e-FILING REPORT COVER SHEET

REPORT NAME:	RE - 19(4)2	2016 Annual Budget of Expenditures Report
COMPANY NAME:	PORTLAND	GENERAL ELECTRIC COMPANY
DOES REPORT CON	NTAIN CONFI	DENTIAL INFORMATION? No Yes
If yes, please s	submit only the	cover letter electronically.
Submit confid applicable PROTECTIV		ion as directed OAR 860-001-0070 or the terms of ar
If known, please selec	et designation:	⊠ RE (Electric
Report is required by:	OAR	
	Statute Statute ■ Statute	ORS 757.105 and ORS 759.100
	Order	Send to Melanie Forsyth
	Other	Utility Program
_	_	fic docket/case? ⊠ No ☐ Yes Not Applicable
Key words: Electric (Utility Annual	Budget of Expenditures Report
If known, please selec	et the PUC Sec	tion to which the report should be directed:
Economic	and Policy Ana	alysis
	d Natural Gas	Revenue Requirements

Report Cover Sheet_3-29-16 (19-4)



March 29, 2016

E-Filed only
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: Report 19(4) - PGE 2016 Budget of Expenditures

Enclosed for filing is Portland General Electric Company's Budget of Expenditures Report for the 2016 calendar year. This report is being provided per OAR 860-027-0015 and the October 1, 2016, OPUC E-Report Filing requirements. No hardcopy will be submitted.

Should you have any questions, please call me at (503) 464-8937 or Tamara Neitzke, Director, Corporate Planning, Performance & Supply Chain at (503) 464-7129.

Sincerely,

Stefan Brown

Manager, Regulatory Affairs

SB/sp Encls.

cc: Chris Liddle Tammy Neitzke 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

2016

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	UTIL	TT.

Portland General Electric Company		<u> </u>			
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 ORGANIZATI	ON IF NOT INCOPORATED	DATE ORGA	ANIZED
Oregon	July 25, 1930				

STATE THE CLASSES OF UTILITY AND OTHER SERVICES FURNISHED BY THE UTILITY IN EACH STATE IN WHICH THE UTILITY OPERATES

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.

Page 2

ANNUAL SALARY AND OTHER COMPENSATION OF OFFICERS AND RETIRED EXECUTIVES

PERMANENTAL SALARY AND OTHER COMPENSATION OF OFFICERS AND RETIRED EXECUTIVE OFFICER. AN 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.

