

March 23, 2017

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 – 2017 Budget of Expenditures Report 19(5)

Enclosed for filing is Portland General Electric Company's Budget of Expenditures Report for the 2017 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 503.464.8937.

Sincerely,

Stefan Brown

Manager, Regulatory Affairs

Encls.

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**

2017

#### **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 ORGANIZAT	I ION IF NOT INCOPORATED	DATE ORGA	NIZED
Огедол	July 25, 1930				
STATE THE CLASSES OF UTILITY	AND OTHER SERVICES FURNISHED I	BY THE UTILITY IN EAC	H STATE IN WHICH THE U	TILITY OPERA	ATES

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	(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	Sewickley, PA	(2)	(2)			
Neil J. Nelson	Keizer, OR	(2)	(2)			
M. Lee Pelton	Boston, MA	(2)	(2)			
James J. Piro	Lake Oswego, OR	(2)	(2)			
Charles W. Shivery	Avon, CT	(2)	(2)			

See note explanations on page 9.

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.

	EN N. BARNETT, VICE PRESIDENT, HUMAN RE				
NO.	DESCRIPTION OF COMPENSATION	PAID BY COMPANY	ACCOUNT #	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
1	ANNUAL SALARY (3)				
2	AMOUNT ASSIGNED TO OREGON	<del></del>			}
3	MEDICAL & DENTAL INSURANCE				
4	LIFE & DISABILITY INSURANCE (4)				
5	INCOME PROTECTION INSURANCE				
6	DISCOUNT ON UTILITY SERVICE				
7 8	PENSION PLAN (5) SAVINGS PLAN				
9	INCOME PROTECTION INSURANCE DISCOUNT ON UTILITY SERVICE PENSION PLAN (5) SAVINGS PLAN STOCK PRICHASE PLAN (6)	71,413	921		{
9 10	PAID PARKING	/ 1,413	921		
11	PAID PARKING				
12	OTHER BENEFITS				İ
13	TOTAL OTHER COMPENSATION	71,413			
14	PERCENT ASSIGNED TO OREGON	100%			
15	DEFERRED COMP. IN SALARY (7)				{
16	BONUS EARNED IN PRIOR YEAR (8)				
	Y BEKKEDAHL, VICE PRESIDENT, TRANSMISS				
	DESCRIPTION OF COMPENSATION	PAID BY COMPANY	ACCOUNT#	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
	ANNUAL SALARY <sup>(3)</sup>	42,259	926		
1b	ANNUAL SALARY (3)	\$ 255,358	588		
1	ANNUAL SALARY TOTAL (3)	\$ 297,617		•	
	AMOUNT ASSIGNED TO OREGON	100%			
3	MEDICAL & DENTAL INSURANCE	14,247	926		
4	LIFE & DISABILITY INSURANCE (4)				
5 6	INCOME PROTECTION INSURANCE DISCOUNT ON UTILITY SERVICE PENSION PLAN SAVINGS PLAN STOCK PURCHASE PLAN (6)				
7	PENSION PLAN (5)	18,762	926		· ·
8	SAVINGS PLAN	29,762	926		
9	STOCK PURCHASE PLAN (6)	227,837	921		
10		3,000	921		
11	MEMBERSHIPS 5 OTHER BENEFITS				
12					
13	TOTAL OTHER COMPENSATION	293,607			
14	PERCENT ASSIGNED TO OREGON	100%			
15	DEFERRED COMP. IN SALARY (7)	15,327			
16	BONUS EARNED IN PRIOR YEAR (8)				

