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? Yes, report docket number: RE-19 (6)
Report is required by: 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 2018 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 30, 2018

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 – 2018 Budget of Expenditures Report 19(6)

Enclosed for filing is Portland General Electric Company's Budget of Expenditures Report for the 2018 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

SB:np

Enclosure

cc: Darrington Outama, PGE

BUDGET OF EXPENDITURES REPORT FOR THE YEAR

2018

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	IN 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 E	BY THE UTILITY IN EACH	H STATE IN WHICH THE UT	TILITY OPERA	ATES

Electric - Oregon (1)

NAME OF DIRECTOR	CITY AND STATE OF RESIDENCE	LENGTH OF TERM	TERM EXPIRES
John W. Ballantine	Palm Beach, FL	(2)	(2)
Rodney L. Brown, Jr.	Seattle, WA	(2)	(2)
Jack E. Davis	Scottsdale, AZ	(2)	(2)
David A. Dietzler	Lake Oswego, OR	(2)	(2)
Kirby A. Dyess	Beaverton, OR	(2)	(2)
Mark B. Ganz	Portland, OR	(2)	(2)
Kathryn J. Jackson	Pittsburgh, PA	(2)	(2)
Neil J. Nelson	Keizer, OR	(2)	(2)
M. Lee Pelton	Boston, MA	(2)	(2)
Maria M. Pope	Portland, OR	(2)	(2)
Charles W. Shivery	Longboat, FL	(2)	(2)

See note explanations on 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 2.6% escalation effective mid-March 2018.
- (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 2018.
- (7) Deferred compensation amounts are based on elections made by each officer and include a 3% company match.
- (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 (12/31/2017); Arleen Barnett (1/1/2016); Stephen Quennoz (10/1/2015)

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.

INSTRUCTIONS: COMPLETE THE INFORMATION REQUESTED FOR EACH ACTIVE AND RETIRED 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.