ARLE	EN N. BARNETT, VICE PRESIDENT, HUMAN RE	SOURCES, DIVERSIT	Y & INCLUSI	ON, ADMINISTRATION (RI	ETIRED 9)
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	ĺ			
4	LIFE & DISABILITY INSURANCE (*)				
5	INCOME PROTECTION INSURANCE				
6	DISCOUNT ON UTILITY SERVICE				
7	PENSION PLAN (*)				
8	DISCOUNT ON UTILITY SERVICE PENSION PLAN (*) SAVINGS PLAN (*) STOCK PURCHASE PLAN (*)				
9	STOCK PURCHASE PLAN (9)	235,546	921		
10	PAID PARKING				
11	MEMBERSHIPS				
12 13	TOTAL OTHER COMPENSATION	235,546			
14	PERCENT ASSIGNED TO OREGON	100%			
		100%			
15	DEFERRED COMP. IN SALARY (7) BONUS EARNED IN PRIOR YEAR (8)				
16	BONUS EARNED IN PRIOR YEAR				
LADD	I Y BEKKEDAHL, VICE PRESIDENT, TRANSMISS	ION & DISTRIBUTION	I		
	DESCRIPTION OF COMPENSATION			PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
1	ANNUAL SALARY (3)		588		
•		\$ 281,244			
•	ANNUAL SALARY ⁽³⁾ AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE				
2	AMOUNT ASSIGNED TO OREGON	\$ 281,244 100%	588		
2	AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE (4)	\$ 281,244 100%	588		
2 3 4	AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE (4) INCOME PROTECTION INSURANCE	\$ 281,244 100%	588		
2 3 4 5	AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE (4) INCOME PROTECTION INSURANCE	\$ 281,244 100% 14,180 21,836	588 926 926		
2 3 4 5 6	AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE (4) INCOME PROTECTION INSURANCE	\$ 281,244 100% 14,180 21,836 15,900	588 926 926 926		
2 3 4 5 6 7 8	AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE (4) INCOME PROTECTION INSURANCE	\$ 281,244 100% 14,180 21,836 15,900 232,503	588 926 926 926 921		
2 3 4 5 6 7 8 9	AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE (4) INCOME PROTECTION INSURANCE	\$ 281,244 100% 14,180 21,836 15,900	588 926 926 926		
2 3 4 5 6 7 8 9 10	AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE (4) INCOME PROTECTION INSURANCE	\$ 281,244 100% 14,180 21,836 15,900 232,503	588 926 926 926 921		
2 3 4 5 6 7 8 9 10 11	AMOUNT 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	\$ 281,244 100% 14,180 21,836 15,900 232,503 2,880	588 926 926 926 921		
2 3 4 5 6 7 8 9 10 11 12	AMOUNT 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	\$ 281,244 100% 14,180 21,836 15,900 232,503 2,880	588 926 926 926 921		
3 4 5 6 7 8 9 10 11 12 13	AMOUNT 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	\$ 281,244 100% 14,180 21,836 15,900 232,503 2,880 287,299 100%	588 926 926 926 921		
2 3 4 5 6 7 8 9 10 11 12	AMOUNT 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 DEFERRED COMP. IN SALARY (*)	\$ 281,244 100% 14,180 21,836 15,900 232,503 2,880	588 926 926 926 921		
3 4 5 6 7 8 9 10 11 12 13	AMOUNT 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	\$ 281,244 100% 14,180 21,836 15,900 232,503 2,880 287,299 100%	588 926 926 926 921		
2 3 4 5 6 7 8 9 10 11 12 13 14	AMOUNT 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 DEFERRED COMP. IN SALARY (*)	\$ 281,244 100% 14,180 21,836 15,900 232,503 2,880 287,299 100%	588 926 926 926 921		

CARC	L A. DILLIN, VICE PRESIDENT, CUSTOMER ST	RATEGIES AND BUSI	NESS DEVEL	OPMENT	Page 3
NO.	DESCRIPTION OF COMPENSATION	PAID BY COMPANY	ACCOUNT#	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
1a	ANNUAL SALARY	\$ 216,947	903		
1b	ANNUAL SALARY	\$ 72,316	920		
1	ANNUAL SALARY TOTAL (3)	\$ 289,263			
2	AMOUNT ASSIGNED TO OREGON	100%			
3	MEDICAL & DENTAL INSURANCE	11,844	926		
4	LIFE & DISABILITY INSURANCE (4)	Í			
5	S INCOME PROTECTION INSURANCE				
6	INCOME PROTECTION INSURANCE DISCOUNT ON UTILITY SERVICE PENSION PLAN (*) SAVINGS PLAN STOCK PURCHASE PLAN (*) DAID PARKING				
7	PENSION PLAN (5)	21,836	926		
8	일 SAVINGS PLAN	15,900	926		
9	STOCK PURCHASE PLAN (b)	238,383	921		
10	PAID PARKING	2,880	921		· ·
11	MEMBERSHIPS OTHER BENEFITS				
12	OTHER BENEFITS				
13	TOTAL OTHER COMPENSATION	290,842			
14	PERCENT ASSIGNED TO OREGON	100%			
15	DEFERRED COMP. IN SALARY (7)	37,026			
16	BONUS EARNED IN PRIOR YEAR (8)			,	
J. JEF	FREY DUDLEY, VICE PRESIDENT, GENERAL C	OUNSEL AND CORP	ORATE COMP	LIANCE OFFICER	
NO.	DESCRIPTION OF COMPENSATION	PAID BY COMPANY	ACCOUNT #	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
1	ANNUAL SALARY (3)	\$ 369,929	920		
2	AMOUNT ASSIGNED TO OREGON	100%			
3	MEDICAL & DENTAL INSURANCE	14,180	926		•
4	LIFE & DISABILITY INSURANCE (4)				
5	INCOME PROTECTION INSURANCE				
6	DISCOUNT ON UTILITY SERVICE				
7	INCOME PROTECTION INSURANCE DISCOUNT ON UTILITY SERVICE PENSION PLAN (*) SAVINGS PLAN STOCK PURCHASE PLAN (*) PAID PARKING MEMBERSHIPS	21,836	926		
8	្ឋ SAVINGS PLAN	15,900	926		
9	STOCK PURCHASE PLAN®	355,077	921		
10	PAID PARKING	2,880	921		
11	및 MEMBERSHIPS				
12	OTHER BENEFITS	400.070			
13	TOTAL OTHER COMPENSATION	409,873			
14	PERCENT ASSIGNED TO OREGON	100%			
15	DEFERRED COMP. IN SALARY (7)	199,669			
16	BONUS EARNED IN PRIOR YEAR (8)				

