

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

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

M M / D D / Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y
07 / 01 / 2014

through

M M / D D / Y Y Y Y
09 / 30 / 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

M M / D D / Y Y Y Y
10 / 14 / 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.

Office Use Only								
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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))....	36656.39	94353.39
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	36656.39	94353.39
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	54320.57	89578.26
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	54320.57	89578.26
8. Cash on Hand at Close of Reporting Period (from Line 27).....	23230.70	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Aelea for Congress

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	20275.00	55125.00
(ii) Unitemized.....	14981.39	27828.39
(iii) TOTAL of contributions from individuals ▶	35256.39	82953.39
(b) Political Party Committees.....	0.00	5000.00
(c) Other Political Committees (such as PACs).....	1400.00	1400.00
(d) The Candidate.....	0.00	5000.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	36656.39	94353.39
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	10000.00	15000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	10000.00	15000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	3389.00	3389.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	50045.39	112742.39

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	54320.57	89578.26
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	54320.57	89578.26

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	27505.88
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	50045.39
25. SUBTOTAL (add Line 23 and Line 24).....	77551.27
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	54320.57
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	23230.70

**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 5 OF 44
	<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)
C&E Systems

Mailing Address PO Box 42307

City Portland State OR Zip Code 97242-

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 30 / 2014

Transaction ID : CN083014123154C&

Amount of Each Receipt this Period
500.00

INKIND - compliance services (exempt)

B. Full Name (Last, First, Middle Initial)
O'Neill Properties LLC

Mailing Address PO Box 3061

City Sunriver State OR Zip Code 97707-

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

Name of Employer Occupation

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 Y
 09 / 23 / 2014

Transaction ID : CN0927140830140'

Amount of Each Receipt this Period
250.00

Qualifying LLC - See attribution

C. Full Name (Last, First, Middle Initial)
Mary Scurlock Adamson

Mailing Address 10717 NW Skyline Blvd

City Portland State OR Zip Code 97231-

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

Name of Employer Occupation
Self Environmental Policy

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 23 / 2014

Transaction ID : CN092714084003Ma

Amount of Each Receipt this Period
500.00

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

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

1250.00

**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 6 OF 44
	<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)
David Baca

Mailing Address 6512 SW Moonshadow Ct

City Portland State OR Zip Code 97223-

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

Name of Employer Davis Wright Tremaine Occupation 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
 08 / 19 / 2014

Transaction ID : CN082314085429Da

Amount of Each Receipt this Period
500.00

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

Mailing Address 682 NW Melinda Ave

City Portland State OR Zip Code 97210-

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

Name of Employer Self Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 25 / 2014

Transaction ID : CN082314083356Ro

Amount of Each Receipt this Period
250.00

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

Mailing Address 1263 Saginaw St S

City Salem State OR Zip Code 97302-

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
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 07 / 2014

Transaction ID : CN081614074626Je

Amount of Each Receipt this Period
500.00

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

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

1250.00

**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 7 OF 44
	<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)
Bruce Bottini

Mailing Address 19288 Megly Ct

City Lake Oswego State OR Zip Code 97035-

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

Name of Employer Self Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 27 / 2014

Transaction ID : CN101114104653Br

Amount of Each Receipt this Period
 500.00

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

Mailing Address 71 Dewey St

City Ashland State OR Zip Code 97520-

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

Name of Employer State of Oregon Occupation Legislator

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 25 / 2014

Transaction ID : CN092714084129Pe

Amount of Each Receipt this Period
 50.00

C. 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

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 05 / 2014

Transaction ID : CN091114114546Ma

Amount of Each Receipt this Period
 500.00

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

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

1050.00

**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 44
	<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)
Deanna Campbell

