSURANCE (4)				
5	INCOME PROTECTION INSURANCE	1 .			1
6	DISCOUNT ON UTILITY SERVICE	'			
7	PENSION PLAN (b)		926		1
8	SAVINGS PLAN	1	926		
9	STOCK PURCHASE PLAN (6)	224,262	921		
10	PAID PARKING		921	,	1
11	MEMBERSHIPS				
12	OTHER BENEFITS				
13	TOTAL OTHER COMPENSATION	237,130			1
14	PERCENT ASSIGNED TO OREGON	100%			1
15	DEFERRED COMP. IN SALARY (7)	-		·	
16	BONUS EARNED IN PRIOR YEAR (8)				1
	i	1	I	l .	!
			L		
	I FREY DUDLEY, VICE PRESIDENT, GENERAL (COUNSEL AND CORE	ORATE COM	I PLIANCE OFFICER (RETIRED)	
	 FREY DUDLEY, VICE PRESIDENT, GENERAL DESCRIPTION OF COMPENSATION	I COUNSEL AND CORF PAID BY COMPANY	ORATE COM ACCOUNT#	 PLIANCE OFFICER (RETIRED) PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
		COUNSEL AND CORE PAID BY COMPANY \$ -	PORATE COM ACCOUNT #	PLIANCE OFFICER (RETIRED) PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO.	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY	PAID BY COMPANY	ACCOUNT#	PLIANCE OFFICER (RETIRED) PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO.	DESCRIPTION OF COMPENSATION ANNUAL SALARY	PAID BY COMPANY	ACCOUNT #	PLIANCE OFFICER (RETIRED) PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY	PAID BY COMPANY	920 926	PLIANCE OFFICER (RETIRED) PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY TOTAL (3)	\$ - \$ -	920 926	PLIANCE OFFICER (RETIRED) PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY TOTAL (3) AMOUNT ASSIGNED TO OREGON	\$ - \$ -	920 926	PLIANCE OFFICER (RETIRED) PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1 2 3	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY TOTAL (3) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE	\$ - \$ -	920 926	PLIANCE OFFICER (RETIRED) PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1 2 3 4	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY TOTAL (3) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE (4) INCOME PROTECTION INSURANCE DISCOUNT ON UTILITY SERVICE	\$ - \$ -	920 926	PLIANCE OFFICER (RETIRED) PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1 2 3 4 5	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY TOTAL (3) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE (4) INCOME PROTECTION INSURANCE	\$ - \$ -	920 926	PLIANCE OFFICER (RETIRED) PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1 2 3 4 5	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY TOTAL (3) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE (4) INCOME PROTECTION INSURANCE DISCOUNT ON UTILITY SERVICE PENSION PLAN (b) SAVINGS PLAN	\$ - \$ -	920 926 926	PLIANCE OFFICER (RETIRED) PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1 2 3 4 5 6 7	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY TOTAL (3) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE (4) INCOME PROTECTION INSURANCE DISCOUNT ON UTILITY SERVICE PENSION PLAN (6)	\$ - \$ -	920 926 926 926	PLIANCE OFFICER (RETIRED) PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1 2 3 4 5 6 7 8	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY TOTAL (3) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE (4) INCOME PROTECTION INSURANCE DISCOUNT ON UTILITY SERVICE PENSION PLAN (b) SAVINGS PLAN	\$ - \$ - 100%	920 926 926 926 926 928	PLIANCE OFFICER (RETIRED) PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1 2 3 4 5 6 7 8	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY TOTAL (3) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE (4) INCOME PROTECTION INSURANCE DISCOUNT ON UTILITY SERVICE PENSION PLAN (6) SAVINGS PLAN STOCK PURCHASE PLAN (6)	\$ - \$ - 100%	920 926 926 926 926 926 928 921	PLIANCE OFFICER (RETIRED) PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1 2 3 4 5 6 7 8 9 10 11 12	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY TOTAL (3) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE (4) INCOME PROTECTION INSURANCE DISCOUNT ON UTILITY SERVICE PENSION PLAN (5) SAVINGS PLAN STOCK PURCHASE PLAN (6) PAID PARKING MEMBERSHIPS OTHER BENEFITS	\$ - \$ - \$ - 100%	920 926 926 926 926 926 928 921	PLIANCE OFFICER (RETIRED) PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1 2 3 4 5 6 7 8 9 10 11	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY TOTAL (3) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE (4) INCOME PROTECTION INSURANCE DISCOUNT ON UTILITY SERVICE PENSION PLAN (5) SAVINGS PLAN STOCK PURCHASE PLAN (6) PAID PARKING MEMBERSHIPS OTHER BENEFITS TOTAL OTHER COMPENSATION	\$ - \$ - 100%	920 926 926 926 926 926 928 921	PLIANCE OFFICER (RETIRED) PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1 2 3 4 5 6 7 8 9 10 11 12	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY TOTAL (3) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE (4) INCOME PROTECTION INSURANCE DISCOUNT ON UTILITY SERVICE PENSION PLAN (5) SAVINGS PLAN STOCK PURCHASE PLAN (6) PAID PARKING MEMBERSHIPS OTHER BENEFITS TOTAL OTHER COMPENSATION PERCENT ASSIGNED TO OREGON	\$ - \$ - \$ - 100%	920 926 926 926 926 928 921 921	PLIANCE OFFICER (RETIRED) PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1 2 3 4 5 6 7 8 9 10 11 12 13	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY TOTAL (3) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE (4) INCOME PROTECTION INSURANCE DISCOUNT ON UTILITY SERVICE PENSION PLAN (5) SAVINGS PLAN STOCK PURCHASE PLAN (6) PAID PARKING MEMBERSHIPS OTHER BENEFITS TOTAL OTHER COMPENSATION	\$ - \$ - \$ 100% - 122,335	920 926 926 926 926 928 921 921	PLIANCE OFFICER (RETIRED) PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1 2 3 4 5 6 7 8 9 10 11 12 13 14	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY TOTAL (3) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE (4) INCOME PROTECTION INSURANCE DISCOUNT ON UTILITY SERVICE PENSION PLAN (5) SAVINGS PLAN STOCK PURCHASE PLAN (6) PAID PARKING MEMBERSHIPS OTHER BENEFITS TOTAL OTHER COMPENSATION PERCENT ASSIGNED TO OREGON	\$ - \$ - \$ 100% - 122,335	920 926 926 926 926 928 921 921	PLIANCE OFFICER (RETIRED) PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.