	PBELL A. HENDERSON, VICE PRESIDENT, INFO				
NO.	DESCRIPTION OF COMPENSATION	PAID BY COMPANY	ACCOUNT#	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
1	ANNUAL SALARY (3)	\$ 253,258	184		
2	AMOUNT ASSIGNED TO OREGON	100%	1		
3	MEDICAL & DENTAL INSURANCE	13,411	926		
4	LIFE & DISABILITY INSURANCE (*)				
5	S INCOME PROTECTION INSURANCE				
6	DISCOUNT ON UTILITY SERVICE PENSION PLAN (5) SAVINGS DI ANI		!		
7	PENSION PLAN (9)	20,868	926		
8	B SAVINGS PLAN	15,195	926		
9	STOCK PURCHASE PLAN (9)	198,815	921		
10	PAID PARKING MEMBERSHIPS	2,880	921		
11	T				
12	OTHER BENEFITS	251 172			
13	TOTAL OTHER COMPENSATION	251,170			
14	PERCENT ASSIGNED TO OREGON	100%			
15	DEFERRED COMP. IN SALARY (7)	6,331			
16	BONUS EARNED IN PRIOR YEAR (8)				
JAME	S F. LOBDELL, SENIOR VICE PRESIDENT, FINA	NCE, CFO AND TREA	ASURER		
			10011LIT		
NO.				PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1	DESCRIPTION OF COMPENSATION ANNUAL SALARY (3)			PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
1		PAID BY COMPANY	ACCOUNT#	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
1	ANNUAL SALARY (*) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE	PAID BY COMPANY \$ 411,033	ACCOUNT#	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
1 2 3 4	ANNUAL SALARY (*) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE (*)	PAID BY COMPANY \$ 411,033 100%	ACCOUNT # 920	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
1 2 3 4	ANNUAL SALARY (*) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE (*)	PAID BY COMPANY \$ 411,033 100%	ACCOUNT # 920	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
1 2 3 4	ANNUAL SALARY (*) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE (*)	PAID BY COMPANY \$ 411,033 100% 13,411	920 926	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
1 2 3 4	ANNUAL SALARY (*) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE (*)	PAID BY COMPANY \$ 411,033 100% 13,411 21,836	920 926 926	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
1 2 3 4	ANNUAL SALARY (*) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE (*)	PAID BY COMPANY \$ 411,033 100% 13,411 21,836 15,900	920 926 926 926 926	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
1 2 3 4 5 6 7 8 9	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 (*)	PAID BY COMPANY \$ 411,033 100% 13,411 21,836 15,900 467,127	926 926 926 926 926 921	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
1 2 3 4 5 6 7 8 9	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 (*) PAID PARKING	PAID BY COMPANY \$ 411,033 100% 13,411 21,836 15,900	920 926 926 926 926	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
1 2 3 4 5 6 7 8 9	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 (*) PAID PARKING	PAID BY COMPANY \$ 411,033 100% 13,411 21,836 15,900 467,127	926 926 926 926 926 921	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
1 2 3 4 5 6 7 8 9 10 11	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 (*) PAID PARKING MEMBERSHIPS OTHER BENEFITS	PAID BY COMPANY \$ 411,033 100% 13,411 21,836 15,900 467,127 2,880	926 926 926 926 926 921	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
1 2 3 4 5 6 7 8 9 10 11 12 13	ANNUAL SALARY (*) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE OF PROTECTION INSURANCE DISCOUNT ON UTILITY SERVICE PENSION PLAN (*) SAVINGS PLAN STOCK PURCHASE PLAN (*) PAID PARKING MEMBERSHIPS OTHER BENEFITS TOTAL OTHER COMPENSATION	PAID BY COMPANY \$ 411,033 100% 13,411 21,836 15,900 467,127 2,880 521,154	926 926 926 926 926 921	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
1 2 3 4 5 6 7 8 9 10 11 12 13	ANNUAL SALARY (*) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE 'O' 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 \$ 411,033 100% 13,411 21,836 15,900 467,127 2,880 521,154 100%	926 926 926 926 926 921	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
1 2 3 4 5 6 7 8 9 10 11 12 13	ANNUAL SALARY (*) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE OF PROTECTION INSURANCE DISCOUNT ON UTILITY SERVICE PENSION PLAN (*) SAVINGS PLAN STOCK PURCHASE PLAN (*) PAID PARKING MEMBERSHIPS OTHER BENEFITS TOTAL OTHER COMPENSATION	PAID BY COMPANY \$ 411,033 100% 13,411 21,836 15,900 467,127 2,880 521,154	926 926 926 926 926 921	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
1 2 3 4 5 6 7 8 9 10 11 12 13 14	ANNUAL SALARY (*) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE 'O' 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 \$ 411,033 100% 13,411 21,836 15,900 467,127 2,880 521,154 100%	926 926 926 926 926 921	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.