	L A. DILLIN, VICE PRESIDENT, CUSTOMER ST				Page 3
	DESCRIPTION OF COMPENSATION			PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
1a	ANNUAL SALARY	\$ 184,114	903		
1b	ANNUAL SALARY	\$ 61,371	920		
1c	ANNUAL SALARY	\$ 52,131	926		
1	ANNUAL SALARY TOTAL (3)	\$ 297,616			
2	AMOUNT ASSIGNED TO OREGON	100%			
3	MEDICAL & DENTAL INSURANCE	14,247	926		
4	LIFE & DISABILITY INSURANCE (4)				
5	INCOME PROTECTION INSURANCE DISCOUNT ON UTILITY SERVICE PENSION PLAN (5) PANYINGS PLAN			}	
6	DISCOUNT ON UTILITY SERVICE				
7	PENSION PLAN (5)	18,762	926		
8	SAVINGS PLAN	15,900	926		
9	SAVINGS PLAN STOCK PURCHASE PLAN (6)	233,353	921		
10 11	PAID PARKING WEMBERSHIPS	3,000	921		
12	MEMBERSHIPS OTHER BENEFITS				•
13	TOTAL OTHER COMPENSATION	285,262			
14	PERCENT ASSIGNED TO OREGON	100%			-
15	DEFERRED COMP. IN SALARY (7)	38,095	1		
	BONUS EARNED IN PRIOR YEAR (8)	30,095			
16	BONUS EARNED IN PRIOR YEAR				
J. JEF	FREY DUDLEY, VICE PRESIDENT, GENERAL O	OUNSEL AND CORP	ORATE COMP	LIANCE OFFICER	
NO					
NU.	DESCRIPTION OF COMPENSATION	PAID BY COMPANY	ACCOUNT #	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
1a	ANNUAL SALARY	PAID BY COMPANY \$ 312,286	ACCOUNT # 920	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
	ANNUAL SALARY ANNUAL SALARY			PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
1a	ANNUAL SALARY	\$ 312,286	920	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
1a 1b	ANNUAL SALARY ANNUAL SALARY	\$ 312,286 \$ 67,432	920	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
1a 1b 1	ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY TOTAL <sup>(3)</sup>	\$ 312,286 \$ 67,432 \$ 379,718	920	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
1a 1b 1	ANNUAL SALARY  ANNUAL SALARY  ANNUAL SALARY TOTAL (3)  AMOUNT ASSIGNED TO OREGON  MEDICAL & DENTAL INSURANCE  LIFE & DISABILITY INSURANCE (4)	\$ 312,286 \$ 67,432 \$ 379,718 100%	920 926	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
1a 1b 1 2 3	ANNUAL SALARY  ANNUAL SALARY  ANNUAL SALARY TOTAL (3)  AMOUNT ASSIGNED TO OREGON  MEDICAL & DENTAL INSURANCE  LIFE & DISABILITY INSURANCE (4)	\$ 312,286 \$ 67,432 \$ 379,718 100%	920 926	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
1a 1b 1 2 3	ANNUAL SALARY  ANNUAL SALARY  ANNUAL SALARY TOTAL (3)  AMOUNT ASSIGNED TO OREGON  MEDICAL & DENTAL INSURANCE  LIFE & DISABILITY INSURANCE (4)  NCOME PROTECTION INSURANCE	\$ 312,286 \$ 67,432 \$ 379,718 100%	920 926	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
1a 1b 1 2 3 4 5	ANNUAL SALARY  ANNUAL SALARY  ANNUAL SALARY TOTAL (3)  AMOUNT ASSIGNED TO OREGON  MEDICAL & DENTAL INSURANCE  LIFE & DISABILITY INSURANCE (4)  NCOME PROTECTION INSURANCE	\$ 312,286 \$ 67,432 \$ 379,718 100%	920 926	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
1a 1b 1 2 3 4 5	ANNUAL SALARY  ANNUAL SALARY  ANNUAL SALARY TOTAL (3)  AMOUNT ASSIGNED TO OREGON  MEDICAL & DENTAL INSURANCE  LIFE & DISABILITY INSURANCE (4)  NCOME PROTECTION INSURANCE	\$ 312,286 \$ 67,432 \$ 379,718 100% 15,778	920 926 926	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
1a 1b 1 2 3 4 5 6 7	ANNUAL SALARY  ANNUAL SALARY  ANNUAL SALARY TOTAL (3)  AMOUNT ASSIGNED TO OREGON  MEDICAL & DENTAL INSURANCE  LIFE & DISABILITY INSURANCE (4)  NCOME PROTECTION INSURANCE	\$ 312,286 \$ 67,432 \$ 379,718 100% 15,778	920 926 926 926	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
1a 1b 1 2 3 4 5 6 7 8	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  ON TOTAL CONTROL (5)	\$ 312,286 \$ 67,432 \$ 379,718 100% 15,778	920 926 926 926 926 926	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
1a 1b 1 2 3 4 5 6 7 8 9 10 11	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  ON TOTAL CONTROL (5)	\$ 312,286 \$ 67,432 \$ 379,718 100% 15,778 18,762 15,900 379,007	920 926 926 926 926 921	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
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 (4)  LIFE & DISABILITY INSURANCE (4)  INCOME PROTECTION INSURANCE DISCOUNT ON UTILITY SERVICE DISCOUNT ON UTILITY SERVICE ON UTILITY SERVICE OF PENSION PLAN (6)  SAVINGS PLAN (6)  STOCK PURCHASE PLAN (6)  PAID PARKING  MEMBERSHIPS  OTHER BENEFITS	\$ 312,286 \$ 67,432 \$ 379,718 100% 15,778 18,762 15,900 379,007 3,000	920 926 926 926 926 921	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
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 (4)  LIFE & DISABILITY INSURANCE (4)  INCOME PROTECTION INSURANCE DISCOUNT ON UTILITY SERVICE (5)  PENSION PLAN (6)  SAVINGS PLAN  STOCK PURCHASE PLAN (6)  PAID PARKING  MEMBERSHIPS  OTHER BENEFITS  TOTAL OTHER COMPENSATION	\$ 312,286 \$ 67,432 \$ 379,718 100% 15,778 18,762 15,900 379,007 3,000	920 926 926 926 926 921	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
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 STOCK PURCHASE PLAN (6) PAID PARKING H MEMBERSHIPS OTHER BENEFITS TOTAL OTHER COMPENSATION PERCENT ASSIGNED TO OREGON	\$ 312,286 \$ 67,432 \$ 379,718 100% 15,778 18,762 15,900 379,007 3,000 432,447 100%	920 926 926 926 926 921	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
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 (4)  LIFE & DISABILITY INSURANCE (4)  INCOME PROTECTION INSURANCE DISCOUNT ON UTILITY SERVICE (5)  PENSION PLAN (6)  SAVINGS PLAN  STOCK PURCHASE PLAN (6)  PAID PARKING  MEMBERSHIPS  OTHER BENEFITS  TOTAL OTHER COMPENSATION	\$ 312,286 \$ 67,432 \$ 379,718 100% 15,778 18,762 15,900 379,007 3,000	920 926 926 926 926 921	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
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 STOCK PURCHASE PLAN (6) PAID PARKING H MEMBERSHIPS OTHER BENEFITS TOTAL OTHER COMPENSATION PERCENT ASSIGNED TO OREGON	\$ 312,286 \$ 67,432 \$ 379,718 100% 15,778 18,762 15,900 379,007 3,000 432,447 100%	920 926 926 926 926 921	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.