CAME	BELL A. HENDERSON, VICE PRESIDENT, INFO	DRIMATION TECHNOL	OGY AND CH	IEF INFORMATION OFFICER (F	RETIREI Page 4
	DESCRIPTION OF COMPENSATION.	PAID BY COMPANY	ACCOUNT#	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
1a	ANNUAL SALARY	\$ -	184		
1b	ANNUAL SALARY	\$ -	926		1
1	ANNUAL SALARY TOTAL (3)	\$ -			
2	AMOUNT ASSIGNED TO OREGON	100%			
3	MEDICAL & DENTAL INSURANCE	2,985	926		
4	LIFE & DISABILITY INSURANCE (4)				
5	INCOME PROTECTION INSURANCE	,			
6	DISCOUNT ON UTILITY SERVICE PENSION PLAN (5)		000		
7 8	SAVINGS PLAN	-	926 926		
9	STOCK PURCHASE PLAN (8)	70,106	921		
10	PAID PARKING	70,100	921		
11	MEMBERSHIPS				•
12	OTHER BENEFITS				
13	TOTAL OTHER COMPENSATION	73,091]		
14	PERCENT ASSIGNED TO OREGON	100%			
15	DEFERRED COMP. IN SALARY (7)				i
16	BONUS EARNED IN PRIOR YEAR (8)				
		1			•
	the state of the s				
	S F. LOBDELL, SENIOR VICE PRESIDENT, FIN				
NO.	DESCRIPTION OF COMPENSATION	PAID BY COMPANY	ACCOUNT#	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO.	DESCRIPTION OF COMPENSATION ANNUAL SALARY	PAID BY COMPANY \$ 317,124	ACCOUNT # 920	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY	PAID BY COMPANY \$ 317,124 \$ 55,963	920 920	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1c	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY	PAID BY COMPANY \$ 317,124 \$ 55,963 \$ 86,606	ACCOUNT # 920	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1c 1	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY	PAID BY COMPANY \$ 317,124 \$ 55,963 \$ 86,606 \$ 459,694	920 920 920 920 926	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1c 1	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY TOTAL (3) AMOUNT ASSIGNED TO OREGON	PAID BY COMPANY \$ 317,124 \$ 55,963 \$ 86,606 \$ 459,694	920 920 920 926	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1c 1 2	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY TOTAL MOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE	PAID BY COMPANY \$ 317,124 \$ 55,963 \$ 86,606 \$ 459,694	920 920 920 920 926	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1c 1	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY TOTAL (3) AMOUNT ASSIGNED TO OREGON	PAID BY COMPANY \$ 317,124 \$ 55,963 \$ 86,606 \$ 459,694	920 920 920 926	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1c 1 2 3 4	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY TOTAL AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE (1)	PAID BY COMPANY \$ 317,124 \$ 55,963 \$ 86,606 \$ 459,694	920 920 920 926	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1c 1 2 3 4 5	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY TOTAL MOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE INCOME PROTECTION INSURANCE	PAID BY COMPANY \$ 317,124 \$ 55,963 \$ 86,606 \$ 459,694 100% 16,574	920 920 920 926 926	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1c 1 2 3 4 5 6 7 8	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY TOTAL AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE INCOME PROTECTION INSURANCE DISCOUNT ON UTILITY SERVICE PENSION PLAN SAVINGS PLAN	PAID BY COMPANY \$ 317,124 \$ 55,963 \$ 86,606 \$ 459,694 100% 16,574 17,688 16,500	920 920 920 926 926	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1c 1 2 3 4 5 6 7 8	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY TOTAL (3) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE (4) INCOME PROTECTION INSURANCE DISCOUNT ON UTILITY SERVICE PENSION PLAN (b) SAVINGS PLAN STOCK PURCHASE PLAN (6)	PAID BY COMPANY \$ 317,124 \$ 55,963 \$ 86,606 \$ 459,694 100% 18,574 17,668 16,500 553,414	920 920 920 926 926 926 926 926 921	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1c 1 2 3 4 5 6 7 8 9	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY ANOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE DISCOUNT ON UTILITY SERVICE PENSION PLAN (b) SAVINGS PLAN STOCK PURCHASE PLAN (b) PAID PARKING	PAID BY COMPANY \$ 317,124 \$ 55,963 \$ 86,606 \$ 459,694 100% 16,574 17,688 16,500	920 920 920 926 926	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1c 1 2 3 4 5 6 7 8 9 10 11	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY ANOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE INCOME PROTECTION INSURANCE DISCOUNT ON UTILITY SERVICE PENSION PLAN (b) SAVINGS PLAN STOCK PURCHASE PLAN (b) PAID PARKING MEMBERSHIPS	PAID BY COMPANY \$ 317,124 \$ 55,963 \$ 86,606 \$ 459,694 100% 18,574 17,668 16,500 553,414	920 920 920 926 926 926 926 926 921	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1c 1 2 3 4 5 6 7 8 9 10 11 12	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY TOTAL MOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE INCOME PROTECTION INSURANCE DISCOUNT ON UTILITY SERVICE PENSION PLAN (b) SAVINGS PLAN STOCK PURCHASE PLAN (b) PAID PARKING MEMBERSHIPS OTHER BENEFITS	PAID BY COMPANY \$ 317,124 \$ 55,963 \$ 86,606 \$ 459,694 100% 16,574 17,668 16,500 553,414 3,120	920 920 920 926 926 926 926 926 921	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1c 1 2 3 4 5 6 7 8 9 10 11 12 13	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY TOTAL AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE LIFE & DISABILITY INSURANCE INCOME PROTECTION INSURANCE DISCOUNT ON UTILITY SERVICE PENSION PLAN STOCK PURCHASE PLAN STOCK PURCHASE PLAN PAID PARKING MEMBERSHIPS OTHER BENEFITS TOTAL OTHER COMPENSATION	PAID BY COMPANY \$ 317,124 \$ 55,963 \$ 86,606 \$ 459,694 100% 16,574 17,688 16,500 553,414 3,120	920 920 926 926 926 926 926 921 921	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1c 1 2 3 4 5 6 7 8 9 10 11 12 13	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY ANOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE INCOME PROTECTION INSURANCE DISCOUNT ON UTILITY SERVICE PENSION PLAN (b) SAVINGS PLAN STOCK PURCHASE PLAN (b) PAID PARKING MEMBERSHIPS OTHER BENEFITS TOTAL OTHER COMPENSATION PERCENT ASSIGNED TO OREGON	PAID BY COMPANY \$ 317,124 \$ 55,963 \$ 86,606 \$ 459,694 100% 16,574 17,688 16,500 553,414 3,120 607,276	920 920 926 926 926 926 926 921 921	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1c 1 2 3 4 5 6 7 8 9 10 11 12 13 14	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY TOTAL AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE LIFE & DISABILITY INSURANCE INCOME PROTECTION INSURANCE DISCOUNT ON UTILITY SERVICE PENSION PLAN STOCK PURCHASE PLAN STOCK PURCHASE PLAN PAID PARKING MEMBERSHIPS OTHER BENEFITS TOTAL OTHER COMPENSATION	PAID BY COMPANY \$ 317,124 \$ 55,963 \$ 86,606 \$ 459,694 100% 16,574 17,688 16,500 553,414 3,120	920 920 926 926 926 926 926 921 921	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.