WILLI	AM O. NICHOLSON, SENIOR VICE PRESIDENT,				Page 5
NO.	DESCRIPTION OF COMPENSATION	PAID BY COMPANY	ACCOUNT #	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
1a	ANNUAL SALARY	294,178			-
1c	ANNUAL SALARY	22,142	920		
1	ANNUAL SALARY TOTAL (**)	\$ 316,320			
2	AMOUNT ASSIGNED TO OREGON	100%			
3	MEDICAL & DENTAL INSURANCE	13,411	926		
4	LIFE & DISABILITY INSURANCE (4)				
5	INCOME PROTECTION INSURANCE				
6	DISCOUNT ON UTILITY SERVICE				
7	PENSION PLAN (9)	21,836	926		
8	SAVINGS PLAN	15,900	926		
9	STOCK PURCHASE PLAN (6)	259,019	921		
10	PAID PARKING	2,880	921		
11	PENSION PLAN (*) SAVINGS PLAN STOCK PURCHASE PLAN (*) PAID PARKING MEMBERSHIPS OTHER BENEFITS				
12 13	OTHER BENEFITS 近 TOTAL OTHER COMPENSATION	313,046			
	F PERCENT ASSIGNED TO OREGON	100%			
14	101				
15	DEFERRED COMP. IN SALARY (7)	7,212			
16	DNUS EARNED IN PRIOR YEAR (8)				
	S J. PIRO, PRESIDENT AND CHIEF EXECUTIVE				
NO.	DESCRIPTION OF COMPENSATION	PAID BY COMPANY		PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
		PAID BY COMPANY \$ 791,875	ACCOUNT # 920	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO.	DESCRIPTION OF COMPENSATION ANNUAL SALARY TOTAL (8) AMOUNT ASSIGNED TO OREGON	PAID BY COMPANY \$ 791,875 100%	920	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1	DESCRIPTION OF COMPENSATION ANNUAL SALARY TOTAL (8) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE	PAID BY COMPANY \$ 791,875		PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1 2 3 4	DESCRIPTION OF COMPENSATION ANNUAL SALARY TOTAL (3) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE (9)	PAID BY COMPANY \$ 791,875 100%	920	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1 2 3 4 5	DESCRIPTION OF COMPENSATION ANNUAL SALARY TOTAL (5) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE (9) INCOME PROTECTION INSURANCE	PAID BY COMPANY \$ 791,875 100%	920	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1 2 3 4 5	DESCRIPTION OF COMPENSATION ANNUAL SALARY TOTAL (5) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE (9) INCOME PROTECTION INSURANCE DISCOUNT ON UTILITY SERVICE	PAID BY COMPANY \$ 791,875 100% 13,411	920 926	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1 2 3 4 5 6 7	DESCRIPTION OF COMPENSATION ANNUAL SALARY TOTAL (5) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE (9) INCOME PROTECTION INSURANCE DISCOUNT ON UTILITY SERVICE	PAID BY COMPANY \$ 791,875 100% 13,411 21,836	920 926 926	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1 2 3 4 5 6 7 8	DESCRIPTION OF COMPENSATION ANNUAL SALARY TOTAL (5) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE (9) INCOME PROTECTION INSURANCE DISCOUNT ON UTILITY SERVICE	PAID BY COMPANY \$ 791,875 100% 13,411 21,836 15,900	920 926 926 926	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1 2 3 4 5 6 7 8 9	DESCRIPTION OF COMPENSATION ANNUAL SALARY TOTAL (5) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE (9) INCOME PROTECTION INSURANCE DISCOUNT