Mailing Address 2552 Youngdale Dr

City State Zip Code
Las Vegas NV 89134-

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
600.00

Date of Receipt
 M M / D D / Y Y Y Y
08 / 16 / 2014

Transaction ID : CN082314072346De

Amount of Each Receipt this Period
100.00

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

Mailing Address 60345 Woodside Rd

City State Zip Code
Bend OR 97702-

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
350.00

Date of Receipt
 M M / D D / Y Y Y Y
09 / 23 / 2014

Transaction ID : CN092714082736Ro

Amount of Each Receipt this Period
100.00

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

Mailing Address 295 Granite

City State Zip Code
Ashland OR 97520-

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
250.00

Date of Receipt
 M M / D D / Y Y Y Y
07 / 03 / 2014

Transaction ID : CN070714095817Ba

Amount of Each Receipt this Period
250.00

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

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

450.00

**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 44
	<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)
Steve Christofferson

Mailing Address 17400 Aquasco Rd

City Brandywine State MD Zip Code 20613-

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
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2014

Transaction ID : CN082314090334St

Amount of Each Receipt this Period
500.00

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

Mailing Address 20388 Pine Vista Dr

City Bend State OR Zip Code 97702-

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
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 23 / 2014

Transaction ID : CN092714084014Li

Amount of Each Receipt this Period
250.00

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

Mailing Address 2424 Crossing Drive

City Edmond State OK Zip Code 73013-

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

Name of Employer USA Digital Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 04 / 2014

Transaction ID : CN081614073840Do

Amount of Each Receipt this Period
500.00

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

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

1250.00

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 44
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Aelea for Congress

A. Full Name (Last, First, Middle Initial)
Gun Denhart

Mailing Address 420 NW 11th Ave
Unit 1205

City State Zip Code
Portland OR 97209-

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

Name of Employer Occupation
None Retired

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 Y
 09 / 02 / 2014

Transaction ID : CN091114114228Gu

Amount of Each Receipt this Period
250.00

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

Mailing Address 972 NE 12th Pl

City State Zip Code
Canby OR 97013-

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

Name of Employer Occupation
Retired 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 Y
 09 / 17 / 2014

Transaction ID : CN092014074350Jo

Amount of Each Receipt this Period
250.00

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

Mailing Address 223 Granite St

City State Zip Code
Ashland OR 97520-

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

Name of Employer Occupation
Self Geologist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 16 / 2014

Transaction ID : CN082314072414Le

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 11 OF 44
	<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)
Linda Eyerman

Mailing Address 1400 SW Montgomery St

City Portland State OR Zip Code 97201-

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

Name of Employer Gaylord Eyerman Bradley PC Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 12 / 2014

Transaction ID : CN072014072012Li

Amount of Each Receipt this Period
250.00

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
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 27 / 2014

Transaction ID : CN091114113545K.

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Steve Clark Hall

Mailing Address 3958 19th St

City San Francisco State CA Zip Code 94114-

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

Name of Employer Self Occupation Filmmaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 29 / 2014

Transaction ID : CN073014211933St

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 12 OF 44
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Aelea for Congress

A. Full Name (Last, First, Middle Initial)
Gregg Hamerschlag

Mailing Address 197 Deerfield Ln North

City Pleasantville State NY Zip Code 10570-

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

Name of Employer Primary Wave Media Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 14 / 2014

Transaction ID : CN072014072052Gr

Amount of Each Receipt this Period
1000.00

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

Mailing Address 12480 SE Wiese Rd

City Damascus State OR Zip Code 97089-

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

Name of Employer Self Occupation Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 12 / 2014

Transaction ID : CN082314085736La

Amount of Each Receipt this Period
500.00

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

Mailing Address 18160 Cottonwood Rd
PMB 463

City Sunriver State OR Zip Code 97707-

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

Name of Employer Seoul Foreign School Occupation Educator

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 03 / 2014

Transaction ID : CN071114074528Sa

Amount of Each Receipt this Period
250.00

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

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

1750.00

**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 44
	<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)
Michael Huntington