WILLI	AM O. NICHOLSON, VICE PRESIDENT, UTILITY	TECHNICAL SERVICE	ES		Page 5
				PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
1a	ANNUAL SALARY	258,578	588		
1b	ANNUAL SALARY	19,463	920		
1c	ANNUAL SALARY	62,005	926		
· 1	ANNUAL SALARY TOTAL (3)	\$ 340,046			
2	AMOUNT ASSIGNED TO OREGON	100%			
3	MEDICAL & DENTAL INSURANCE	16,574	926		
4	LIFE & DISABILITY INSURANCE (4)				
5	INCOME PROTECTION INSURANCE				
6	DISCOUNT ON UTILITY SERVICE				
7	PENSION PLAN (b)	17,668	926		
8	SAVINGS PLAN	16,500	926		
9	STOCK PURCHASE PLAN (8)	267,440	921		
10	PAID PARKING	3,120	921		
11	MEMBERSHIPS				
12	OTHER BENEFITS	204 202			
13	TOTAL OTHER COMPENSATION	321,302			1
14	PERCENT ASSIGNED TO OREGON	100%			
15	DEFERRED COMP. IN SALARY (7)	11,635			
16	BONUS EARNED IN PRIOR YEAR (8)				
		ł			1
_		L			
	S J. PIRO, PRESIDENT AND CHIEF EXECUTIVE				
	DESCRIPTION OF COMPENSATION		ACCOUNT#	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
				PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO.	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY	PAID BY COMPANY	ACCOUNT#	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO.	DESCRIPTION OF COMPENSATION ANNUAL SALARY	PAID BY COMPANY	ACCOUNT # 920	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY	PAID BY COMPANY \$ - \$ -	ACCOUNT # 920	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY TOTAL (3)	\$ - \$ -	ACCOUNT # 920	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY TOTAL (3) AMOUNT ASSIGNED TO OREGON	\$ - \$ - 100%	920 928	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1 2 3	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY TOTAL (3) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE	\$ - \$ - 100%	920 928	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1 2 3 4	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY TOTAL (3) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE (4) INCOME PROTECTION INSURANCE DISCOUNT ON UTILITY SERVICE	\$ - \$ - 100%	920 928	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1 2 3 4 5	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY TOTAL (3) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE (4) INCOME PROTECTION INSURANCE DISCOUNT ON UTILITY SERVICE PENSION PLAN (6)	\$ - \$ - 100%	920 928 926 926	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1 2 3 4 5 6 7 8	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY TOTAL (3) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE (4) INCOME PROTECTION INSURANCE DISCOUNT ON UTILITY SERVICE PENSION PLAN (b) SAVINGS PLAN	PAID BY COMPANY \$ - \$ - 100% -	920 928 926 926 926 926	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1 2 3 4 5 6 7 8 9	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY TOTAL (3) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE (4) INCOME PROTECTION INSURANCE DISCOUNT ON UTILITY SERVICE PENSION PLAN (b) SAVINGS PLAN STOCK PURCHASE PLAN (b)	\$ - \$ - 100%	926 926 926 926 927	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1 2 3 4 5 6 7 8 9	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY TOTAL (3) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE (4) INCOME PROTECTION INSURANCE DISCOUNT ON UTILITY SERVICE PENSION PLAN (b) SAVINGS PLAN STOCK PURCHASE PLAN (b) PAID PARKING	PAID BY COMPANY \$ - \$ - 100% -	920 928 926 926 926 926	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1 2 3 4 5 6 7 8 9 10 11	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY TOTAL (3) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE (4) INCOME PROTECTION INSURANCE DISCOUNT ON UTILITY SERVICE PENSION PLAN (b) SAVINGS PLAN STOCK PURCHASE PLAN (b) PAID PARKING MEMBERSHIPS	PAID BY COMPANY \$ - \$ - 100% -	926 926 926 926 927	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1 2 3 4 5 6 7 8 9 10 11 12	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY TOTAL (3) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE (4) INCOME PROTECTION INSURANCE DISCOUNT ON UTILITY SERVICE PENSION PLAN (b) SAVINGS PLAN STOCK PURCHASE PLAN (8) PAID PARKING MEMBERSHIPS OTHER BENEFITS	\$ - \$ - \$ - \$ - 557,464	926 926 926 926 927	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1 2 3 4 5 6 7 8 9 10 11 12 13	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY TOTAL (3) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE (4) INCOME PROTECTION INSURANCE DISCOUNT ON UTILITY SERVICE PENSION PLAN (5) SAVINGS PLAN STOCK PURCHASE PLAN (6) PAID PARKING MEMBERSHIPS OTHER BENEFITS TOTAL OTHER COMPENSATION	\$ - \$ - \$ 100% - 557,464	920 928 926 926 926 926 921 921	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1 2 3 4 5 6 7 8 9 10 11 12	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY TOTAL (3) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE (4) INCOME PROTECTION INSURANCE DISCOUNT ON UTILITY SERVICE PENSION PLAN (5) SAVINGS PLAN STOCK PURCHASE PLAN (6) PAID PARKING MEMBERSHIPS OTHER BENEFITS TOTAL OTHER COMPENSATION PERCENT ASSIGNED TO OREGON	\$ - \$ - \$ - \$ - 557,464	920 928 926 926 926 926 921 921	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1 2 3 4 5 6 7 8 9 10 11 12 13	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY TOTAL (3) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE (4) INCOME PROTECTION INSURANCE DISCOUNT ON UTILITY SERVICE PENSION PLAN (5) SAVINGS PLAN STOCK PURCHASE PLAN (6) PAID PARKING MEMBERSHIPS OTHER BENEFITS TOTAL OTHER COMPENSATION	\$ - \$ - \$ 100% - 557,464	920 928 926 926 926 926 921 921	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1 2 3 4 5 6 7 8 9 10 11 12 13 14	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY TOTAL (3) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE (4) INCOME PROTECTION INSURANCE DISCOUNT ON UTILITY SERVICE PENSION PLAN (5) SAVINGS PLAN STOCK PURCHASE PLAN (6) PAID PARKING MEMBERSHIPS OTHER BENEFITS TOTAL OTHER COMPENSATION PERCENT ASSIGNED TO OREGON	\$ - \$ - \$ 100% - 557,464	920 928 926 926 926 926 921 921	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.