ON UTILITY SERVICE	PAID BY COMPANY \$ 791,875 100% 13,411 21,836 15,900 1,686,099	920 926 926 926 921	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1 2 3 4 5 6 7 8 9 10	DESCRIPTION OF COMPENSATION ANNUAL SALARY TOTAL ⁽⁵⁾ 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⁾ IN AD PARKING	PAID BY COMPANY \$ 791,875 100% 13,411 21,836 15,900	920 926 926 926	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1 2 3 4 5 6 7 8 9 10 11	DESCRIPTION OF COMPENSATION ANNUAL SALARY TOTAL ⁽⁵⁾ 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⁾ IN AD PARKING	PAID BY COMPANY \$ 791,875 100% 13,411 21,836 15,900 1,686,099	920 926 926 926 921	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1 2 3 4 5 6 7 8 9 10 11 12	DESCRIPTION OF COMPENSATION ANNUAL SALARY TOTAL (5) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE (9) INCOME PROTECTION INSURANCE DISCOUNT ON UTILITY SERVICE PENSION PLAN (5) SAVINGS PLAN STOCK PURCHASE PLAN (6) PAID PARKING MEMBERSHIPS O THER BENEFITS	PAID BY COMPANY \$ 791,875 100% 13,411 21,836 15,900 1,686,099 2,880	920 926 926 926 921	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1 2 3 4 5 6 7 8 9 10 11 12 13	DESCRIPTION OF COMPENSATION ANNUAL SALARY TOTAL (5) 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 OTHER BENEFITS TOTAL OTHER COMPENSATION	PAID BY COMPANY \$ 791,875 100% 13,411 21,836 15,900 1,686,099 2,880	920 926 926 926 921	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1 2 3 4 5 6 7 8 9 10 11 12 13 14	DESCRIPTION OF COMPENSATION ANNUAL SALARY TOTAL (5) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE (17) INCOME PROTECTION INSURANCE DISCOUNT ON UTILITY SERVICE PENSION PLAN (5) SAVINGS PLAN STOCK PURCHASE PLAN (16) PAID PARKING MEMBERSHIPS OTHER BENEFITS TOTAL OTHER COMPENSATION PERCENT ASSIGNED TO OREGON	PAID BY COMPANY \$ 791,875 100% 13,411 21,836 15,900 1,686,099 2,880 1,740,126 100%	920 926 926 926 921	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	DESCRIPTION OF COMPENSATION ANNUAL SALARY TOTAL (5) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE (9) INCOME PROTECTION INSURANCE DISCOUNT ON UTILITY SERVICE PENSION PLAN (5) SAVINGS PLAN STOCK PURCHASE PLAN (6) PAID PARKING MEMBERSHIPS OTHER BENEFITS TOTAL OTHER COMPENSATION DEFERRED COMP. IN SALARY (7)	PAID BY COMPANY \$ 791,875 100% 13,411 21,836 15,900 1,686,099 2,880	920 926 926 926 921	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
NO. 1 2 3 4 5 6 7 8 9 10 11 12 13 14	DESCRIPTION OF COMPENSATION ANNUAL SALARY TOTAL (5) AMOUNT ASSIGNED TO OREGON MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE (17) INCOME PROTECTION INSURANCE DISCOUNT ON UTILITY SERVICE PENSION PLAN (5) SAVINGS PLAN STOCK PURCHASE PLAN (16) PAID PARKING MEMBERSHIPS OTHER BENEFITS TOTAL OTHER COMPENSATION PERCENT ASSIGNED TO OREGON	PAID BY COMPANY \$ 791,875 100% 13,411 21,836 15,900 1,686,099 2,880 1,740,126 100%	920 926 926 926 921	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.