Mailing Address 9083 NW Lessie Pl

City Corvallis State OR Zip Code 97330-

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
 08 / 20 / 2014

Transaction ID : CN083014112244Mi

Amount of Each Receipt this Period
 300.00

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

Mailing Address 4690 Pioneer Rd

City Medford State OR Zip Code 97501-

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

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 12 / 2014

Transaction ID : CN071014170637Th

Amount of Each Receipt this Period
 250.00

Earmarked from ActBlue

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

Mailing Address 922 Ponte Vedra Blvd

City Ponte Vedra Beach State FL Zip Code 32082-

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

Name of Employer Signal One Occupation Systems Analyst

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 31 / 2014

Transaction ID : CN082314090150Ji

Amount of Each Receipt this Period
 250.00

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

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

800.00

**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 44
	<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)
William Korach

Mailing Address 352 Livingood Ln

City Lake Oswego State OR Zip Code 97034-

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
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 26 / 2014

Transaction ID : CN101114111406Wi

Amount of Each Receipt this Period
250.00

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

Mailing Address 1975 Ashland Mine Rd

City Ashland State OR Zip Code 97520-

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

Name of Employer Retired Occupation Librarian

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 27 / 2014

Transaction ID : CN101114104728Ka

Amount of Each Receipt this Period
250.00

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

Mailing Address 333 NW 9th Ave
Unit 1505

City Portland State OR Zip Code 97209-

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
 09 / 15 / 2014

Transaction ID : CN092014082750Ca

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 15 OF 44
	<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)
Phillip Margolin

Mailing Address 621 SW Morrison St
Suite 1025

City State Zip Code
Portland OR 97205-

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

Name of Employer Self Occupation Author

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 17 / 2014

Transaction ID : CN092014074128Ph

Amount of Each Receipt this Period
250.00

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

Mailing Address 1641 Washington Av

City State Zip Code
Baker City OR 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
1050.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 12 / 2014

Transaction ID : CN082314085816Ma

Amount of Each Receipt this Period
50.00

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

Mailing Address 1641 Washington Av

City State Zip Code
Baker City OR 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
1150.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 04 / 2014

Transaction ID : CN091114114425Ma

Amount of Each Receipt this Period
100.00

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

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

400.00

**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 16 OF 44
	<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)
Richard Michaelson

Mailing Address 906 NW 23rd Ave

City Portland State OR Zip Code 97210-

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

Name of Employer Self Occupation Real estate consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 07 / 2014

Transaction ID : CN081614074159Ri

Amount of Each Receipt this Period
250.00

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

Mailing Address 906 NW 23rd Ave

City Portland State OR Zip Code 97210-

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

Name of Employer Self Occupation Real estate consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 11 / 2014

Transaction ID : CN082314085543Ri

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Scott O'Neill

Mailing Address PO Box 3061

City Sunriver State OR Zip Code 97707-

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

Name of Employer O'Neill Properties LLC Occupation Real estate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 23 / 2014

Transaction ID : CN092714083042Sc

Amount of Each Receipt this Period
250.00

[MEMO ITEM]
Qualifying LLC attribution

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

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

500.00

**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 17 OF 44
	<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)
Jonathan Orloff

Mailing Address **PO Box 70**

City **Rockaway Beach** State **OR** Zip Code **97136-**

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
250.00

Date of Receipt
 M M / D D / Y Y Y Y
08 / 16 / 2014

Transaction ID : CN082314072241Jo

Amount of Each Receipt this Period
250.00

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

Mailing Address **2009 NE Brazee**

City **Portland** State **OR** Zip Code **97212-**

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
250.00

Date of Receipt
 M M / D D / Y Y Y Y
07 / 14 / 2014

Transaction ID : CN072014072043Ro

Amount of Each Receipt this Period
250.00

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

Mailing Address **6115 SE Salmon St**

City **Portland** State **OR** Zip Code **97215-**

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

Name of Employer **Self** Occupation **Psychotherapist**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
08 / 07 / 2014

Transaction ID : CN081614074516Mi

Amount of Each Receipt this Period
1000.00

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

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

1500.00

**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 18 OF 44
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 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)
Leon Pyle

Mailing Address 1067 Emigrant Creek Rd

City Ashland State OR Zip Code 97520-

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

Name of Employer Self Occupation Psychologist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : CN101114105313Le