LISA	LISA A. KANER, VICE PRESIDENT, GENERAL COUNSEL AND CORPORATE COMPLIANCE OFFICER					
	DESCRIPTION OF COMPENSATION			PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.	
1a	ANNUAL SALARY	\$ 317,035	920			
1b	ANNUAL SALARY	\$ 62,684	926			
1	ANNUAL SALARY TOTAL (3)	\$ 379,719				
2	AMOUNT ASSIGNED TO OREGON	100%				
3	MEDICAL & DENTAL INSURANCE	16,880	926			
4	LIFE & DISABILITY INSURANCE (4)					
5 6	INCOME PROTECTION INSURANCE DISCOUNT ON UTILITY SERVICE					
7	PENSION PLAN (5)	18,762	926			
, 8	PENSION PLAN (5) SAVINGS PLAN STOCK PURCHASE PLAN (6)	15,900	926 926			
9	STOCK PURCHASE PLAN (6)	232,517	921			
10	PAID PARKING	3,000	921			
11	MEMBEDOLUDO	0,000	021			
12	OTHER BENEFITS					
13	TOTAL OTHER COMPENSATION	287,059]			
14	PERCENT ASSIGNED TO OREGON	100%				
15	DEFERRED COMP. IN SALARY (7)	_				
16	BONUS EARNED IN PRIOR YEAR (8)					
	Y BEKKEDAHL, VICE PRESIDENT, TRANSMISS					
NO.	DESCRIPTION OF COMPENSATION	PAID BY COMPANY	ACCOUNT #	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.	
NO .	DESCRIPTION OF COMPENSATION ANNUAL SALARY (3)	PAID BY COMPANY 43,487	ACCOUNT # 926	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.	
NO. 1a 1b	DESCRIPTION OF COMPENSATION ANNUAL SALARY (3) ANNUAL SALARY (3)	PAID BY COMPANY 43,487 \$ 263,058	ACCOUNT #	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.	
NO .	DESCRIPTION OF COMPENSATION ANNUAL SALARY (3) ANNUAL SALARY (3) ANNUAL SALARY TOTAL (3)	PAID BY COMPANY 43,487	ACCOUNT # 926	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.	
1a 1b 1 2	DESCRIPTION OF COMPENSATION ANNUAL SALARY (3) ANNUAL SALARY TOTAL (3) AMOUNT ASSIGNED TO OREGON	\$ 263,058 \$ 306,545 \$ 100%	926 588	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.	
NO. 1a 1b 1 2 3	ANNUAL SALARY (3) ANNUAL SALARY (3) ANNUAL SALARY TOTAL (3) ANNUAL SALARY TOTAL (3) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE	PAID BY COMPANY 43,487 \$ 263,058 \$ 306,545	ACCOUNT # 926	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.	
NO. 1a 1b 1 2 3 4	ANNUAL SALARY (3) ANNUAL SALARY (3) ANNUAL SALARY TOTAL (3) ANNUAL SALARY TOTAL (3) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE	\$ 263,058 \$ 306,545 \$ 100%	926 588	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.	
NO. 1a 1b 1 2 3 4 5	ANNUAL SALARY (3) ANNUAL SALARY (3) ANNUAL SALARY TOTAL (3) ANNUAL SALARY TOTAL (3) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE	\$ 263,058 \$ 306,545 \$ 100%	926 588	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.	
NO. 1a 1b 1 2 3 4 5 6	ANNUAL SALARY (3) ANNUAL SALARY (3) ANNUAL SALARY TOTAL (3) ANNUAL SALARY TOTAL (3) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE	\$ 263,058 \$ 306,545 \$ 13,347	926 588 926	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.	
NO. 1a 1b 1 2 3 4 5 6 7	ANNUAL SALARY (3) ANNUAL SALARY (3) ANNUAL SALARY TOTAL (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)	\$ 263,058 \$ 306,545 \$ 13,347	926 588 926 926	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.	