	A M. POPE, PRESIDENT AND CEO				Page 6
NO.	DESCRIPTION OF COMPENSATION	PAID BY COMPANY	ACCOUNT#	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
1а	ANNUAL SALARY	585,798	920		
1b	ANNUAL SALARY	60,473	920	,	
1c	ANNUAL SALARY	127,482	926		
1	ANNUAL SALARY TOTAL (3)	\$ 773,752			1
2	AMOUNT ASSIGNED TO OREGON	100%			
3	MEDICAL & DENTAL INSURANCE	20,617	926		
4	LIFE & DISABILITY INSURANCE (4)			·	1
5	INCOME PROTECTION INSURANCE				
6	DISCOUNT ON UTILITY SERVICE PENSION PLAN (b)	47,000	000		
7 8	SAVINGS PLAN	17,668 16,500	926 926		
9	STOCK PURCHASE PLAN (6)	1,195,888	921		
10	PAID PARKING	3,120	921		į.
11	MEMBERSHIPS	,,,		'	
12	OTHER BENEFITS				
13	TOTAL OTHER COMPENSATION	1,253,793			
14	PERCENT ASSIGNED TO OREGON	100%			
15	DEFERRED COMP. IN SALARY (7)	· 71,849			Ì
16	BONUS EARNED IN PRIOR YEAR (8)				
	VID ROBERTSON, VICE PRESIDENT, PUBLIC I				
NO.	DESCRIPTION OF COMPENSATION	PAID BY COMPANY		PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO.	DESCRIPTION OF COMPENSATION ANNUAL SALARY	PAID BY COMPANY 259,009	920	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY	PAID BY COMPANY 259,009 2,755	920 426.5	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1c	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY	PAID BY COMPANY 259,009 2,755 13,777	920 426.5 426.4	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1c 1d	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY	PAID BY COMPANY 259,009 2,755 13,777 55,432	920 426,5 426,4 926	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1c 1d 1d	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY	PAID BY COMPANY 259,009 2,755 13,777 55,432 1,333	920 426.5 426.4	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1c 1d 1e 1	DESCRIPTION OF COMPENSATION ANNUAL SALARY	PAID BY COMPANY 259,009 2,755 13,777 55,432 1,333 \$ 332,306	920 426,5 426,4 926	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1c 1d 1d	DESCRIPTION OF COMPENSATION ANNUAL SALARY TOTAL AMOUNT ASSIGNED TO OREGON	PAID BY COMPANY 259,009 2,755 13,777 55,432 1,333 \$ 332,308	920 426.5 426.4 926 921	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1c 1d 1e 1	DESCRIPTION OF COMPENSATION ANNUAL SALARY	PAID BY COMPANY 259,009 2,755 13,777 55,432 1,333 \$ 332,306	920 426,5 426,4 926	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1c 1d 1e 1 2 3	DESCRIPTION OF COMPENSATION ANNUAL SALARY TOTAL MOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE INCOME PROTECTION INSURANCE	PAID BY COMPANY 259,009 2,755 13,777 55,432 1,333 \$ 332,308	920 426.5 426.4 926 921	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1c 1d 1e 1 2 3 4 5 6	DESCRIPTION OF COMPENSATION ANNUAL SALARY OF ANNUAL SALARY ANOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE INCOME PROTECTION INSURANCE DISCOUNT ON UTILITY SERVICE	PAID BY COMPANY 259,009 2,755 13,777 55,432 1,333 \$ 332,306 100% 20,617	920 426.5 426.4 926 921	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1c 1d 1e 1 2 3 4 5 6 7	DESCRIPTION OF COMPENSATION ANNUAL SALARY TOTAL AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE DISCOUNT ON UTILITY SERVICE PENSION PLAN (b)	PAID BY COMPANY 259,009 2,755 13,777 55,432 1,333 \$ 332,308 100% 20,617	920 426.5 426.4 926 921 926	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1c 1d 1e 1 2 3 4 5 6 7	DESCRIPTION OF COMPENSATION ANNUAL SALARY TOTAL AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE INCOME PROTECTION INSURANCE DISCOUNT ON UTILITY SERVICE PENSION PLAN (b) SAVINGS PLAN	PAID BY COMPANY 259,009 2,755 13,777 55,432 1,333 \$ 332,308 100% 20,617	920 426.5 426.4 926 921 926 926	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1c 1d 1e 1 2 3 4 5 6 7 8 9	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE INCOME PROTECTION INSURANCE DISCOUNT ON UTILITY SERVICE PENSION PLAN (b) SAVINGS PLAN STOCK PURCHASE PLAN (E)	PAID BY COMPANY 259,009 2,755 13,777 55,432 1,333 \$ 332,308 100% 20,617 17,668 18,500 234,763	920 426.5 426.4 926 921 926 926 926 921	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1c 1d 1e 1 2 3 4 5 6 7 8 9 10	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE INCOME PROTECTION INSURANCE DISCOUNT ON UTILITY SERVICE PENSION PLAN STOCK PURCHASE PLAN (E) PAID PARKING	PAID BY COMPANY 259,009 2,755 13,777 55,432 1,333 \$ 332,308 100% 20,617	920 426.5 426.4 926 921 926 926	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1c 1d 1e 1 2 3 4 5 6 7 8 9 10 11	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE INCOME PROTECTION INSURANCE DISCOUNT ON UTILITY SERVICE PENSION PLAN (b) SAVINGS PLAN STOCK PURCHASE PLAN (E) PAID PARKING MEMBERSHIPS	PAID BY COMPANY 259,009 2,755 13,777 55,432 1,333 \$ 332,308 100% 20,617 17,668 18,500 234,763	920 426.5 426.4 926 921 926 926 926 921	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1c 1d 1e 1 2 3 4 5 6 7 8 9 10	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE INCOME PROTECTION INSURANCE DISCOUNT ON UTILITY SERVICE PENSION PLAN STOCK PURCHASE PLAN (E) PAID PARKING	PAID BY COMPANY 259,009 2,755 13,777 55,432 1,333 \$ 332,308 100% 20,617 17,668 18,500 234,763	920 426.5 426.4 926 921 926 926 926 921	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1c 1d 1e 1 2 3 4 5 6 7 8 9 10 11 12	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE INCOME PROTECTION INSURANCE DISCOUNT ON UTILITY SERVICE PENSION PLAN SAVINGS PLAN STOCK PURCHASE PLAN (18) PAID PARKING MEMBERSHIPS OTHER BENEFITS	PAID BY COMPANY 259,009 2,755 13,777 55,432 1,333 \$ 332,308 100% 20,617 17,668 18,500 234,763 3,120	920 426.5 426.4 926 921 926 926 926 921	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1c 1d 1e 1 2 3 4 5 6 7 8 9 10 11 12 13	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE INCOME PROTECTION INSURANCE DISCOUNT ON UTILITY SERVICE PENSION PLAN SAVINGS PLAN STOCK PURCHASE PLAN (E) PAID PARKING MEMBERSHIPS OTHER BENEFITS TOTAL OTHER COMPENSATION	PAID BY COMPANY 259,009 2,755 13,777 55,432 1,333 \$ 332,306 100% 20,617 17,688 18,500 234,763 3,120 292,668 100%	920 426.5 426.4 926 921 926 926 926 921	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1c 1d 1e 1 2 3 4 5 6 7 8 9 10 11 12 13	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE LIFE & DISABILITY INSURANCE DISCOUNT ON UTILITY SERVICE PENSION PLAN STOCK PURCHASE PLAN STOCK PURCHASE PLAN PAID PARKING MEMBERSHIPS OTHER BENEFITS TOTAL OTHER COMPENSATION PERCENT ASSIGNED TO OREGON	PAID BY COMPANY 259,009 2,755 13,777 55,432 1,333 \$ 332,308 100% 20,617 17,668 18,500 234,763 3,120 292,668	920 426.5 426.4 926 921 926 926 926 921	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.