Amount of Each Receipt this Period
250.00

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

Mailing Address 24065 NE 19th Av

City Portland State OR Zip Code 97212-

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
 07 / 01 / 2014

Transaction ID : CN070714095702Bo

Amount of Each Receipt this Period
250.00

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

Mailing Address 3243 SE Yamhill St

City Portland State OR Zip Code 97214-

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

Name of Employer Stoel Rives Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 15 / 2014

Transaction ID : CN092014082329Ed

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 19 OF 44
	<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)
Ronald Ridehalgh

Mailing Address 17855 SW Heatherwood Ln

City Sherwood State OR Zip Code 97140-

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

Name of Employer Self Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 07 / 2014

Transaction ID : CN082314090904Ro

Amount of Each Receipt this Period

500.00

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

Mailing Address 216 Mariposa Terr

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
 07 / 09 / 2014

Transaction ID : CN071114093339Ji

Amount of Each Receipt this Period

500.00

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

Mailing Address 796 NW Westover Sq

City Portland State OR Zip Code 97210-

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

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 28 / 2014

Transaction ID : CN083014121739Ja

Amount of Each Receipt this Period

250.00

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

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

1250.00

**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 20 OF 44
	<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)
Martha Samco

Mailing Address 3133 NW Horizon Dr

City Bend State OR Zip Code 97701-

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

Name of Employer Self Occupation Artist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 16 / 2014

Transaction ID : CN092014083037Ma

Amount of Each Receipt this Period
500.00

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

Mailing Address 1410 NW 74th Ave

City Redmond State OR Zip Code 97756-

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
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 12 / 2014

Transaction ID : CN092014082306Do

Amount of Each Receipt this Period
100.00

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

Mailing Address 1410 NW 74th Ave

City Redmond State OR Zip Code 97756-

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
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 23 / 2014

Transaction ID : CN092714082450Do

Amount of Each Receipt this Period
200.00

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

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

800.00

**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 21 OF 44
	<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)
Gwen Schatz

Mailing Address **PO Box 1091**

City **The Dalles** State **OR** Zip Code **97058-**

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
250.00

Date of Receipt
 M M / D D / Y Y Y Y
09 / 17 / 2014

Transaction ID : CN092014074425Gw

Amount of Each Receipt this Period
50.00

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

Mailing Address **11525 SE Idyllwild Ct**

City **Clackamas** State **OR** Zip Code **97015-**

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

Name of Employer **NW Engineering** Occupation **Engineer**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
08 / 27 / 2014

Transaction ID : CN091114113351Mi

Amount of Each Receipt this Period
250.00

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

Mailing Address **1517 SW 61st Dr**

City **Portland** State **OR** Zip Code **97221-**

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

Name of Employer **Self** Occupation **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
08 / 13 / 2014

Transaction ID : CN082314085923Be

Amount of Each Receipt this Period
500.00

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

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

800.00

**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 22 OF 44
	<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)
Tim Tees

Mailing Address 2248 NW Hoyt St

City Portland State OR Zip Code 97210-

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

Name of Employer Applied Materials Occupation Engineer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 17 / 2014

Transaction ID : CN072014072312Ti

Amount of Each Receipt this Period
250.00

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

Mailing Address 2126 Nehalem

City Portland State OR Zip Code 97202-

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

Name of Employer Self Occupation Doctor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 14 / 2014

Transaction ID : CN082314090029Cu

Amount of Each Receipt this Period
1000.00

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

Mailing Address 8805 SW Hillview Terr

City Portland State OR Zip Code 97225-

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

Name of Employer Axiom Electronics Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 19 / 2014

Transaction ID : CN082314085357Ro

Amount of Each Receipt this Period
1000.00

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

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

2250.00

**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 23 OF 44
	<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)
George Wall

