

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

Aelea for Congress

ADDRESS (number and street)

PO Box 7042

Check if different than previously reported. (ACC)

Bend

OR

97708

2. FEC IDENTIFICATION NUMBER

C C00558304

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT

X

NEW (N)

OR

AMENDED (A)

OR

02

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2)
October 15 Quarterly Report (Q3)
January 31 Year-End Report (YE)
Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

- Primary (12P)
General (12G)
Runoff (12R)
Convention (12C)
Special (12S)

Election on MM/DD/YYYY in the State of

(c) 30-Day POST-Election Report for the:

- X General (30G)
Runoff (30R)
Special (30S)

Election on MM/DD/YYYY in the State of OR

5. Covering Period

MM/DD/YYYY through MM/DD/YYYY
10/16/2014 through 11/24/2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Kevin Neely

Signature of Treasurer Kevin Neely

[Electronically Filed]

Date

MM/DD/YYYY
12/03/2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Table with 7 columns and 1 row for Office Use Only.

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Aelea for Congress

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	<input type="text" value="12010.78"/>	<input type="text" value="116542.17"/>
(b) Total Contribution Refunds (from Line 20(d))	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	<input type="text" value="12010.78"/>	<input type="text" value="116542.17"/>
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	<input type="text" value="34812.66"/>	<input type="text" value="114045.39"/>
(b) Total Offsets to Operating Expenditures (from Line 14).....	<input type="text" value="0.00"/>	<input type="text" value="200.00"/>
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	<input type="text" value="34812.66"/>	<input type="text" value="113845.39"/>
8. Cash on Hand at Close of Reporting Period (from Line 27).....	<input type="text" value="731.40"/>	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="10000.00"/>	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

Aelea for Congress

Report Covering the Period: From: 10 / 16 / 2014 To: 11 / 24 / 2014

I. RECEIPTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of 11 / 04 / 2014 (date of general election)	COLUMN C Total for 11 / 05 / 2014 (date after general election)
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other than Political Committees		
(i) Itemized (use Schedule A)		
7302.00	69027.00	0.00
(ii) Unitemized		
4485.00	35891.39	0.00
(iii) Total of contributions from individuals		
11787.00	104918.39	0.00
(b) Political Party Committees		
0.00	5000.00	0.00
(c) Other Political Committees		
223.78	1623.78	0.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 4 / 32

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	5000.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
12010.78	116542.17	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	15000.00	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	15000.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
0.00	200.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00	3389.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
12010.78	135131.17	0.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

Write or Type Committee Name

Aelea for Congress

Report Covering the Period: From: / / To: / /

II. DISBURSEMENTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
17. OPERATING EXPENDITURES		
<input type="text" value="34812.66"/>	<input type="text" value="114045.39"/>	<input type="text" value="20420.95"/>
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Of All Other Loans		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Political Party Committees		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 6 / 32

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
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(c) Other Political Committees (such as PACs)

0.00	0.00	0.00
------	------	------

(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

0.00	0.00	0.00
------	------	------

21. OTHER DISBURSEMENTS

0.00	0.00	0.00
------	------	------

22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)

34812.66	114045.39	20420.95
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III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

12010.78	116542.17	0.00
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IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

34812.66	113845.39	20420.95
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V. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	23533.28
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	12010.78
25. SUBTOTAL (add Line 23 and Line 24).....	35544.06
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	34812.66
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	731.40

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 32
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Aelea for Congress

A. Full Name (Last, First, Middle Initial)
Laurie Askew

Mailing Address 27427 Jelinek Rd

City Malin State OR Zip Code 97632-

FEC ID number of contributing federal political committee. **C**

Name of Employer Askew Farms Occupation Farmer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 19 / 2014

Transaction ID : CN102314124410La

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Michelle Atkinson

Mailing Address 325 Lynwood Ave

City Medford State OR Zip Code 97504-

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Communications

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 03 / 2014

Transaction ID : CN112214070724Mi

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Ray Auel

Mailing Address 2020 SW Market Street #102

City Portland State OR Zip Code 97201-

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 31 / 2014

Transaction ID : CN110814054742Ra

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 32
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Aelea for Congress

A. Full Name (Last, First, Middle Initial)
Laura Baden

Mailing Address 1120 Fern St

City Ashland State OR Zip Code 97520-

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation None

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 25 / 2014

Transaction ID : CN110814060540La

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Marc Cameron

Mailing Address PO Box 4187

City Sunriver State OR Zip Code 97707-

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 29 / 2014

Transaction ID : CN110814060253Ma

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Deanna Campbell

Mailing Address 2552 Youngdale Dr

City Las Vegas State NV Zip Code 89134-

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation None

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 27 / 2014

Transaction ID : CN110814060502De

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

650.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 32
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Aelea for Congress