NO. 1a 1b 1 2 3 4 5 6 7	ANNUAL SALARY (3) ANNUAL SALARY (3) ANNUAL SALARY TOTAL (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)	\$ 263,058 \$ 306,545 \$ 13,347 \$ 18,762 30,655	926 588 926 926 926 926	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.	
NO. 1a 1b 1 2 3 4 5 6 7 8 9	ANNUAL SALARY (3) ANNUAL SALARY (3) ANNUAL SALARY TOTAL (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)	\$ 263,058 \$ 306,545 \$ 13,347 \$ 18,762 30,655 220,500	926 588 926 926 926 926 921	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.	
NO. 1a 1b 1 2 3 4 5 6 7	ANNUAL SALARY (3) ANNUAL SALARY (3) ANNUAL SALARY TOTAL (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)	\$ 263,058 \$ 306,545 \$ 13,347 \$ 18,762 30,655	926 588 926 926 926 926	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.	
NO. 1a 1b 1 2 3 4 5 6 7 8 9 10	ANNUAL SALARY (3) ANNUAL SALARY (3) ANNUAL SALARY TOTAL (3) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE INCOME PROTECTION INSURANCE DISCOUNT ON UTILITY SERVICE PENSION PLAN (5) SAVINGS PLAN STOCK PURCHASE PLAN (6) PAID PARKING	\$ 263,058 \$ 306,545 \$ 13,347 \$ 18,762 30,655 220,500	926 588 926 926 926 926 921	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.	
NO. 1a 1b 1 2 3 4 5 6 7 8 9 10 11	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	\$ 263,058 \$ 306,545 \$ 13,347 \$ 18,762 30,655 220,500	926 588 926 926 926 926 921	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.	
NO. 1a 1b 1 2 3 4 5 6 7 8 9 10 11 12	ANNUAL SALARY (3) ANNUAL SALARY (3) ANNUAL SALARY TOTAL (3) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE INCOME PROTECTION INSURANCE DISCOUNT ON UTILITY SERVICE PENSION PLAN (5) SAVINGS PLAN STOCK PURCHASE PLAN (6) PAID PARKING MEMBERSHIPS OTHER BENEFITS	\$ 263,058 \$ 306,545 \$ 100% 13,347 \$ 18,762 30,655 220,500 3,000	926 588 926 926 926 926 921	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.	
NO. 1a 1b 1 2 3 4 5 6 7 8 9 10 11 12 13	ANNUAL SALARY (3) ANNUAL SALARY (3) ANNUAL SALARY TOTAL (3) ANNUAL SALARY TOTAL (3) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE INCOME PROTECTION INSURANCE DISCOUNT ON UTILITY SERVICE PENSION PLAN (5) SAVINGS PLAN STOCK PURCHASE PLAN (6) PAID PARKING MEMBERSHIPS OTHER BENEFITS TOTAL OTHER COMPENSATION	\$ 263,058 \$ 306,545 \$ 100% \$ 13,347 \$ 18,762 \$ 30,655 \$ 220,500 \$ 3,000	926 588 926 926 926 926 921	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	ANNUAL SALARY (3) ANNUAL SALARY (3) ANNUAL SALARY TOTAL (3) ANNUAL SALARY TOTAL (3) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE 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	\$ 263,058 \$ 306,545 \$ 100% \$ 13,347 \$ 18,762 \$ 30,655 \$ 220,500 \$ 3,000	926 588 926 926 926 926 921	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.	