KRIST	IN A. STATHIS, VICE PRESIDENT, CUSTOMER	SOLUTI	омѕ			Page 7
NO.	DESCRIPTION OF COMPENSATION	PAID BY	COMPANY	ACCOUNT#	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
1a	ANNUAL SALARY ·	\$	217,579	903		
1b	ANNUAL SALARY	\$	68,554	926		
1	ANNUAL SALARY TOTAL (3)	\$	286,134			
2	AMOUNT ASSIGNED TO OREGON		100%			
3	MEDICAL & DENTAL INSURANCE		14,872	926		İ
4	LIFE & DISABILITY INSURANCE (4)					
5	INCOME PROTECTION INSURANCE	ŀ				
6	DISCOUNT ON UTILITY SERVICE					
7	PENSION PLAN (b)	1	17,668	926		
8	SAVINGS PLAN		15,570	926	•	
9	STOCK PURCHASE PLAN (8)		194,218	921		
10 11	PAID PARKING MEMBERSHIPS		3,120	921		
12	OTHER BENEFITS					
13	TOTAL OTHER COMPENSATION	<u> </u>	245,448			
14	PERCENT ASSIGNED TO OREGON		100%			
15	DEFERRED COMP. IN SALARY (7)		20,897			
			20,897			
16	BONUS EARNED IN PRIOR YEAR (8)					
IOHN	T. KOCHAVATR, VICE PRESIDENT, INFORMAT	ION TEC	HNOLOGY (MD CHIEF IN	EORMATION OFFICER	
	DESCRIPTION OF COMPENSATION				PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
	ANNUAL SALARY	\$	289,676	184		
1b	ANNUAL SALARY	\$	50,775	926		
1	ANNUAL SALARY TOTAL 197	\$	340,451			
2	AMOUNT ASSIGNED TO OREGON		100%			
3	MEDICAL & DENTAL INSURANCE		19,045	926		l ·
4	LIFE & DISABILITY INSURANCE (4)					
5	INCOME PROTECTION INSURANCE	l .				
6	DISCOUNT ON UTILITY SERVICE					
7	PENSION PLAN (6)		-	926		
8	'SAVINGS PLAN STOCK PURCHASE PLAN (b)		27,479	926 921		
9 10	PAID PARKING	i	244,591 3,120	921		
11	MEMBERSHIPS		3,120	921		
12	OTHER BENEFITS					
13	TOTAL OTHER COMPENSATION		294,235			
14	PERCENT ASSIGNED TO OREGON		100%			
		1	,,-	1		1
15.	DEFERRED COMP, IN SALARY (1)	l	26,054			
15. 16	DEFERRED COMP, IN SALARY (1) BONUS EARNED IN PRIOR YEAR (8)		26,054			