A. Full Name (Last, First, Middle Initial)
James Christiano

Mailing Address 2716 Pebble Dr

City State Zip Code
Corona Del Mar CA 92625-

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Shoutpoint Telecommunications

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1350.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 02 / 2014

Transaction ID : CN110814061629Ja

Amount of Each Receipt this Period
1350.00

INKIND: telephone town hall

B. Full Name (Last, First, Middle Initial)
William Claridge

Mailing Address 3313 SW 34th St

City State Zip Code
Redmond OR 97756-

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
St. Charles Medical System Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
502.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 03 / 2014

Transaction ID : CN110814055435Wi

Amount of Each Receipt this Period
252.00

C. Full Name (Last, First, Middle Initial)
Marguerite Cohen

Mailing Address 620 SE 55th Ave

City State Zip Code
Portland OR 97215-

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
None None

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 31 / 2014

Transaction ID : CN110814054726Ma

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2102.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 32
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Aelea for Congress

A. Full Name (Last, First, Middle Initial)
Anne Diller

Mailing Address 1318 Peartree Ln

City Medford State OR Zip Code 97504-

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 18 / 2014

Transaction ID : CN101914093913An

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
K. Reed Gleason

Mailing Address 9615 NW Skyline Blvd

City Portland State OR Zip Code 97231-

FEC ID number of contributing federal political committee. **C**

Name of Employer Cascade Microtech Occupation Vice President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 03 / 2014

Transaction ID : CN110814055452K.

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
William Harris

Mailing Address 2803 NW Cumberland Rd

City Portland State OR Zip Code 97210-

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation None

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 03 / 2014

Transaction ID : CN110814055641Wi

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1600.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 32
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Aelea for Congress

A. Full Name (Last, First, Middle Initial)
Dennis Johnson

Mailing Address 2670 SW Montgomery Dr

City Portland State OR Zip Code 97201-

FEC ID number of contributing federal political committee. **C**

Name of Employer McDonald Jacobs Occupation Accountant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 22 / 2014

Transaction ID : CN102314124255De

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Porter Lombard

Mailing Address 2425 East Main St

City Medford State OR Zip Code 97504-

FEC ID number of contributing federal political committee. **C**

Name of Employer none Occupation none

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 03 / 2014

Transaction ID : CN110814055359Po

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
Marshall McComb

Mailing Address 1641 Washington Av

City Baker City State OR Zip Code 97814-

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation none

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1400.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 20 / 2014

Transaction ID : CN102314124327Ma

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

550.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 32
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Aelea for Congress

A. Full Name (Last, First, Middle Initial)
Walt McMonies

Mailing Address 3131 SW Altadena Terr

City State Zip Code
Portland OR 97239-

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Lane Powell Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 31 / 2014

Transaction ID : CN110814054752Wa

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
James Meyer

Mailing Address 1211 SW Fifth Ave
Suite 720

City State Zip Code
Portland OR 97204-

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Investor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 23 / 2014

Transaction ID : CN102514110238Ja

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Edward Morey

Mailing Address 127 Ferry Rd

City State Zip Code
Grants Pass OR 97526-

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Redwood Nursery nurseryman

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 03 / 2014

Transaction ID : CN110814055548Ed

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

750.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 32
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Aelea for Congress

A. Full Name (Last, First, Middle Initial)
Mary Ostrander

Mailing Address 61725 Ward

City Bend State OR Zip Code 97702-

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation None

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 31 / 2014

Transaction ID : CN110814055940Ma

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Ron Schaaf

Mailing Address 9687 Highway 66

City Ashland State OR Zip Code 97520-

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Property/Forestry manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 31 / 2014

Transaction ID : CN110814055022Ro

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
George Sheldon

Mailing Address 2445 NW Westover Terr
Unit 204

City Portland State OR Zip Code 97210-

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 30 / 2014

Transaction ID : CN110814053226Ge

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

600.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 32
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Aelea for Congress

A. Full Name (Last, First, Middle Initial)
John Stephens

Mailing Address 1390 Brickley Rd

City Eugene State OR Zip Code 97401-

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2014

Transaction ID : CN110814060438Jo

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

50.00

7302.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 32
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Aelea for Congress

A. Full Name (Last, First, Middle Initial)
ActBlue

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
14027.12

Date of Receipt
 M M / D D / Y Y Y Y
10 / 19 / 2014

Transaction ID : CN102514110843Ac

Amount of Each Receipt this Period
60.00

[MEMO ITEM]
Conduit: 2 donors; PAC limit not affected.