	DESCRIPTION OF COMPENSATION			PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
1a	ANNUAL SALARY	\$ 188,877	903		
1b	ANNUAL SALARY	\$ 62,959	920		
1c	ANNUAL SALARY	\$ 54,709	926		
1	ANNUAL SALARY TOTAL (3)	\$ 306,545			
2	AMOUNT ASSIGNED TO OREGON	100%			
3	MEDICAL & DENTAL INSURANCE	13,347	926		
4	LIFE & DISABILITY INSURANCE (4)				
5	INCOME PROTECTION INSURANCE				
6	DISCOUNT ON UTILITY SERVICE				
7	PENSION PLAN (5)	18,762	926		
8	SAVINGS PLAN	15,900	926		
9	STOCK PURCHASE PLAN (6)	222,033	921		
10	置 PAID PARKING	3,000	921		
11	₩ MEMBERSHIPS				
12	The other benefits				
13	TOTAL OTHER COMPENSATION	273,043			
14	PERCENT ASSIGNED TO OREGON	100%			
15	DEFERRED COMP. IN SALARY (7)	102,386			
16	BONUS EARNED IN PRIOR YEAR ⁽⁸⁾				
	FREY DUDLEY, VICE PRESIDENT, GENERAL C				INAME OF AFERIATED OO
	DESCRIPTION OF COMPENSATION	PAID BY COMPANY		LIANCE OFFICER PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a	DESCRIPTION OF COMPENSATION ANNUAL SALARY		920		NAME OF AFFILIATED CO.
NO.	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY	PAID BY COMPANY	ACCOUNT #		NAME OF AFFILIATED CO.
NO. 1a	DESCRIPTION OF COMPENSATION ANNUAL SALARY	\$ - \$ -	920		NAME OF AFFILIATED CO.
NO. 1a 1b 1 2	ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY TOTAL (3) AMOUNT ASSIGNED TO OREGON	\$ - \$ -	920 926		NAME OF AFFILIATED CO.
1a 1b 1	ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY TOTAL (3) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE	\$ - \$ -	920		NAME OF AFFILIATED CO.
NO. 1a 1b 1 2	ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY TOTAL (3) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE	\$ - \$ -	920 926		NAME OF AFFILIATED CO.
NO. 1a 1b 1 2 3 4 5	ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY TOTAL (3) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE (4) INCOME PROTECTION INSURANCE	\$ - \$ -	920 926		NAME OF AFFILIATED CO.
NO. 1a 1b 1 2 3 4 5 6	ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY ANOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE INCOME PROTECTION INSURANCE DISCOUNT ON UTILITY SERVICE	\$ - \$ -	920 926		NAME OF AFFILIATED CO.
NO. 1a 1b 1 2 3 4 5 6 7	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 (5)	\$ - \$ -	920 926 926		NAME OF AFFILIATED CO.
NO. 1a 1b 1 2 3 4 5 6 7 8	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 SAVINGS PLAN	\$ - \$ - 100%	920 926 926 926 926 926		NAME OF AFFILIATED CO.
NO. 1a 1b 1 2 3 4 5 6 7 8 9	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 SAVINGS PLAN STOCK PURCHASE PLAN STOCK PURCHASE PLAN SOUNT ON TOWN TOWN TOWN TOWN TOWN TOWN TOWN	\$ - \$ -	920 926 926 926 926 926 921		NAME OF AFFILIATED CO.
NO. 1a 1b 1 2 3 4 5 6 7 8 9 10	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 SAVINGS PLAN STOCK PURCHASE PLAN PAID PARKING	\$ - \$ - 100%	920 926 926 926 926 926		NAME OF AFFILIATED CO.
NO. 1a 1b 1 2 3 4 5 6 7 8 9 10 11	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 SAVINGS PLAN STOCK PURCHASE PLAN HER BELLE	\$ - \$ - 100%	920 926 926 926 926 926 921		NAME OF AFFILIATED CO.
NO. 1a 1b 1 2 3 4 5 6 7 8 9 10 11 12	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 SAVINGS PLAN STOCK PURCHASE PLAN (6) PAID PARKING MEMBERSHIPS OTHER BENEFITS	PAID BY COMPANY	920 926 926 926 926 926 921		NAME OF AFFILIATED CO.
NO. 1a 1b 1 2 3 4 5 6 7 8 9 10 11 12 13	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	PAID BY COMPANY	920 926 926 926 926 926 921		NAME OF AFFILIATED CO.
NO. 1a 1b 1 2 3 4 5 6 7 8 9 10 11 12 13 14	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 SAVINGS PLAN STOCK PURCHASE PLAN (6) PAID PARKING MEMBERSHIPS OTHER BENEFITS TOTAL OTHER COMPENSATION PERCENT ASSIGNED TO OREGON	PAID BY COMPANY	920 926 926 926 926 926 921		NAME OF AFFILIATED CO.
NO. 1a 1b 1 2 3 4 5 6 7 8 9 10 11 12 13	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 (5) SAVINGS PLAN STOCK PURCHASE PLAN (6) PAID PARKING MEMBERSHIPS OTHER BENEFITS TOTAL OTHER COMPENSATION PERCENT ASSIGNED TO OREGON DEFERRED COMP. IN SALARY (7)	PAID BY COMPANY	920 926 926 926 926 926 921		NAME OF AFFILIATED CO.
NO. 1a 1b 1 2 3 4 5 6 7 8 9 10 11 12 13 14	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 SAVINGS PLAN STOCK PURCHASE PLAN (6) PAID PARKING MEMBERSHIPS OTHER BENEFITS TOTAL OTHER COMPENSATION PERCENT ASSIGNED TO OREGON	PAID BY COMPANY	920 926 926 926 926 926 921		NAME OF AFFILIATED CO.