ANNE	F. MERSEREAU, VICE PRESIDENT, HUMAN R	ESOURCES, DIVERSI	TY & INCLUS	ION	Page 8
NO.	DESCRIPTION OF COMPENSATION	PAID BY COMPANY	ACCOUNT #	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
1a	ANNUAL SALARY	\$ 247,384	920		
1b	ANNUAL SALARY	\$ 39,635	926		
1	ANNUAL SALARY TOTAL (3)	\$ 287,019			
2	AMOUNT ASSIGNED TO OREGON	100%			
3	MEDICAL & DENTAL INSURANCE	21,129	926		
4	LIFE & DISABILITY INSURANCE (4)				
5	INCOME PROTECTION INSURANCE				į
6	DISCOUNT ON UTILITY SERVICE				
7	PENSION PLAN (b)				
8	SAVINGS PLAN	24,419	926	•	
9	STOCK PURCHASE PLAN (6)	189,020	921		
10	PAID PARKING	3,120	921		
11	MEMBERSHIPS				
12	OTHER BENEFITS	007.000]
13	TOTAL OTHER COMPENSATION	237,688]
14	PERCENT ASSIGNED TO OREGON	100%		·	
15	DEFERRED COMP. IN SALARY (*)	42,531			
16	BONUS EARNED IN PRIOR YEAR (*)				
22.45	I DLEY Y JENKINS, VICE PRESIDENT, UTILITY O	l DEDATIONS			
			ACCOUNT #	DAID BY AREILIATE CO	NAME OF AFEILIATED CO
NO.	DESCRIPTION OF COMPENSATION	PAID BY COMPANY		PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO.	DESCRIPTION OF COMPENSATION ANNUAL SALARY	PAID BY COMPANY 239,913	557	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY	PAID BY COMPANY 239,913 47,695	557 926	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1c	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY	PAID BY COMPANY 239,913 47,695 34,273	557	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1c 1	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY TOTAL (8)	PAID BY COMPANY 239,913 47,695 34,273 \$ 321,881	557 926	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1c 1	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY TOTAL (3) AMOUNT ASSIGNED TO OREGON	PAID BY COMPANY 239,913 47,695 34,273 \$ 321,881	557 926	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1c 1 2	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY TOTAL AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE	PAID BY COMPANY 239,913 47,695 34,273 \$ 321,881	557 926	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1c 1 2 3 4	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY TOTAL (3) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE (4)	PAID BY COMPANY 239,913 47,695 34,273 \$ 321,881	557 926	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1c 1 2	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY TOTAL AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE	PAID BY COMPANY 239,913 47,695 34,273 \$ 321,881	557 926	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1c 1 2 3 4 5	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY TOTAL (3) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE INCOME PROTECTION INSURANCE	PAID BY COMPANY 239,913 47,695 34,273 \$ 321,881	557 926	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1c 1 2 3 4 5	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY TOTAL (3) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE INCOME PROTECTION INSURANCE DISCOUNT ON UTILITY SERVICE	PAID BY COMPANY 239,913 47,695 34,273 \$ 321,881	557 926 920	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1c 1 2 3 4 5 6 7	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY TOTAL (3) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE (17) INCOME PROTECTION INSURANCE DISCOUNT ON UTILITY SERVICE PENSION PLAN (b)	PAID BY COMPANY 239,913 47,695 34,273 \$ 321,881 100% 20,617	557 926 920 	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1c 1 2 3 4 5 6 7	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY TOTAL ANOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE INCOME PROTECTION INSURANCE DISCOUNT ON UTILITY SERVICE PENSION PLAN SAVINGS PLAN	PAID BY COMPANY 239,913 47,695 34,273 \$ 321,881 100% 20,617	926 920 926	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1c 1 2 3 4 5 6 7	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY TOTAL ANOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE INCOME PROTECTION INSURANCE DISCOUNT ON UTILITY SERVICE PENSION PLAN SAVINGS PLAN STOCK PURCHASE PLAN STOCK PURCHASE PLAN SAVINGS PLAN	\$ 321,881 100% 20,617	926 926 920 	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1c 1 2 3 4 5 8 7 8 9	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY TOTAL ANOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE INCOME PROTECTION INSURANCE DISCOUNT ON UTILITY SERVICE PENSION PLAN SAVINGS PLAN STOCK PURCHASE PLAN MEMBERSHIPS OTHER BENEFITS	\$ 321,881 100% 20,617 27,500 215,287 3,120	926 926 920 	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1c 1 2 3 4 5 6 7 8 9	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY TOTAL (3) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE DISCOUNT ON UTILITY SERVICE PENSION PLAN (5) SAVINGS PLAN STOCK PURCHASE PLAN (6) PAID PARKING MEMBERSHIPS	\$ 321,881 20,617 \$ 27,500 215,287 3,120	926 926 920 	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1c 1 2 3 4 5 8 7 8 9 10 11	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY TOTAL ANOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE INCOME PROTECTION INSURANCE DISCOUNT ON UTILITY SERVICE PENSION PLAN SAVINGS PLAN STOCK PURCHASE PLAN MEMBERSHIPS OTHER BENEFITS	\$ 321,881 100% 20,617 27,500 215,287 3,120	926 926 920 	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1c 1 2 3 4 5 8 7 8 9 10 11 12 13	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY TOTAL (3) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE INCOME PROTECTION INSURANCE DISCOUNT ON UTILITY SERVICE PENSION PLAN (b) SAVINGS PLAN STOCK PURCHASE PLAN (8) PAID PARKING MEMBERSHIPS OTHER BENEFITS TOTAL OTHER COMPENSATION PERCENT ASSIGNED TO OREGON DEFERRED COMP. IN SALARY (1)	\$ 321,881 20,617 \$ 27,500 215,287 3,120	926 926 920 	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1c 1 2 3 4 5 8 9 10 11 12 13	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY OF COMPENSATION MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE LIFE & DISABILITY INSURANCE DISCOUNT ON UTILITY SERVICE PENSION PLAN STOCK PURCHASE PLAN STOCK PURCHASE PLAN PAID PARKING MEMBERSHIPS OTHER BENEFITS TOTAL OTHER COMPENSATION PERCENT ASSIGNED TO OREGON	\$ 321,881 20,617 \$ 27,500 215,287 3,120	926 926 920 	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.