CAMP	BELL A. HENDERSON, VICE PRESIDENT, INFO	RMATION TECHNOL	OGT AND CH	EF INFORMATION OFFICE	Page 4
	DESCRIPTION OF COMPENSATION	PAID BY COMPANY	ACCOUNT #	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
	ANNUAL SALARY	\$ 231,498	184		
1b	ANNUAL SALARY	\$ 40,477	926		
1	ANNUAL SALARY TOTAL (3)	\$ 271,975			
2	AMOUNT ASSIGNED TO OREGON	100%		l .	
3	MEDICAL & DENTAL INSURANCE	14,247	926		
4	LIFE & DISABILITY INSURANCE (4)				
5	장 INCOME PROTECTION INSURANCE				
6	DISCOUNT ON UTILITY SERVICE				
7	PENSION PLAN (5)	18,762	926		
8	F SAVINGS PLAN	15,900	926		
9	STOCK PURCHASE PLAN (6)	207,283	921		
10	PAID PARKING	3,000	921		
11	HEMBERSHIPS OTHER BENEFITS				
12					
13	TOTAL OTHER COMPENSATION	259,192			
14	PERCENT ASSIGNED TO OREGON	100%			
15	DEFERRED COMP. IN SALARY (7)	6,799			
16	BONUS EARNED IN PRIOR YEAR (8)				
	S F. LOBDELL, SENIOR VICE PRESIDENT, FINA				
NO.	DESCRIPTION OF COMPENSATION	PAID BY COMPANY	ACCOUNT#	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a	DESCRIPTION OF COMPENSATION ANNUAL SALARY	<b>PAID BY COMPANY</b> \$ 347,899	ACCOUNT # 920	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY	PAID BY COMPANY \$ 347,899 \$ 83,130	ACCOUNT#	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY TOTAL (3)	PAID BY COMPANY \$ 347,899 \$ 83,130 \$ 431,029	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	PAID BY COMPANY \$ 347,899 \$ 83,130 \$ 431,029 100%	920 926	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	PAID BY COMPANY \$ 347,899 \$ 83,130 \$ 431,029	ACCOUNT # 920	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)	PAID BY COMPANY \$ 347,899 \$ 83,130 \$ 431,029 100%	920 926	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)	PAID BY COMPANY \$ 347,899 \$ 83,130 \$ 431,029 100%	920 926	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)	PAID BY COMPANY \$ 347,899 \$ 83,130 \$ 431,029 100% 14,247	920 926 926 926	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)	PAID BY COMPANY \$ 347,899 \$ 83,130 \$ 431,029 100% 14,247	920 926 926 926	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)	PAID BY COMPANY \$ 347,899 \$ 83,130 \$ 431,029 100% 14,247  18,762 15,900	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	DESCRIPTION OF COMPENSATION  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 BY COMPANY \$ 347,899 \$ 83,130 \$ 431,029 100% 14,247  18,762 15,900 512,932	920 926 926 926 926 926 926 921	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 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 BY COMPANY \$ 347,899 \$ 83,130 \$ 431,029 100% 14,247  18,762 15,900	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	DESCRIPTION OF COMPENSATION  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 BY COMPANY \$ 347,899 \$ 83,130 \$ 431,029 100% 14,247  18,762 15,900 512,932	920 926 926 926 926 926 926 921	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 (4)  INCOME PROTECTION INSURANCE  DISCOUNT ON UTILITY SERVICE  PENSION PLAN (5)  SAVINGS PLAN  STOCK PURCHASE PLAN (6)  PAID PARKING  MEMBERSHIPS  OTHER BENEFITS	PAID BY COMPANY \$ 347,899 \$ 83,130 \$ 431,029  100% 14,247  18,762 15,900 512,932 3,000	920 926 926 926 926 926 926 921	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1 2 3 4 5 6 7 8 9 10 11 12 13	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	PAID BY COMPANY \$ 347,899 \$ 83,130 \$ 431,029  100% 14,247  18,762 15,900 512,932 3,000  564,841	920 926 926 926 926 926 926 921	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	DESCRIPTION OF COMPENSATION  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	PAID BY COMPANY \$ 347,899 \$ 83,130 \$ 431,029 100% 14,247  18,762 15,900 512,932 3,000  564,841 100%	920 926 926 926 926 926 926 921	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1 2 3 4 5 6 7 8 9 10 11 12 13	DESCRIPTION OF COMPENSATION  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 TOTAL OTHER COMPENSATION PERCENT ASSIGNED TO OREGON DEFERRED COMP. IN SALARY (7)	PAID BY COMPANY \$ 347,899 \$ 83,130 \$ 431,029  100% 14,247  18,762 15,900 512,932 3,000  564,841	920 926 926 926 926 926 926 921	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	DESCRIPTION OF COMPENSATION  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	PAID BY COMPANY \$ 347,899 \$ 83,130 \$ 431,029 100% 14,247  18,762 15,900 512,932 3,000  564,841 100%	920 926 926 926 926 926 926 921	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.