	A M. POPE, SENIOR VICE PRESIDENT, POWER				Page 6
NO.		PAID BY COMPANY	ACCOUNT #	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
1	ANNUAL SALARY TOTAL (3)	\$ 447,914	557		
2	AMOUNT ASSIGNED TO OREGON	100%	1		·
3	MEDICAL & DENTAL INSURANCE	16,996	926		
4	LIFE & DISABILITY INSURANCE (4)				
5	INCOME PROTECTION INSURANCE				
6	DISCOUNT ON UTILITY SERVICE				
7	PENSION PLAN (9)	21,836	926		
8	SAVINGS PLAN	15,900	926		
9	FENSION PLAN (*) SAVINGS PLAN STOCK PURCHASE PLAN (*) FAID PARKING MEMBERSHIPS OF OTHER BENEFITS	541,523	921		
10	PAID PARKING	2,880	921		
11 12	MEMBERSHIPS OTHER BENEFITS				
13	M TOTAL OTHER COMPENSATION	599,135			
	TOTAL OTHER COMPENSATION FERCENT ASSIGNED TO OREGON	100%			
14	PERCENT ASSIGNED TO OREGON				
15	DEFERRED COMP. IN SALARY (7)	27,995			
16	DNUS EARNED IN PRIOR YEAR (8)	•			
	HEN M. QUENNOZ, VICE PRESIDENT, NUCLEAI				
	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	INCOME PROTECTION INSURANCE				
6	DISCOUNT ON UTILITY SERVICE PENSION PLAN (5)				
7	[()]				
8 9	SAVINGS PLAN STOCK PURCHASE PLAN (b)	273,040	921		
10	PAID PARKING	213,040	321		
11	STOCK PURCHASE PLAN (*) PAID PARKING MEMBERSHIPS				
12	O OTHER BENEFITS				
13	置 TOTAL OTHER COMPENSATION	273,040			
14	PERCENT ASSIGNED TO OREGON	100%			
15	DEFERRED COMP. IN SALARY (7)	10070			
	 				