Mailing Address 1336 E Burnside St
Suite 130

City Portland State OR Zip Code 97214-

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

Name of Employer Self Occupation Attorney

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 Y
 07 / 30 / 2014

Transaction ID : CN073014212006Ge

Amount of Each Receipt this Period
250.00

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

Mailing Address 2101 Eight Mile Rd

City The Dalles State OR Zip Code 97058-

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 Y
 09 / 17 / 2014

Transaction ID : CN092014074411Jo

Amount of Each Receipt this Period
50.00

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

Mailing Address 119 Drake Rd

City Bend State OR Zip Code 97701-

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
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 07 / 2014

Transaction ID : CN081614074828EI

Amount of Each Receipt this Period
200.00

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

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

500.00

**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 24 OF 44
	<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)
Marianne Watson

Mailing Address 65057 Hopper Rd

City Bend State OR Zip Code 97701-

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 **600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : CN082314090244Ma

Amount of Each Receipt this Period
500.00

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

Mailing Address 1200 Mira Mar Ave #12

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 **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 16 / 2014

Transaction ID : CN082314072125Do

Amount of Each Receipt this Period
250.00

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

Mailing Address 99 Ballard Branch Road

City Weaverville State NC Zip Code 28787-

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 **225.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 02 / 2014

Transaction ID : CN082314084026Le

Amount of Each Receipt this Period
225.00

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

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

975.00

20275.00

**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 25 OF 44
	<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. ActBlue
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 382110
 City State Zip Code
 Cambridge MA 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
 13942.12

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 13 / 2014
Transaction ID : CN072014072338Ac
 Amount of Each Receipt this Period
 250.00
[MEMO ITEM]
 Conduit: 1 donor; PAC limit not affected

B. Mountain Meadows Democrats
 Full Name (Last, First, Middle Initial)
 Mailing Address 810 Creek Stone Way
 City State Zip Code
 Ashland OR 97520-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 23 / 2014
Transaction ID : CN092714082103Mo
 Amount of Each Receipt this Period
 100.00

C. Democracy for America
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1717
 City State Zip Code
 Burlington VT 05402-
 FEC ID number of contributing federal political committee. **C** C00370007
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : CN101114111853De
 Amount of Each Receipt this Period
 1000.00

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

1100.00

**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 26 OF 44
	<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)
Klamath County Democratic Central Committee

Mailing Address **PO Box 1705**

City **Klamath Falls** State **OR** Zip Code **97601-**

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

Name of Employer Occupation

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
07 / 03 / 2014

Transaction ID : CN101114143654KI

Amount of Each Receipt this Period
300.00

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).....

300.00

1400.00

**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 27 OF 44
	<input type="checkbox"/> 11a 12 <input checked="" 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)
Aelea Christofferson

Mailing Address 60321 Woodside Loop

City Bend State OR Zip Code 97702-

FEC ID number of contributing federal political committee. **C** H4OR02178

Name of Employer ATL Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
25100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2014

Transaction ID : CN092014080539Ae

Amount of Each Receipt this Period
10000.00

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).....

10000.00

10000.00

**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 28 OF 44
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Aelea for Congress

A. Full Name (Last, First, Middle Initial)
Automatic Data Services (ADP)

Mailing Address 10151 SE Sunnyside Rd

City Clackamas State OR Zip Code 97015-

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 01 / 2014

Transaction ID : CN101114135010Au

Amount of Each Receipt this Period
 100.00

e-filing refund

B. Full Name (Last, First, Middle Initial)
Automatic Data Services (ADP)

Mailing Address 10151 SE Sunnyside Rd

City Clackamas State OR Zip Code 97015-

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 16 / 2014

Transaction ID : CN092714093131Au

Amount of Each Receipt this Period
 3289.00

refund of erroneous payroll

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).....