CAMP	BELL A. HENDERSON, VICE PRESIDENT, INFO	RMATION TECHNOLO	OGY AND CHIE	EF INFORMATION OFFICER	Page 4
	DESCRIPTION OF COMPENSATION				NAME OF AFFILIATED CO.
1a	ANNUAL SALARY	\$ -	184		
1b	ANNUAL SALARY	\$ -	926		
1	ANNUAL SALARY TOTAL (3)	\$ -			
2	AMOUNT ASSIGNED TO OREGON	100%			
3	MEDICAL & DENTAL INSURANCE	-	926		
4	E LIFE & DISABILITY INSURANCE (4)				
5	INCOME PROTECTION INSURANCE				
6	DISCOUNT ON UTILITY SERVICE				
7	PENSION PLAN (5)	-	926		
8	SAVINGS PLAN	-	926		
9	STOCK PURCHASE PLAN (6)	137,505	921		
10	LIFE & DISABILITY INSURANCE (4) INCOME PROTECTION INSURANCE DISCOUNT ON UTILITY SERVICE PENSION PLAN (5) SAVINGS PLAN STOCK PURCHASE PLAN (6) PAID PARKING MEMBERSHIPS	-	921		
11 12	関 MEMBERSHIPS OTHER BENEFITS				
13	TOTAL OTHER COMPENSATION	137,505			
14	PERCENT ASSIGNED TO OREGON	100%			
15	DEFERRED COMP. IN SALARY (7)	-			
16	 BONUS EARNED IN PRIOR YEAR ⁽⁸⁾				
10	BONGO EMINED IN TRION TEMIN				
JAME	<u>l</u> s f. lobdell, senior vice president, fin <i>a</i>	I ANCE, CFO AND TREA	SURER		
	I S F. LOBDELL, SENIOR VICE PRESIDENT, FINA DESCRIPTION OF COMPENSATION			PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO .	DESCRIPTION OF COMPENSATION ANNUAL SALARY	PAID BY COMPANY \$ 304,593	ACCOUNT # 920	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY	PAID BY COMPANY \$ 304,593 \$ 53,752	920 920	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO .	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY	PAID BY COMPANY \$ 304,593	ACCOUNT # 920	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY TOTAL (3)	PAID BY COMPANY \$ 304,593 \$ 53,752	920 920	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1c 1	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY TOTAL (3) AMOUNT ASSIGNED TO OREGON	\$ 304,593 \$ 53,752 \$ 85,615 \$ 443,960	920 920 926	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1c 1 2 3	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY TOTAL (3) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE	\$ 304,593 \$ 53,752 \$ 85,615 \$ 443,960	920 920	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1c 1 2 3	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY TOTAL (3) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE	\$ 304,593 \$ 53,752 \$ 85,615 \$ 443,960	920 920 926	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1c 1 2 3	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY TOTAL (3) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE	\$ 304,593 \$ 53,752 \$ 85,615 \$ 443,960	920 920 926	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1c 1 2 3	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY TOTAL (3) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE	\$ 304,593 \$ 53,752 \$ 85,615 \$ 443,960 100%	920 920 926 926	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1c 1 2 3	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY TOTAL (3) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE	\$ 304,593 \$ 53,752 \$ 85,615 \$ 443,960 100% 13,347	920 920 920 926 926	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1c 1 2 3	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY TOTAL (3) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE	\$ 304,593 \$ 53,752 \$ 85,615 \$ 443,960 100% 13,347	920 920 926 926 926 926	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1c 1 2 3	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY TOTAL (3) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE	\$ 304,593 \$ 53,752 \$ 85,615 \$ 443,960 100% 13,347 18,762 15,900 534,381	920 920 926 926 926 926 926 921	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1c 1 2 3	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY TOTAL (3) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE	\$ 304,593 \$ 53,752 \$ 85,615 \$ 443,960 100% 13,347	920 920 926 926 926 926	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 AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE INCOME PROTECTION INSURANCE DISCOUNT ON UTILITY SERVICE PENSION PLAN SAVINGS PLAN STOCK PURCHASE PLAN MEMBERSHIPS	\$ 304,593 \$ 53,752 \$ 85,615 \$ 443,960 100% 13,347 18,762 15,900 534,381	920 920 926 926 926 926 926 921	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1c 1 2 3	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY TOTAL (3) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE	\$ 304,593 \$ 53,752 \$ 85,615 \$ 443,960 100% 13,347 18,762 15,900 534,381	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	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 STOCK PURCHASE PLAN STOCK PURCHASE PLAN MEMBERSHIPS OTHER BENEFITS	\$ 304,593 \$ 53,752 \$ 85,615 \$ 443,960 100% 13,347 18,762 15,900 534,381 3,000	920 920 926 926 926 926 926 921	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.