WILLI	AM O. NICHOLSON, SENIOR VICE PRESIDENT,	COSTOMER SERVIC	e, ikansiviis	SIUN AND DISTRIBUTION	Page 5
NO.	DESCRIPTION OF COMPENSATION		ACCOUNT#	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
1a	ANNUAL SALARY	250,071	588		
1b	ANNUAL SALARY	18,823			-
1c	ANNUAL SALARY	59,514	926		į
1	ANNUAL SALARY TOTAL (3)	\$ 328,408			
2	AMOUNT ASSIGNED TO OREGON	100%			
3	MEDICAL & DENTAL INSURANCE	14,247	926		1
4	LIFE & DISABILITY INSURANCE (4)				
5	Z INCOME PROTECTION INSURANCE				
6	INCOME PROTECTION INSURANCE DISCOUNT ON UTILITY SERVICE PENSION PLAN (6) SAVINGS PLAN STOCK PURCHASE PLAN (6) PAID PARKING				
7	စ္ကို PENSION PLAN (5)	18,762	926		
8	ម្គា SAVINGS PLAN	15,900	926		
9	STOCK PURCHASE PLAN (6)	252,882	921		
10	PAID PARKING	3,000	921		
11	単 MEMBERSHIPS				[
12	MEMBERSHIPS OTHER BENEFITS				
13	TOTAL OTHER COMPENSATION	304,791			
14	PERCENT ASSIGNED TO OREGON	100%			
15	DEFERRED COMP. IN SALARY (7)	7,488	'		
16	BONUS EARNED IN PRIOR YEAR (8)				
LABAE					
AMME	S J. PIRO, PRESIDENT AND CHIEF EXECUTIVE	OFFICER			
	DESCRIPTION OF COMPENSATION	PAID BY COMPANY	ACCOUNT#	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a	DESCRIPTION OF COMPENSATION ANNUAL SALARY	PAID BY COMPANY \$ 661,872	920	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO.	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY	PAID BY COMPANY		PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a	DESCRIPTION OF COMPENSATION ANNUAL SALARY	PAID BY COMPANY \$ 661,872	920	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b 1 2	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY	<b>PAID BY COMPANY</b> \$ 661,872 \$ 157,761	920	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1a 1b	DESCRIPTION OF COMPENSATION ANNUAL SALARY ANNUAL SALARY ANNUAL SALARY TOTAL (3) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE	\$ 661,872 \$ 157,761 \$ 819,633	920	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)	\$ 661,872 \$ 157,761 \$ 819,633	920 926	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  LIFE & DISABILITY INSURANCE (4)	\$ 661,872 \$ 157,761 \$ 819,633	920 926	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)	\$ 661,872 \$ 157,761 \$ 819,633	920 926	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)	\$ 661,872 \$ 157,761 \$ 819,633	920 926	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  PENSION PLAN (5)  SAVINGS PLAN	PAID BY COMPANY \$ 661,872 \$ 157,761 \$ 819,633 100% 14,247	920 926 926	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)  SAVINGS PLAN	PAID BY COMPANY \$ 661,872 \$ 157,761 \$ 819,633 100% 14,247	920 926 926 926	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  STOCK PURCHASE PLAN (6)  PAID PARKING	\$ 661,872 \$ 157,761 \$ 819,633 100% 14,247	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	DESCRIPTION OF COMPENSATION  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 (5)  SAVINGS PLAN  STOCK PURCHASE PLAN (6)  PAID PARKING  MEMBERSHIPS	\$ 661,872 \$ 157,761 \$ 819,633 100% 14,247 18,762 15,900 1,721,849	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	DESCRIPTION OF COMPENSATION  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  MEMBERSHIPS  OTHER BENEFITS	\$ 661,872 \$ 157,761 \$ 819,633 100% 14,247 18,762 15,900 1,721,849 3,000	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	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	\$ 661,872 \$ 157,761 \$ 819,633 100% 14,247 18,762 15,900 1,721,849	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	DESCRIPTION OF COMPENSATION  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  MEMBERSHIPS  OTHER BENEFITS	\$ 661,872 \$ 157,761 \$ 819,633 100% 14,247 18,762 15,900 1,721,849 3,000	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	DESCRIPTION OF COMPENSATION  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  MEMBERSHIPS  OTHER BENEFITS  TOTAL OTHER COMPENSATION	PAID BY COMPANY \$ 661,872 \$ 157,761 \$ 819,633  100% 14,247  18,762 15,900 1,721,849 3,000  1,773,758	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	DESCRIPTION OF COMPENSATION  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  MEMBERSHIPS  OTHER BENEFITS  TOTAL OTHER COMPENSATION  PERCENT ASSIGNED TO OREGON	PAID BY COMPANY \$ 661,872 \$ 157,761 \$ 819,633  100% 14,247  18,762 15,900 1,721,849 3,000  1,773,758 100%	920 926 926 926 926 921	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.