3389.00

3389.00

**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 44			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 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 09 / 15 / 2014	
Mailing Address 2923 NE Madison			Amount of Each Disbursement this Period 1655.68	
City Bend	State OR	Zip Code 97701-	Transaction ID : EX092014084323Ch	
Purpose of Disbursement Wages		Category/ Type 001		
Candidate Name				
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. Christopher Adrien			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 2923 NE Madison			Amount of Each Disbursement this Period 1008.83	
City Bend	State OR	Zip Code 97701-	Transaction ID : EX092714085139Ch	
Purpose of Disbursement Wages		Category/ Type 001		
Candidate Name				
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. Nicolas Blumm			Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2014	
Mailing Address 66900 Sagebrush Ln			Amount of Each Disbursement this Period 1458.30	
City Bend	State OR	Zip Code 97701-	Transaction ID : EX091114121123Ni	
Purpose of Disbursement Management fee		Category/ Type 001		
Candidate Name				
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).....	4122.81
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 44			
	<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. Thomas D. Hall			Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014	
Mailing Address 60321 Woodside Loop			Amount of Each Disbursement this Period 881.38	
City Bend	State OR	Zip Code 97702-	Transaction ID : EX070214123126Th	
Purpose of Disbursement reimbursement - see detail		001	Category/ Type	
Candidate Name				
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. Thomas D. Hall			Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014	
Mailing Address 60321 Woodside Loop			Amount of Each Disbursement this Period 1559.84	
City Bend	State OR	Zip Code 97702-	Transaction ID : EX070214123736Th	
Purpose of Disbursement reimbursement per detail		001	Category/ Type	
Candidate Name				
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. Thomas D. Hall			Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014	
Mailing Address 60321 Woodside Loop			Amount of Each Disbursement this Period 619.78	
City Bend	State OR	Zip Code 97702-	Transaction ID : EX070214122130Th	
Purpose of Disbursement reimbursement - see detail		001	Category/ Type	
Candidate Name				
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).....	3061.00
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 31 OF 44			
	<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 09 / 15 / 2014	
Mailing Address 2486 Blackburn St			Amount of Each Disbursement this Period 1644.50	
City Eugene	State OR	Zip Code 97405-	Transaction ID : EX092714093034Ma	
Purpose of Disbursement Wages		001 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:				

Full Name (Last, First, Middle Initial) B. Matthew Keating			Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2014	
Mailing Address 2486 Blackburn St			Amount of Each Disbursement this Period 1644.51	
City Eugene	State OR	Zip Code 97405-	Transaction ID : EX092014084347Ma	
Purpose of Disbursement Wages		001 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:				

Full Name (Last, First, Middle Initial) c. Matthew Keating			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 2486 Blackburn St			Amount of Each Disbursement this Period 1450.22	
City Eugene	State OR	Zip Code 97405-	Transaction ID : EX092714085230Ma	
Purpose of Disbursement Wages		001 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).....	4739.23
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 32 OF 44	
	<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 07 / 13 / 2014
Mailing Address 366 Summer St		Amount of Each Disbursement this Period 9.88 Transaction ID : EX072014072404Ac
City Somerset State MA Zip Code 02144-	Purpose of Disbursement Credit card discount fee 001 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:		

Full Name (Last, First, Middle Initial) B. Automatic Data Services (ADP)		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2014
Mailing Address 10151 SE Sunnyside Rd		Amount of Each Disbursement this Period 70.95 Transaction ID : EX082314075735Au
City Clackamas State OR Zip Code 97015-	Purpose of Disbursement Payroll production 001 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:		

Full Name (Last, First, Middle Initial) C. Automatic Data Services (ADP)		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014
Mailing Address 10151 SE Sunnyside Rd		Amount of Each Disbursement this Period 14.93 Transaction ID : EX082314075808Au
City Clackamas State OR Zip Code 97015-	Purpose of Disbursement Taxes 001 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).....	95.76
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 33 OF 44			
	<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 Services (ADP)			Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014	
Mailing Address 10151 SE Sunnyside Rd			Amount of Each Disbursement this Period 71.79	
City Clackamas	State OR	Zip Code 97015-	Transaction ID : EX082314075832Au	
Purpose of Disbursement wages		Category/ Type 001		
Candidate Name				
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. Automatic Data Services (ADP)			Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2014	
Mailing Address 10151 SE Sunnyside Rd			Amount of Each Disbursement this Period 70.95	
City Clackamas	State OR	Zip Code 97015-	Transaction ID : EX082314075846Au	
Purpose of Disbursement Payroll production		Category/ Type 001		
Candidate Name				
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. Automatic Data Services (ADP)			Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2014	
Mailing Address 10151 SE Sunnyside Rd			Amount of Each Disbursement this Period 25.46	
City Clackamas	State OR	Zip Code 97015-	Transaction ID : EX082314080724Au	
Purpose of Disbursement Taxes		Category/ Type 001		
Candidate Name				
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).....	168.20
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 34 OF 44			
	<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 Services (ADP)