Page 9

Notes to 2018 Budget of Expenditures Page 1

- (1) PGE also provides steam to four customers via Coyote Springs 1 through a series of contracts.
- (2) The directors shall hold office until the next annual meeting of shareholders, and until their successors shall have been elected and qualified, until earlier death, resignation or removal or until there is a decrease in the number of directors. Directors need not be residents of the State of Oregon or shareholders of the corporation, except as otherwise required by the Board of Directors.

Notes to Pages 2 through 8

- (3) Annual salary assumes current salary plus 3.167% escalation.
- (4) Life & Disability Insurance compensation are not included in the amount on Line 3, Medical & Dental Insurance. This is Medical, Dental, and Vision.
- (5) Pension expense includes only current period service costs earned by employees.
- (6) Stock Purchase Plan consists of performance stock grants estimated to vest in 2019.
- (7) Deferred compensation amounts into Non-Qualified Benefit Plans are based on elections made by each officer.
- (8) Actual bonus amounts paid to officers will be reported in the SEC proxy statement.
- (9) Officer retirements effective dates: Jim Piro (12/31/2017); Cam Henderson (01/02/2018); Carol Dillin resigned effective 9/12/2018.

General

A portion of the amount charged to Accounts 920, 921, and 926 is allocated to PGE's partners in the Trojan, Boardman, and Pelton-Round Butte plants, Coyote Springs Common Facilities and to Construction Work-In-Progress (Account 107) through PGE's administrative allocation process.

DONATIONS AND MEMBERSHIPS

age 10

INSTRUCTIONS: LIST ALL DONATIONS AND MEMBERSHIP EXPENDITURES PROPOSED TO BE MADE BY THE UTILITY DURING THE COMING YEAR AND THE ACCOUNTS TO BE CHARGED. GIVE THE NAME OF EACH ORGANIZATION TO WHOM A PAYMENT IS TO BE MADE EXCEPT THAT ITEMS LESS THAN \$1000 MAY BE CONSOLIDATED BY CATEGORY STATING THE NUMBER OF ORGANIZATIONS INCLUDED, GROUP EXPENDITURES UNDER HEADINGS SUCH AS:

- 1. CONTRIBUTIONS TO AND MEMBERSHIPS IN CHARITABLE ORGANIZATIONS.
- 2. ORGANIZATIONS OF THE UTILITY INDUSTRY
- 3. TECHNICAL AND PROFESSIONAL ORGANIZATIONS
- 4. COMMERCIAL AND TRADE ORGANIZATIONS
- 5, ALL OTHER ORGANIZATIONS AND KINDS OF DONATIONS AND CONTRIBUTIONS

		ACCOUNT		AMOUNT ASSIGNED TO
NAME OF ORGANIZATION	CITY, STATE	NUMBER:	TOTAL AMOUNT	OREGON
Contributions Employee Giving Campalgn Employee Volunteer Grants Strategic Contributions Tickets for Non-Profit Fundralsers		426.1 426.1 426.1 426.1	960,000 122,000 315,199 77,000	100% 100% 100% 100%
			\$ 1,474,199	
Memberships Corporate Utility Memberships Individual Utility Memberships Civic, Community, and Nonutility Memberships Federal Lobbying Memberships		930,2 921.0 426.5 426.4	74,750 294,793	100% 100% 100% 100%
·		·		
	,			

EXPENDITURES FOR PENSIONS OR A TRUST TO PROVIDE PENSIONS

INSTRUCTIONS: LIST ALL PROPOSED PAYMENTS TO PERSONS OR TO TRUSTS TO PROVIDE PENSIONS FOR EMPLOYEES AND OFFICERS. SHOW ALL ADMINISTRATIVE AND ACTUARIAL COSTS FOR FORMAL PENSION PLAN. GIVE A BRIEF DESCRIPTION OF THE PLAN AND SHOW CHARGES FOR CURRENT SERVICES COSTS, PAST SERVICE COSTS, AND FUTURE SERVICE COSTS. REPORT WHOLE DOLLARS ONLY.