MARIA	A M. POPE, SENIOR VICE PRESIDENT, POWER	SUPPLY & OPERATION	ONS AND RES	OURCE STRATEGY	Page 6
	DESCRIPTION OF COMPENSATION		ACCOUNT#	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
	ANNUAL SALARY	\$ 386,963	920		
1b	ANNUAL SALARY	\$ 74,858	926		
1	ANNUAL SALARY TOTAL (3)	\$ 461,821			
2	AMOUNT ASSIGNED TO OREGON	100%			
3	MEDICAL & DENTAL INSURANCE	18,066	926		
4	LIFE & DISABILITY INSURANCE (4)				
5	Z INCOME PROTECTION INSURANCE				· ·
6	의 DISCOUNT ON UTILITY SERVICE				
7	∯ PENSION PLAN (5)	18,762	926		
8	ត្ត SAVINGS PLAN	15,900	926		
9	DISCOUNT ON UTILITY SERVICE DISCOUNT ON UTILITY SERVICE PENSION PLAN (6) SAVINGS PLAN STOCK PURCHASE PLAN (6) OPAID PARKING	564,041	921		
10		3,000	921		
	# MEMBERSHIPS				
12	OTHER BENEFITS	0.10 = 0.0			
13	TOTAL OTHER COMPENSATION	619,769			
14	PERCENT ASSIGNED TO OREGON	100%			
15	DEFERRED COMP. IN SALARY (7)	28,864			
16	BONUS EARNED IN PRIOR YEAR (8)				
STEP	HEN M. QUENNOZ, VICE PRESIDENT, NUCLEAI	R AND POWER SUPP	LY / GENERA	TION (RETIRED 5)	
NO.	DESCRIPTION OF COMPENSATION	PAID BY COMPANY	ACCOUNT #	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
1	ANNUAL SALARY (3)				
2	AMOUNT ASSIGNED TO OREGON				
3	MEDICAL & DENTAL INSURANCE				
4	LIFE & DISABILITY INSURANCE (4)				· ·
5	Z INCOME PROTECTION INSURANCE				
6	₽ DISCOUNT ON UTILITY SERVICE				
7	INCOME PROTECTION INSURANCE DISCOUNT ON UTILITY SERVICE PENSION PLAN (6) SAVINGS PLAN STOCK PURCHASE PLAN (6) PAID PARKING	!			
8	[한 SAVINGS PLAN				
9	STOCK PURCHASE PLAN (6)	78,208	921		
11	MEMBERSHIPS OTHER BENEFITS				
12		70.000			
13	TOTAL OTHER COMPENSATION	78,208			
14	PERCENT ASSIGNED TO OREGON	100%			
15	DEFERRED COMP. IN SALARY (7)				
16	BONUS EARNED IN PRIOR YEAR (8)				