B. Full Name (Last, First, Middle Initial)
ActBlue

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
14077.12

Date of Receipt
 M M / D D / Y Y Y Y
10 / 26 / 2014

Transaction ID : CN110814060716Ac

Amount of Each Receipt this Period
50.00

[MEMO ITEM]
Conduit: 1 donor; PAC limit not affected

C. Full Name (Last, First, Middle Initial)
Democrats of Milton Freewater

Mailing Address **53565 W Ferndale Rd**

City **Milton Freewater** State **OR** Zip Code **97862-**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
200.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 30 / 2014

Transaction ID : CN110814053505De

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

200.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 16 OF 32	
	(check only one)			
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
Aelea for Congress

A. Full Name (Last, First, Middle Initial)
Baker County Democratic Central Committee

Mailing Address Main St

City State Zip Code
Baker City OR 97814-

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
23.78

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 22 / 2014

Transaction ID : CN110814061432Ba

Amount of Each Receipt this Period
23.78

INKIND: Newspaper Advertising

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

23.78

223.78

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 32			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Aelea for Congress

Full Name (Last, First, Middle Initial) A. Christopher Adrien			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014	
Mailing Address 2923 NE Madison			Amount of Each Disbursement this Period 1008.83	
City Bend	State OR	Zip Code 97701-	Transaction ID : EX103114101654Ch	
Purpose of Disbursement Wages		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. Christopher Adrien			Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2014	
Mailing Address 2923 NE Madison			Amount of Each Disbursement this Period 372.11	
City Bend	State OR	Zip Code 97701-	Transaction ID : EX110814065748Ch	
Purpose of Disbursement Wages		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) c. James Christiano			Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2014	
Mailing Address 2716 Pebble Dr			Amount of Each Disbursement this Period 1350.00	
City Corona Del Mar	State CA	Zip Code 92625-	Transaction ID : EX110814061629Ja	
Purpose of Disbursement INKIND: telephone town hall		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	2730.94
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 32			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Aelea for Congress

Full Name (Last, First, Middle Initial) A. Aelea Christofferson		Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2014
Mailing Address 60321 Woodside Loop		Amount of Each Disbursement this Period 3940.36
City Bend State OR Zip Code 97702-	Purpose of Disbursement reimbursement per detail	Category/ Type 001
Candidate Name Aelea Christofferson	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: OR District: 02	Transaction ID : EX112214074824Ae

Full Name (Last, First, Middle Initial) B. Aelea Christofferson		Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2014
Mailing Address 60321 Woodside Loop		Amount of Each Disbursement this Period 12109.98
City Bend State OR Zip Code 97702-	Purpose of Disbursement reimbursement per detail	Category/ Type 001
Candidate Name Aelea Christofferson	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: OR District: 02	Transaction ID : EX112214073902Ae

Full Name (Last, First, Middle Initial) c. Matthew Keating		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 2486 Blackburn St		Amount of Each Disbursement this Period 1644.51
City Eugene State OR Zip Code 97405-	Purpose of Disbursement Wages	Category/ Type 001
Candidate Name	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Transaction ID : EX10161422258Ma

SUBTOTAL of Disbursements This Page (optional).....	17694.85
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 32			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Aelea for Congress

Full Name (Last, First, Middle Initial) A. Matthew Keating			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014	
Mailing Address 2486 Blackburn St			Amount of Each Disbursement this Period 1450.21	
City Eugene	State OR	Zip Code 97405-	Transaction ID : EX103114101620Ma	
Purpose of Disbursement Wages		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. Matthew Keating			Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2014	
Mailing Address 2486 Blackburn St			Amount of Each Disbursement this Period 471.86	
City Eugene	State OR	Zip Code 97405-	Transaction ID : EX110814065706Ma	
Purpose of Disbursement Wages		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) c. ActBlue Technical Services			Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2014	
Mailing Address 366 Summer St			Amount of Each Disbursement this Period 2.38	
City Somerset	State MA	Zip Code 02144-	Transaction ID : EX102514110806Ac	
Purpose of Disbursement Credit card discount fee		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	1924.45
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 32	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Aelea for Congress