REPORT WHOLE DOLLARS ONLY.	•		
	ACCOUNT		AMOUNT ASSIGNED TO
PENSION FUND PAYMENTS MADE TO	NUMBER	TOTAL AMOUNT	OREGON
Defined Benefit Pension Plan PGE sponsors a non-contributory defined benefit pension plan, of which substantially all members are current or former PGE employees. The assets of the pension plan are held in a trust. Pension plan calculations include several assumptions which are reviewed annually with PGE's consulting actuaries and updated as appropriate. The projected Net Periodic Pension Cost for 2019 is \$18,906,144 consisting of the following components:			
Service Cost Interest Cost Expected Return on Assets Amortization of Prior Service Cost Amortization of Net Loss (Gain)	926X 926X 926X 926X 926X	16,421,664 33,523,049 (41,072,632) 10,034,063 \$ 18,906,144	100% 100%
401(k) Retirement Savings Plan PGE also sponsors a 401(k) plan. Contributions to the plan by eligible employees, made on a "pre-tax" or Roth basis, are matched by the company up to a specified maximum percentage (5% or 6%) of the participating employee's base salary.	926X	\$ 23,821,296	
In addition to the company match, employees who are not eligible to participate in the company pension plan plus a small union population who are eligible, receive an additional contribution based on the percentage (1%, 5% or 6%) of their base pay. Total PGE cash contributions of \$23.8 million are expected to be made to the PGE Company 401(k) Plan in 2019.	9207	\$ 23,821,296	
A portion of the amount charged to PGE's Pension Benefit and 401(k) Retirement Savings Plans is allocated to PGE's partners in the Trojan, Boardman, and Pelton-Round Butte plants, Coyote Springs Common Facilities, KB Pipeline, and to Construction Work-In-Progress (Account 107) through PGE's administrative allocation process.			
		-	
		,	

EXPENDITURES AND MAJOR CONTRACTS FOR THE PURCHASE OR SALE OF EQUIPMENT

INSTRUCTIONS: LIST ALL PROPOSED EXPENDITURES AND MAJOR CONTRACTS FOR THE PURCHASE OR SALE OF EQUIPMENT. GIVE THE NAME AND ADDRESS OF THE PERSON OR ORGANIZATION WITH WHOM IT IS PROPOSED TO HAVE SUCH DEALINGS AND THE ACCOUNT OR ACCOUNTS CHARGED. DESCRIBE FULLY THE EQUIPMENT TO BE PURCHASED OR SOLD. DO NOT REPORT ESTIMATES OF ROUTINE CONSTRUCTION PROJECT. LIMIT THE REPORT TO MAJOR CONTRACTS AND EXPENDITURES. REPORT WHOLE DOLLARS ONLY.

NAME AND ADDRESS OF PERSON OR ORGANIZATION, DESCRIPTION OF EQUIPMENT	ACCOUNT NUMBER	TOTAL AMOUNT	AMOUNT ASSIGNED TO OREGON
Information regarding the purchase or sale of equipment will be provided pursuant to OAR 860- 027-0015 & OAR 860-027-0025 as applicable.			
<i>:</i>			
•			

Page 14

EXPENDITURES TO ANY PERSON OR ORGANIZATION HAVING AN AFFILIATED INTEREST FOR SERVICES, ETC. Page INSTRUCTIONS: REPORT ALL PROPOSED EXPENDITURES TO ANY PERSON OR ORGANIZATION HAVING AN AFFILIATED INTEREST FOR SERVICE, ADVICE, AUDITING, ASSOCIATING, SPONSORING, ENGINEERING, MANAGING, OPERATING, FINANCIAL, LEGAL OR OTHER SERVICES. SEE OREGON REVISED STATUTES 757.015 AND 759.010 FOR DEFINITION OF "AFFILIATED INTEREST." GIVE REFERENCE IF SUCH PROPOSED EXPENDITURES HAVE IN THE PAST BEEN APPROVED BY THE COMMISSION. DESCRIBE THE SERVICES TO BE RECEIVED AND THE ACCOUNT OR ACCOUNTS TO BE CHARGED. REPORT WHOLE DOLLARS ONLY.

NAME AND ADDRESS OF PERSON OR ORGANIZATION, DESCRIPTION OF SERVICES	ACCOUNT NUMBER	TOTAL AMOUNT	AMOUNT ASSIGNED TO OREGON
Rent: 121 SW Salmon St Corporation 121 SW Salmon St Portland, OR PGE does not specifically budget to one account for floorspace rent from SWS01		9,562,608	
Catering: Salmon Spring Hospitality Group 121 SW Salmon St Portland, OR PGE does not specifically budget for intra-company catering, however 2018 actuals approximate \$718k	9210900		
	,		
		-	
·			

	,			
P	a	gε	,	14

CERTIFICATION	Page 15
THE FOREGOING REPORT MUST BE CERTIFIED BY AN OFFICER OF THE REPORTING COMPANY.	

WE CERTIFY THAT THIS BUDGET OF EXPENDITURES REPORT HAS BEEN PREPARED UNDER OUR DIRECTION; THAT WE HAVE CAREFULLY EXAMINED THE REPORT AND DECLARE IT TO BE A COMPLETE AND CORRECT ESTIMATE OF COMPANY EXPENDITURES FOR THE COMING YEAR, TO THE BEST OF OUR KNOWLEDGE, INFORMATION AND BELIEF.

SIGNATURE OF OFFICER	3-27-19
NAME OF OFFICER	DATE
JAMES F. LUBBELL	