140,114

DEFERRED COMP. IN SALARY (7)

16 BONUS EARNED IN PRIOR YEAR ⁽⁸⁾

	AM O. NICHOLSON, SENIOR VICE PRESIDENT DESCRIPTION OF COMPENSATION			PAID BY AFFILIATE CO.	Page 5 NAME OF AFFILIATED CO.
1a	ANNUAL SALARY	257,619		FAID DI AFFILIATE CU.	IVANIL OF AFFILIATED CO.
1b	ANNUAL SALARY	19,391	920		
1c	IANNUAL SALARY	61,250	926		
1	ANNUAL SALARY TOTAL (3)	\$ 338,260	320		
2	AMOUNT ASSIGNED TO OREGON	,			
3	MEDICAL & DENTAL INSURANCE	100% 13,347	926		
	LIFE & DISABILITY INSURANCE (4)	13,347	920		
4 5					
	DISCOUNT ON UTILITY SERVICE				
6 7	INCOME PROTECTION INSURANCE DISCOUNT ON UTILITY SERVICE PENSION PLAN (5) SAVINGS PLAN STOCK PURCHASE PLAN (6) PAID PARKING MEMBERSHIPS OTHER BENEFITS TOTAL OTHER COMPENSATION	10.760	926		
8	SAVINGS PLAN	18,762 15,900	926 926		
	STOCK PURCHASE PLAN (6)	· · · · · · · · · · · · · · · · · · ·			
9	STOCK PURCHASE PLAN	266,046	921		
10 11	PAID PARKING MEMBERSHIPS	3,000	921		
12	OTHER BENEFITS				
13	TOTAL OTHER COMPENSATION	317,055			
	PERCENT ASSIGNED TO OREGON	100%			
14					
15	DEFERRED COMP. IN SALARY (7)	18,909			
	BONUS EARNED IN PRIOR YEAR (8)				
	S J. PIRO, PRESIDENT AND CHIEF EXECUTIVE		ACCOUNT #	IDAID DV AFFILIATE CO	NAME OF AFFILIATED CO.
NO.	 S J. PIRO, PRESIDENT AND CHIEF EXECUTIVI DESCRIPTION OF COMPENSATION	PAID BY COMPANY		PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a	S J. PIRO, PRESIDENT AND CHIEF EXECUTIVED IN COMPENSATION IN C	PAID BY COMPANY \$ -	920	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b	S J. PIRO, PRESIDENT AND CHIEF EXECUTIVED IN THE PROPERTY IN T	\$ - \$ -		PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
1a 1b 1	S J. PIRO, PRESIDENT AND CHIEF EXECUTIVE DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY	\$ - \$ -	920	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1 2	S J. PIRO, PRESIDENT AND CHIEF EXECUTIVE DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY TOTAL (3) AMOUNT ASSIGNED TO OREGON	\$ - \$ -	920 926	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1 2 3	S J. PIRO, PRESIDENT AND CHIEF EXECUTIVE DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY TOTAL (3) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE	\$ - \$ -	920	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1 2 3 4	S J. PIRO, PRESIDENT AND CHIEF EXECUTIVE DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY TOTAL (3) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE (4)	\$ - \$ -	920 926	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1 2 3 4 5	S J. PIRO, PRESIDENT AND CHIEF EXECUTIVI 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	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1 2 3 4 5	S J. PIRO, PRESIDENT AND CHIEF EXECUTIVI 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	\$ - \$ -	920 926 926	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1 2 3 4 5 6 7	S J. PIRO, PRESIDENT AND CHIEF EXECUTIVI 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	\$ - \$ -	920 926 926 926	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1 2 3 4 5 6 7 8	S J. PIRO, PRESIDENT AND CHIEF EXECUTIVI 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	\$ - \$ - \$ 100% - -	920 926 926 926 926 926	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1 2 3 4 5 6 7 8 9	S J. PIRO, PRESIDENT AND CHIEF EXECUTIVI 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	\$ - \$ -	920 926 926 926 926 921	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1 2 3 4 5 6 7 8 9 10	S J. PIRO, PRESIDENT AND CHIEF EXECUTIVI 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	\$ - \$ - \$ 100% - -	920 926 926 926 926 926	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1 2 3 4 5 6 7 8 9 10 11	S J. PIRO, PRESIDENT AND CHIEF EXECUTIVI 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	\$ - \$ - \$ 100% - -	920 926 926 926 926 921	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1 2 3 4 5 6 7 8 9 10 11 12	S J. PIRO, PRESIDENT AND CHIEF EXECUTIVI 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	PAID BY COMPANY \$ - \$ - \$ - 100% - 1,108,807	920 926 926 926 926 921	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1 2 3 4 5 6 7 8 9 10 11 12 13	S J. PIRO, PRESIDENT AND CHIEF EXECUTIVI DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE INCOME PROTECTION INSURANCE DISCOUNT ON UTILITY SERVICE PENSION PLAN STOCK PURCHASE PLAN (6) PAID PARKING MEMBERSHIPS OTHER BENEFITS TOTAL OTHER COMPENSATION	PAID BY COMPANY \$ - \$ - \$ 100% - 1,108,807	920 926 926 926 926 921	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	S J. PIRO, PRESIDENT AND CHIEF EXECUTIVE DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANOUNT 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 MEMBERSHIPS OTHER BENEFITS TOTAL OTHER COMPENSATION PERCENT ASSIGNED TO OREGON	PAID BY COMPANY \$ - \$ - \$ - 100% - 1,108,807	920 926 926 926 926 921	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1 2 3 4 5 6 7 8 9 10 11 12 13	S J. PIRO, PRESIDENT AND CHIEF EXECUTIVE DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY TOTAL (3) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE LIFE & DISABILITY 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 DEFERRED COMP. IN SALARY (7)	PAID BY COMPANY \$ - \$ - \$ 100% - 1,108,807	920 926 926 926 926 921	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	S J. PIRO, PRESIDENT AND CHIEF EXECUTIVE DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANOUNT 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 MEMBERSHIPS OTHER BENEFITS TOTAL OTHER COMPENSATION PERCENT ASSIGNED TO OREGON	PAID BY COMPANY \$ - \$ - \$ 100% - 1,108,807	920 926 926 926 926 921	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.

100%

PERCENT ASSIGNED TO OREGON

DEFERRED COMP. IN SALARY (7)

BONUS EARNED IN PRIOR YEAR (8)