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services			Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2014	
Mailing Address 366 Summer St			Amount of Each Disbursement this Period 1.98	
City Somerset	State MA	Zip Code 02144-	Transaction ID : EX110814060700Ac	
Purpose of Disbursement Credit card discount fee		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____ District: _____				

Full Name (Last, First, Middle Initial) B. Alpine Internet			Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2014	
Mailing Address 838 NW Bond			Amount of Each Disbursement this Period 336.00	
City Bend	State OR	Zip Code 97701-	Transaction ID : EX112214074935AI	
Purpose of Disbursement Google phone number		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____ District: _____			[MEMO ITEM] Reimbursement detail - A. Christofferson	

Full Name (Last, First, Middle Initial) c. Automatic Data Processing (ADP)			Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014	
Mailing Address 10151 SE Sunnyside Rd			Amount of Each Disbursement this Period 70.95	
City Clackamas	State OR	Zip Code 97015-	Transaction ID : EX110814064951Au	
Purpose of Disbursement payroll production		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____ District: _____				

SUBTOTAL of Disbursements This Page (optional).....	72.93
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 OF 32	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Aelea for Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement	
A. Automatic Data Processing (ADP)		M M / D D / Y Y Y Y 10 / 31 / 2014	
Mailing Address 10151 SE Sunnyside Rd		Amount of Each Disbursement this Period	
City Clackamas State OR Zip Code 97015-		881.53	
Purpose of Disbursement Payroll taxes		Transaction ID : EX103114101828Au	
Candidate Name		Category/Type 001	
Office Sought:	House Senate President	Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. Automatic Data Processing (ADP)		M M / D D / Y Y Y Y 11 / 07 / 2014	
Mailing Address 10151 SE Sunnyside Rd		Amount of Each Disbursement this Period	
City Clackamas State OR Zip Code 97015-		70.95	
Purpose of Disbursement Payroll production		Transaction ID : EX113014085441Au	
Candidate Name		Category/Type 001	
Office Sought:	House Senate President	Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement	
C. Automatic Data Processing (ADP)		M M / D D / Y Y Y Y 11 / 10 / 2014	
Mailing Address 10151 SE Sunnyside Rd		Amount of Each Disbursement this Period	
City Clackamas State OR Zip Code 97015-		267.35	
Purpose of Disbursement Payroll taxes		Transaction ID : EX110814065801Au	
Candidate Name		Category/Type 001	
Office Sought:	House Senate President	Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	1219.83
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 32		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
Aelea for Congress

Full Name (Last, First, Middle Initial)

A. Automatic Data Processing (ADP)

Mailing Address 10151 SE Sunnyside Rd

City Clackamas State OR Zip Code 97015-

Purpose of Disbursement Payroll production

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 11 / 21 / 2014

Amount of Each Disbursement this Period: 70.95

Transaction ID : EX112214072806Au

Category/Type: 001

Full Name (Last, First, Middle Initial)

B. Baker County Democratic Central Committee

Mailing Address Main St

City Baker City State OR Zip Code 97814-

Purpose of Disbursement INKIND: Newspaper Advertising

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 22 / 2014

Amount of Each Disbursement this Period: 23.78

Transaction ID : EX110814061432Ba

Category/Type:

Full Name (Last, First, Middle Initial)

C. C&E Systems

Mailing Address PO Box 42307

City Portland State OR Zip Code 97242-

Purpose of Disbursement Compliance services/credit card processi

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 23 / 2014

Amount of Each Disbursement this Period: 1128.17

Transaction ID : EX102314134801C&

Category/Type: 001

SUBTOTAL of Disbursements This Page (optional)..... 1222.90

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 32			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Aelea for Congress

Full Name (Last, First, Middle Initial) A. C&E Systems		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2014
Mailing Address PO Box 42307		Amount of Each Disbursement this Period 1471.31
City Portland State OR Zip Code 97242-	Purpose of Disbursement Compliance services/credit card processi Category/Type 001	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Transaction ID : EX102514103121C&

Full Name (Last, First, Middle Initial) B. C&E Systems		Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2014
Mailing Address PO Box 42307		Amount of Each Disbursement this Period 1296.36
City Portland State OR Zip Code 97242-	Purpose of Disbursement Compliance services/credit card processi Category/Type 001	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Transaction ID : EX110814062231C&

Full Name (Last, First, Middle Initial) c. California Oregon Broadcasting Inc.		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 125 South Fir		Amount of Each Disbursement this Period 5100.00
City Medford State OR Zip Code 97502-	Purpose of Disbursement Broadcast advertising Category/Type 004	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Transaction ID : EX112214074221Ca