W, DA	VID ROBERTSON, VICE PRESIDENT, PUBLIC F	POLICY			Page 7
NO.	DESCRIPTION OF COMPENSATION	PAID BY COMPANY	ACCOUNT #	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
1a	ANNUAL SALARY	236,870	920		
1b	ANNUAL SALARY	2,520	426.5		
1c	ANNUAL SALARY	12,600	426.4		
1d	ANNUAL SALARY	50,777	926		
1	ANNUAL SALARY TOTAL (3)	\$ 302,767			ł
2	AMOUNT ASSIGNED TO OREGON	100%			]
3	MEDICAL & DENTAL INSURANCE	18,066	926		
4	LIFE & DISABILITY INSURANCE (4)				
5	Z INCOME PROTECTION INSURANCE				
6	INCOME PROTECTION INSURANCE DISCOUNT ON UTILITY SERVICE PENSION PLAN (5)				
7	စ္ကို PENSION PLAN (5)	18,762	926		
8	SAVINGS PLAN	15,900	926		
9	STOCK PURCHASE PLAN (6)	236,210	921		
10	PAID PARKING	3,000	921	- Control of the Cont	ĺ
11	MEMBERSHIPS OTHER BENEFITS				
12	OTHER BENEFITS				
13	TOTAL OTHER COMPENSATION	291,939			
14	PERCENT ASSIGNED TO OREGON	100%		{	
15	DEFERRED COMP. IN SALARY (7)	5.677			-
16	BONUS EARNED IN PRIOR YEAR <sup>(8)</sup>			,	
10	BOINGS EARNED IN PRIOR TEAR				
KRIS	I IN A. STATHIS. VICE PRESIDENT, CUSTOMER	SERVICE OPERATIO	NS		
	DESCRIPTION OF COMPENSATION			PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
1a	ANNUAL SALARY	\$ 201,198	903		
1b	ANNUAL SALARY	\$ 45,109	926		
1	ANNUAL SALARY TOTAL (3)	\$ 246,307			
2	AMOUNT ASSIGNED TO OREGON	100%			
3	MEDICAL & DENTAL INSURANCE	12,564	926		
4	LIFE & DISABILITY INSURANCE (4)	,			
5	Z INCOME PROTECTION INSURANCE			}	}
6	DISCOUNT ON UTILITY SERVICE				
7	INCOME PROTECTION INSURANCE   DISCOUNT ON UTILITY SERVICE   PENSION PLAN (5)	17,438	926	İ	
8	SAVINGS PLAN	14,778	926		1
9	STOCK PURCHASE PLAN (6) PAID PARKING	189,364	921		
10	PAID PARKING	3,000	921		
11	MEMBERSHIPS	,		1	
12	OTHER BENEFITS				
13	TOTAL OTHER COMPENSATION	237,144	]		
14	PERCENT ASSIGNED TO OREGON	100%	1		
15	DEFERRED COMP. IN SALARY (7)	6,158			
16	BONUS EARNED IN PRIOR YEAR (8)	,,,,,,			
10	DOINGS EARNED IN FRIOR TEAR			1	<b>\</b>
	1	L	J	<u></u>	J