14

15

16

NO.	DESCRIPTION OF COMPENSATION	PAID BY COMPANY	ACCOUNT #	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
1a	ANNUAL SALARY	251,137	920		
1b	ANNUAL SALARY	2,672	426.5		
1c	ANNUAL SALARY	13,358	426.4		
1d	ANNUAL SALARY	53,765	926		
1	ANNUAL SALARY TOTAL (3)	\$ 320,932			
2	AMOUNT ASSIGNED TO OREGON	100%			
3	MEDICAL & DENTAL INSURANCE	16,880	926		
4	LIFE & DISABILITY INSURANCE (4)				
5	INCOME PROTECTION INSURANCE				
6	INCOME PROTECTION INSURANCE DISCOUNT ON UTILITY SERVICE PENSION PLAN (5)				
7	pension Plan ⁽⁵⁾	18,762	926		
8	[SAVINGS PLAN	15,900	926		
9	SAVINGS PLAN STOCK PURCHASE PLAN (6) PAID PARKING	230,271	921		
10	~ 17.15 17.11.11.10	3,000	921		
11	발 MEMBERSHIPS				
12	OTHER BENEFITS				
13	TOTAL OTHER COMPENSATION	284,813			
14	PERCENT ASSIGNED TO OREGON	100%			
15	DEFERRED COMP. IN SALARY (7)	4,012			
16	BONUS EARNED IN PRIOR YEAR ⁽⁸⁾				
	IN A. STATHIS, VICE PRESIDENT, CUSTOMER				
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 \$ 220,664	ACCOUNT #	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY	PAID BY COMPANY \$ 220,664 \$ 45,346	ACCOUNT #	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
1a 1b 1	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY TOTAL (3)	PAID BY COMPANY \$ 220,664 \$ 45,346 \$ 266,010	ACCOUNT #	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1 2	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY TOTAL (3) AMOUNT ASSIGNED TO OREGON	PAID BY COMPANY \$ 220,664 \$ 45,346 \$ 266,010 100%	903 926	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
1a 1b 1	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY TOTAL (3) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE	PAID BY COMPANY \$ 220,664 \$ 45,346 \$ 266,010	ACCOUNT #	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1 2	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY TOTAL (3) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE (4)	PAID BY COMPANY \$ 220,664 \$ 45,346 \$ 266,010 100%	903 926	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	PAID BY COMPANY \$ 220,664 \$ 45,346 \$ 266,010 100%	903 926	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1 2 3 4 5 6	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	\$ 220,664 \$ 45,346 \$ 266,010 11,765	903 926 926	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 (5)	PAID BY COMPANY \$ 220,664 \$ 45,346 \$ 266,010 100% 11,765	903 926 926	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 (5) SAVINGS PLAN	\$ 220,664 \$ 45,346 \$ 266,010 11,765 18,762 15,900	903 926 926 926 926 926	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 (5) SAVINGS PLAN STOCK PURCHASE PLAN (6)	\$ 220,664 \$ 45,346 \$ 266,010 100% 11,765 18,762 15,900 188,388	903 926 926 926 926 926 921	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1 2 3 4 5 6 7 8 9 10	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY TOTAL (3) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE LIFE & DISABILITY INSURANCE INCOME PROTECTION INSURANCE DISCOUNT ON UTILITY SERVICE PENSION PLAN (5) SAVINGS PLAN STOCK PURCHASE PLAN (6) PAID PARKING	\$ 220,664 \$ 45,346 \$ 266,010 11,765 18,762 15,900	903 926 926 926 926 926	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 LIFE & DISABILITY INSURANCE DISCOUNT ON UTILITY SERVICE PENSION PLAN (5) SAVINGS PLAN STOCK PURCHASE PLAN (6) PAID PARKING MEMBERSHIPS	\$ 220,664 \$ 45,346 \$ 266,010 100% 11,765 18,762 15,900 188,388	903 926 926 926 926 926 921	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 INCOME PROTECTION INSURANCE DISCOUNT ON UTILITY SERVICE PENSION PLAN (5) SAVINGS PLAN STOCK PURCHASE PLAN (6) PAID PARKING MEMBERSHIPS OTHER BENEFITS	\$ 220,664 \$ 45,346 \$ 266,010 100% 11,765 18,762 15,900 188,388 3,000	903 926 926 926 926 926 921	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1 2 3 4 5 6 7 8 9 10 11 12 13	ANNUAL SALARY ANNUAL SALARY 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 MEMBERSHIPS OTHER BENEFITS TOTAL OTHER COMPENSATION	\$ 220,664 \$ 45,346 \$ 266,010 100% 11,765 18,762 15,900 188,388 3,000	903 926 926 926 926 926 921	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1 2 3 4 5 6 7 8 9 10 11 12	ANNUAL SALARY ANNUAL SALARY 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 MEMBERSHIPS OTHER BENEFITS TOTAL OTHER COMPENSATION PERCENT ASSIGNED TO OREGON	PAID BY COMPANY \$ 220,664 \$ 45,346 \$ 266,010 100% 11,765 18,762 15,900 188,388 3,000 237,815 100%	903 926 926 926 926 926 921	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1 2 3 4 5 6 7 8 9 10 11 12 13	ANNUAL SALARY ANNUAL SALARY 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 MEMBERSHIPS OTHER BENEFITS TOTAL OTHER COMPENSATION	\$ 220,664 \$ 45,346 \$ 266,010 100% 11,765 18,762 15,900 188,388 3,000	903 926 926 926 926 926 921	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	ANNUAL SALARY ANNUAL SALARY 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 MEMBERSHIPS OTHER BENEFITS TOTAL OTHER COMPENSATION PERCENT ASSIGNED TO OREGON	PAID BY COMPANY \$ 220,664 \$ 45,346 \$ 266,010 100% 11,765 18,762 15,900 188,388 3,000 237,815 100%	903 926 926 926 926 926 921	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.