[MEMO ITEM]
Reimbursement detail - A. Christofferson

SUBTOTAL of Disbursements This Page (optional).....	2767.67
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 32	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Aelea for Congress

Full Name (Last, First, Middle Initial) A. California Oregon Broadcasting Inc.			Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014	
Mailing Address 125 South Fir			Amount of Each Disbursement this Period 977.50	
City Medford	State OR	Zip Code 97502-	Transaction ID : EX112214074548Ca	
Purpose of Disbursement Broadcast advertising		Category/ Type 004		
Candidate Name			[MEMO ITEM] Reimbursement detail - A. Christofferson	
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) B. Deschutes Democrats			Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2014	
Mailing Address PO Box 1601			Amount of Each Disbursement this Period 500.00	
City Bend	State OR	Zip Code 97709-	Transaction ID : EX110814061920De	
Purpose of Disbursement Rent		Category/ Type 001		
Candidate Name			[MEMO ITEM] Reimbursement detail - A. Christofferson	
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) c. Facebook			Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2014	
Mailing Address 1601 S California Ave			Amount of Each Disbursement this Period 33.49	
City Palo Alto	State CA	Zip Code 94304-	Transaction ID : EX112214075135Fa	
Purpose of Disbursement online advertising		Category/ Type 001		
Candidate Name			[MEMO ITEM] Reimbursement detail - A. Christofferson	
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 32	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Aelea for Congress

Full Name (Last, First, Middle Initial) A. Facebook		Date of Disbursement MM / DD / YYYY 10 / 09 / 2014
Mailing Address 1601 S California Ave		Amount of Each Disbursement this Period 65.90
City Palo Alto	State CA Zip Code 94304-	
Purpose of Disbursement online advertising	Category/Type 004	Transaction ID : EX112214075151Fa
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Reimbursement detail - A. Christofferson
State: District:		

Full Name (Last, First, Middle Initial) B. Facebook		Date of Disbursement MM / DD / YYYY 10 / 26 / 2014
Mailing Address 1601 S California Ave		Amount of Each Disbursement this Period 289.26
City Palo Alto	State CA Zip Code 94304-	
Purpose of Disbursement online advertising	Category/Type 004	Transaction ID : EX112214074440Fa
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Reimbursement detail - A. Christofferson
State: District:		

Full Name (Last, First, Middle Initial) c. Facebook		Date of Disbursement MM / DD / YYYY 11 / 01 / 2014
Mailing Address 1601 S California Ave		Amount of Each Disbursement this Period 205.40
City Palo Alto	State CA Zip Code 94304-	
Purpose of Disbursement online advertising	Category/Type 004	Transaction ID : EX112214074632Fa
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Reimbursement detail - A. Christofferson
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 32			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Aelea for Congress

Full Name (Last, First, Middle Initial) A. La Quinta		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 434 S Valley View		Amount of Each Disbursement this Period 199.96
City Ashland	State OR	Zip Code 97520-
Purpose of Disbursement lodging	Category/Type 002	
Candidate Name	Transaction ID : EX112214075026La	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	[MEMO ITEM] Reimbursement detail - A. Christofferson	

Full Name (Last, First, Middle Initial) B. La Quinta		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 434 S Valley View		Amount of Each Disbursement this Period 230.28
City Ashland	State OR	Zip Code 97520-
Purpose of Disbursement lodging	Category/Type 002	
Candidate Name	Transaction ID : EX112214075045La	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	[MEMO ITEM] Reimbursement detail - A. Christofferson	

Full Name (Last, First, Middle Initial) C. La Quinta		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 434 S Valley View		Amount of Each Disbursement this Period 420.16
City Ashland	State OR	Zip Code 97520-
Purpose of Disbursement lodging	Category/Type 002	
Candidate Name	Transaction ID : EX112214074520La	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	[MEMO ITEM] Reimbursement detail - A. Christofferson	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 32			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Aelea for Congress