16	DNUS EARNED IN PRIOR YEAR ⁽⁸⁾				

	AVID ROBERTSON, VICE PRESIDENT, PUBLIC F				Page 7
	DESCRIPTION OF COMPENSATION			PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
	ANNUAL SALARY	274,553	920	1	
1b	ANNUAL SALARY	2,921	426.5		
1c	ANNUAL SALARY	14,604	426.4		
1	ANNUAL SALARY TOTAL (3)	\$ 292,078			
2	AMOUNT ASSIGNED TO OREGON	100%			
3	MEDICAL & DENTAL INSURANCE	16,996	926		
4	LIFE & DISABILITY INSURANCE (4)				
5	INCOME PROTECTION INSURANCE				
6	DISCOUNT ON UTILITY SERVICE				
7	Z PENSION PLAN (b)	21,836	926		
8	SAVINGS PLAN	15,900	926		
9	്ള് STOCK PURCHASE PLAN®	239,924	921		
10	PENSION PLAN	2,880	921		
11	MEMBERSHIPS				
12	OTHER BENEFITS				
13	質 TOTAL OTHER COMPENSATION	297,536			
14	FERCENT ASSIGNED TO OREGON	100%			
15	DEFERRED COMP. IN SALARY (7)	5,476			
16	DNUS EARNED IN PRIOR YEAR (8)				
KRIST	IN A. STATHIS, VICE PRESIDENT, CUSTOMER				
NO.	DESCRIPTION OF COMPENSATION			PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
1	ANNUAL SALARY (3)	\$ 235,892	903		
2	AMOUNT ASSIGNED TO OREGON	100%			
3	MEDICAL & DENTAL INSURANCE	11,844	926		
4	LIFE & DISABILITY INSURANCE (4)				
5	INCOME PROTECTION INSURANCE				,
6	DISCOUNT ON UTILITY SERVICE				
7	PENSION PLAN (5)	19,438	926		
8	SAVINGS PLAN	14,154	926		
9	STOCK PURCHASE PLAN (6)	184,150	921		
10	PAID PARKING	2,880	921		
11	MEMBERSHIPS				
12	OTHER BENEFITS				
13	TOTAL OTHER COMPENSATION	232,464			
14	PERCENT ASSIGNED TO OREGON	100%			
15	DEFERRED COMP. IN SALARY (7)	18,046			
16	BONUS EARNED IN PRIOR YEAR (8)				

BRUC	CE O. CARPENTER, VICE PRESIDENT, DISTRIB	UTION SERVICES (RE	ETIRED 9)		Page 8
NO.	DESCRIPTION OF COMPENSATION			PAID BY AFFILIATE CO.	
1	ANNUAL SALARY 197	\			
2	AMOUNT ASSIGNED TO OREGON		i		
3	MEDICAL & DENTAL INSURANCE				
4	LIFE & DISABILITY INSURANCE (4)		İ		
5	INCOME PROTECTION INSURANCE				
6	DISCOUNT ON UTILITY SERVICE			1	
7	PENSION PLAN (5)			1	
8	SAVINGS PLAN				
9	STOCK PURCHASE PLAN (15)	77,446	921	1	
10	PAID PARKING		ŀ	1	
11	MEMBERSHIPS			1	
12	OTHER BENEFITS		j		
13	TOTAL OTHER COMPENSATION	77,446		<u> </u>	
14	PERCENT ASSIGNED TO OREGON	100%		1	
15	DEFERRED COMP. IN SALARY (1)				
16	BONUS EARNED IN PRIOR YEAR (8)	i			1
			L	<u> </u>	1
	F. MERSEREAU, VICE PRESIDENT, HUMAN RI				1977 S.
NO.	DESCRIPTION OF COMPENSATION ANNUAL SALARY®	\$ 234,888	920	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
			920		
2	AMOUNT ASSIGNED TO OREGON	100%	000		
3	MEDICAL & DENTAL INSURANCE LIFE & DISABILITY INSURANCE (4)	17,078	926		
4 5	INCOME PROTECTION INSURANCE				
6	DISCOUNT ON UTILITY SERVICE				
7	PENSION PLAN (5)				
8	SAVINGS PLAN	23,489	926]
9	STOCK PURCHASE PLAN (6)	63,627	921	İ	l
10	PAID PARKING	2,880	921		
11	MEMBERSHIPS	2,000	021		
12	OTHER BENEFITS			1	1
13	TOTAL OTHER COMPENSATION	107,074			
14	PERCENT ASSIGNED TO OREGON	100%			
15	DEFERRED COMP. IN SALARY (1)	21,199			ŀ
	BONUS EARNED IN PRIOR YEAR (8)	21,100			ŀ
BRAD	LEY Y JENKINS, VICE PRESIDENT, NUCLEAR	AND POWER SUPPLY	/ GENERATION	ON	
NO.	DESCRIPTION OF COMPENSATION	PAID BY COMPANY	ACCOUNT#	PAID BY AFFILIATE CO.	NAME OF AFFILIATED CO.
1	ANNUAL SALARY®	\$ 255,313	557		
2	AMOUNT ASSIGNED TO OREGON	100%			
3	MEDICAL & DENTAL INSURANCE	11,844			
4	LIFE & DISABILITY INSURANCE (4)				
5	INCOME PROTECTION INSURANCE				
6	DISCOUNT ON UTILITY SERVICE				
7	PENSION PLAN (5)	-	926		Í
8	SAVINGS PLAN	25,531	926		
9	STOCK PURCHASE PLAN (6)	96,075	921		
10	PAID PARKING	5,340	921		
11	MEMBERSHIPS ·				
12	OTHER BENEFITS	400 700			
13	TOTAL OTHER COMPENSATION	138,790			
14	PERCENT ASSIGNED TO OREGON	100%		•	
15	DEFERRED COMP. IN SALARY (7) BONUS EARNED IN PRIOR YEAR (8)	15,395			l
16	DOMOG EARNED IN PRIOR YEAR				l
					L