## Notes to 2017 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 2017.
- (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 2017.
- (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: Arleen Barnett (1/1/2016); Stephen Quennoz (10/1/2015); Bruce Carpenter (8/1/2014)

#### 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: 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

LICT BY TVDE AND ODOLID BY THE ACCOUNTS OLIADO		ACCOUNT		AMOUNT ASSIGNED TO
NAME OF ORGANIZATION	CITY, STATE	NUMBER	TOTAL AMOUNT	OREGON
Contributions Employee Giving Campaign Employee Volunteer Grants Strategic Contributions Tickets for Non-Profit Fundraisers		426.1 426.1 426.1 426.1	700,000 122,000 355,105 77,000	100% 100% 100% 100%
<u>Memberships</u>			\$ 1,254,105	
Corporate Utility Memberships Individual Utility Memberships Civic, Community, and Nonutility Memberships Federal Lobbying Memberships		930.2 921.0 426.5 426.4	3,353,742 122,298 291,786 140,628 \$ 3,908,454	100% 100% 100% 100%

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.

	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 2017 is \$21,160,000 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 926X	16,403,000 32,649,000 (41,443,000) - 13,551,000 \$ 21,160,000	100% 100% 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	\$ 20,885,677	
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 \$20.1 million are expected to be made to the PGE Company 401(k) Plan in 2017.			
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.			

POLITICAL ADVERTISING

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.

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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 \$225,545 for political contributions in 2017, 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.

EXPENDITURES AND MAJOR CONTRACTS FOR THE PURCHASE OR SALE OF EQUIPMENT Page 13
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.

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

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	4,973,171.88	
Catering: Salmon Spring Hospitality Group 121 SW Salmon St Portland, OR PGE does not specifically budget for intra-company catering, however 2016 actuals approximate \$800k	9210900		

CERTIFICATION

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 3-15-17 DATE JAMES F. LOBDELL 3-15-17

## e-FILING REPORT COVER SHEET



Portland General Electric Company COMPANY NAME: DOES REPORT CONTAIN CONFIDENTIAL INFORMATION? 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. RG (Gas) RW (Water) RT (Telecommunications) Select report type: ■ RE (Electric) RO (Other, for example, industry safety information) Yes, report docket number: 19-5 Did you previously file a similar report? No Report is required by: ORS 757.105 and ORS 759.100 Statute Note: A one-time submission required by an order is a compliance filing and not a report (file compliance in the applicable docket) **Utility Program** Other (For example, federal regulations, or requested by Staff) Is this report associated with a specific docket/case? Yes, docket number: List Key Words for this report. We use these to improve search results. Electric Utility Annual Budget of Expenditures Report PGE Send the completed Cover Sheet and the Report in an email addressed to <u>PUC.FilingCenter@state.or.us</u> 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.