DONATIONS AND MEMBERSHIPS Page 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

HICT BY TYPE AND CROUD BY THE ACCOUNTS CHARCED	BERORT WHOLE BOLLARS ONLY		R FACH CROUP	AMOUNT ASSIGNED
NAME OF ORGANIZATION	CITY, STATE	NUMBER	TOTAL AMOUNT	OREGON
NAME OF ORGANIZATION Contributions Employee Giving Campaign Employee Volunteer Grants Strategic Contributions Tickets for Non-Profit Fundraisers Memberships Corporate Utility Memberships Individual Utility Memberships Civic, Community, and Nonutility Memberships Federal Lobbying Memberships		ACCOUNT		ASSIGNED TO

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.

	1	Γ	AMOUNT
DENOION FUND DAYMENTO MADE TO	ACCOUNT	TOTAL AMOUNT	ASSIGNED TO
PENSION FUND PAYMENTS MADE TO 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 2018 is \$21,160,000 consisting of the following components: Service Cost	NUMBER 926X	17.904.000	OREGON
Service Cost Interest Cost Expected Return on Assets Amortization of Prior Service Cost Amortization of Net Loss (Gain)	926X 926X 926X 926X 926X	17,904,000 32,194,000 (43,388,000) - 14,386,000 \$ 21,096,000	100% 100% 100% 100%

POLITICAL ADVERTISING Page 12

INSTRUCTIONS: LIST ALL PROPOSED PAYMENTS FOR ADVERTISING THE PURPOSE OF WHICH IS TO AID OR DEFEAT ANY MEASURE BEFORE THE PEOPLE OR TO PROMOTE OR PREVENT THE ENACTMENT OF ANY NATIONAL, STATE, DISTRICT OR MUNICIPAL LEGISLATION. GIVE THE SPECIFIC PURPOSE OF SUCH ADVERTISING, WHEN AND WHERE TO BE PLACED, AND THE ACCOUNT OR ACCOUNTS TO BE CHARGED. REPORT WHOLE DOLLARS ONLY.

None Budgeted at this time.

POLITICAL CONTRIBUTIONS

INSTRUCTIONS: LIST ALL PROPOSED PAYMENTS OR CONTRIBUTIONS TO PERSONS AND ORGANIZATIONS FOR THE PURPOSE OF AIDING OR DEFEATING ANY MEASURE BEFORE THE PEOPLE OR TO PROMOTE OR PREVENT THE ENACTMENT OF ANY NATIONAL, STATE, DISTRICT, OR MUNICIPAL LEGISLATION. THE PURPOSE OF ALL CONTRIBUTIONS OR PAYMENTS SHOULD BE CLEARLY EXPLAINED. REPORT WHOLE DOLLARS ONLY.

PGE is currently budgeting \$205,342 for political contributions in 2018, the purpose of which is to fund involvement with political matters affecting PGE's business environment and service territory. These cost are recorded below-the-line and are not included in rates.

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.

			AMOUNT
AME AND ADDRESS OF PERSON OR ORGANIZATION, DESCRIPTION OF EQUIPMENT	ACCOUNT NUMBER	TOTAL AMOUNT	ASSIGNED T OREGON
NILL AND ADDITION OF TEROON ON ORGANIZATION, DECORIT FIGHT OF EQUILIBRIENT	NOMBER	TOTAL AMOUNT	OKLOON
formation regarding the purchase or sale of equipment will be provided pursuant to OAR			
0-027-0015 & OAR 860-027-0025 as applicable.			
			l

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	4180900	4,351,516	
Catering: Salmon Spring Hospitality Group 121 SW Salmon St Portland, OR PGE does not specifically budget for intra-company catering, however 2017 actuals approximate \$735k	9210900		

The foregoing report must be certified by an Officer of the reporting company.

I certify that this Budget of Expenditures Report has been prepared under my direction, that I 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 my knowledge, information, and belief.

SIGNATURE OF OFFICER	3-27-18
NAME OF OFFICER	DATE
JAMES F. LOBDELL	
SUP FIRANCE CFO. TREASUREN	_

Orcgon PUC

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? Yes, report docket number: RE-19 (6)
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 2018 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.