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Notes to 2016 Budget of Expenditures Page 1

- (1) PGE also provides steam to five 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 3.0% escalation effective mid-March 2016.
- (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 2016.
- (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.

DONATIONS AND MEMBERSHIPS

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

- 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
IAME OF ORGANIZATION	CITY, STATE	NUMBER	TOTAL AMOUNT	OREGON
<u>Contributions</u>				
mployee Giving Campaign		426.1	460,000	100%
mployee Volunteer Grants		426.1	122,000	100%
trategic Contributions		426.1 426.1	456,905	100% 100%
ickets for Non-Profit Fundraisers		420.1	110,000 \$ 1,148,905	100%
lemberships			\$ 1,140,500	
orporate Utility Memberships		930.2	3,418,150	100%
dividual Utility Memberships		921.0	171,194	100%
ivic, Community, and Nonutility Memberships		426.5	309,443	100%
ederal Lobbying Memberships		426.4	86,133	100%
			\$ 3,984,920	
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EXPENDITURES FOR PENSIONS OR A TRUST TO PROVIDE PENSIONS

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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.

	T	T	AMOUNT
	ACCOUNT		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 2016 is \$22,153,000 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	17,256,000 32,098,000 (40,637,000) - 13,436,000 \$ 22,153,000	100% 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	\$ 18,148,252	
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 \$18.1 million are expected to be made to the PGE Company 401(k) Plan in 2016.			
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

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 \$225,545 for political contributions in 2016, 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 F	OR THE PURCHASE	OR SALE	OF EQUIPMENT
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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.

		<u> </u>	AMOUNT
NAME AND ADDRESS OF PERSON OR ORGANIZATION, DESCRIPTION OF EQUIPMENT	ACCOUNT NUMBER	TOTAL AMOUNT	ASSIGNED TO OREGON
Information regarding the purchase or sale of equipment will be provided oursuant to OAR 980.			
Information regarding the purchase or sale of equipment will be provided pursuant to OAR 860-027-0015 & OAR 860-027-0025 as applicable.			
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EXPENDITURES TO ANY PERSON OR ORGANIZATION HAVING AN AFFILIATED INTEREST FOR SERVICES, ETC.

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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	4,973,100.00	
Catering: Salmon Spring Hospitality Group 121 SW Salmon St Portland, OR PGE does not specifically budget for intra-company catering, however 2015 actuals pproximate \$945k	9210900		
GE has budgeted to purchase \$245,177.45 of power from SunWay 2 & 3, however, nese entities are not considered to be affiliates per the definitions in ORS 757.015 and PRS 759.010.			

CERTIFICATION	

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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

NAME OF OFFICER

DATE

DATE

JAMES F. LOBINEU

3-25-15