Full Name (Last, First, Middle Initial) A. Maverik's		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014	
Mailing Address 1520 Campbell St		Amount of Each Disbursement this Period 231.23	
City Baker City	State OR	Zip Code 97814-	
Purpose of Disbursement Fuel	Category/Type 002		
Candidate Name		Transaction ID : EX112214074102Ma [MEMO ITEM] Reimbursement detail - A. Christofferson	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. Morel Ink		Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2014	
Mailing Address PO Box 4625		Amount of Each Disbursement this Period 426.50	
City Portland	State OR	Zip Code 97208-	
Purpose of Disbursement Printing	Category/Type 006		
Candidate Name		Transaction ID : EX112214075651Mo	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) c. NPG of Bend		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2014	
Mailing Address 825 Edmond St		Amount of Each Disbursement this Period 3400.00	
City St Joseph	State MO	Zip Code 64501-	
Purpose of Disbursement Broadcast advertising	Category/Type 004		
Candidate Name		Transaction ID : EX112214074346NP [MEMO ITEM] Reimbursement detail - A. Christofferson	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	426.50
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 32			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Aelea for Congress

Full Name (Last, First, Middle Initial) A. NPG of Bend		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 825 Edmond St		Amount of Each Disbursement this Period 998.75
City St Joseph	State MO	Zip Code 64501-
Purpose of Disbursement Broadcast advertising	Category/Type 004	
Candidate Name		Transaction ID : EX112214074612NP
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Reimbursement detail - A. Christofferson
State: District:		

Full Name (Last, First, Middle Initial) B. Polity Group LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2014
Mailing Address PO Box 82725		Amount of Each Disbursement this Period 2800.00
City Portland	State OR	Zip Code 97282-
Purpose of Disbursement fundraising consulting	Category/Type 003	
Candidate Name		Transaction ID : EX102514105722Po
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. PressPros		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2014
Mailing Address 1132 NE 2nd St		Amount of Each Disbursement this Period 1675.00
City Bend	State OR	Zip Code 97701-
Purpose of Disbursement Lawnsigns	Category/Type 006	
Candidate Name		Transaction ID : EX112214075242Pr
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Reimbursement detail - A. Christofferson
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2800.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 32		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
Aelea for Congress

Full Name (Last, First, Middle Initial) A. ProspectPDX		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 434 NW 6th Avenue, Suite 302		Amount of Each Disbursement this Period 2500.00 Transaction ID : EX102314103158Pr
City Portland	State OR	
Zip Code 97209-	Purpose of Disbursement management, advertising and production	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. ProspectPDX		Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2014
Mailing Address 434 NW 6th Avenue, Suite 302		Amount of Each Disbursement this Period 850.00 Transaction ID : EX110814065830Pr
City Portland	State OR	
Zip Code 97209-	Purpose of Disbursement management, advertising and production	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) c. US Cellular		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2014
Mailing Address Dept. 0205		Amount of Each Disbursement this Period 52.06 Transaction ID : EX102514103032US
City Palatine	State IL	
Zip Code 60055-	Purpose of Disbursement Mobile phone	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	3402.06
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 32		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
Aelea for Congress

Full Name (Last, First, Middle Initial) A. US Cellular		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2014
Mailing Address Dept. 0205		Amount of Each Disbursement this Period 44.53
City Palatine	State IL	
Zip Code 60055-	Purpose of Disbursement Mobile phone	Transaction ID : EX110814062059US
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	44.53
TOTAL This Period (last page this line number only).....	34806.66

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Aelea for Congress** Transaction ID : **DBDbt04061418190404**

LOAN SOURCE Full Name (Last, First, Middle Initial) **Aelea Christofferson** *[PERSONAL FUNDS]* Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
60321 Woodside Loop

City Bend State OR ZIP Code 97702-

Original Amount of Loan 5000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 0.00
------------------------------------	------------------------------------	-----------------------------------------------------

TERMS

Date Incurred M 03 / D 10 / Y 2014	Date Due M M / D D / As available	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---------------------------------------	--------------------------------------	-------------------------------	---------------------------------------------------------------------------------

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....	<input type="text"/> 0.00
TOTALS This Period (last page in this line only).....	<input type="text"/> 0.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)

Aelea for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Aelea Christofferson		Nature of Debt (Purpose): personal funds
Mailing Address 60321 Woodside Loop		
City State Bend OR	Zip Code 97702-	

Outstanding Balance Beginning This Period 0.00		Transaction ID : DBDbt09201408110804	
Amount Incurred This Period 10000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 10000.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City State	Zip Code	

Outstanding Balance Beginning This Period		Outstanding Balance at Close of This Period	
Amount Incurred This Period	Payment This Period		

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City State	Zip Code	

Outstanding Balance Beginning This Period		Outstanding Balance at Close of This Period	
Amount Incurred This Period	Payment This Period		

1) SUBTOTALS This Period This Page (optional)	10000.00
2) TOTALS This Period (last page this line number only)	10000.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	10000.00