Mailing Address 10151 SE Sunnyside Rd

City Clackamas State OR Zip Code 97015-

Purpose of Disbursement wages

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 08 / 21 / 2014

Amount of Each Disbursement this Period: 112.26

Transaction ID : EX082314080700Au

Category/Type: 001

Full Name (Last, First, Middle Initial)

B. Automatic Data Services (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: 08 / 29 / 2014

Amount of Each Disbursement this Period: 70.95

Transaction ID : EX101114131015Au

Category/Type: 001

Full Name (Last, First, Middle Initial)

C. Automatic Data Services (ADP)

Mailing Address 10151 SE Sunnyside Rd

City Clackamas State OR Zip Code 97015-

Purpose of Disbursement payroll taxes

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 09 / 15 / 2014

Amount of Each Disbursement this Period: 1890.49

Transaction ID : EX092014084444Au

Category/Type: 001

SUBTOTAL of Disbursements This Page (optional) 2073.70

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 35 OF 44			
	<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 Services (ADP)		M M / D D / Y Y Y Y 09 / 25 / 2014	
Mailing Address 10151 SE Sunnyside Rd		Amount of Each Disbursement this Period	
City Clackamas State OR Zip Code 97015-		1644.50	
Purpose of Disbursement payroll taxes		Transaction ID : EX101114140715Au	
Candidate Name		Category/ Type 001	
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)		Date of Disbursement	
B. Automatic Data Services (ADP)		M M / D D / Y Y Y Y 09 / 26 / 2014	
Mailing Address 10151 SE Sunnyside Rd		Amount of Each Disbursement this Period	
City Clackamas State OR Zip Code 97015-		141.90	
Purpose of Disbursement Payroll production		Transaction ID : EX092714085614Au	
Candidate Name		Category/ Type 001	
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)		Date of Disbursement	
C. Automatic Data Services (ADP)		M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 10151 SE Sunnyside Rd		Amount of Each Disbursement this Period	
City Clackamas State OR Zip Code 97015-		884.32	
Purpose of Disbursement payroll taxes		Transaction ID : EX092714085256Au	
Candidate Name		Category/ Type 001	
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).....	2670.72
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 36 OF 44			
	<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 08 / 30 / 2014
Mailing Address PO Box 42307		Amount of Each Disbursement this Period 662.16 Transaction ID : EX083014122059C&
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:	

Full Name (Last, First, Middle Initial) B. C&E Systems		Date of Disbursement M M / D D / Y Y Y Y 08 / 30 / 2014
Mailing Address PO Box 42307		Amount of Each Disbursement this Period 500.00 Transaction ID : EX083014123154C&
City Portland	State OR	
Zip Code 97242-	Purpose of Disbursement INKIND - compliance services (exempt)	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:	

Full Name (Last, First, Middle Initial) c. Deschutes Democrats		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address PO Box 1601		Amount of Each Disbursement this Period 500.00 Transaction ID : EX092314202401De
City Bend	State OR	
Zip Code 97709-	Purpose of Disbursement Rent	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).....	1662.16
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 37 OF 44			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Aelea for Congress

Full Name (Last, First, Middle Initial) A. Fred Meyer Fuel			Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address Misc			Amount of Each Disbursement this Period 129.46
City Bend	State OR	Zip Code 97702-	
Purpose of Disbursement Fuel	Candidate Name		Transaction ID : EX071014172257Fr
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:	Category/Type 002		[MEMO ITEM] Reimbursement detail, Hall

Full Name (Last, First, Middle Initial) B. Fred Meyer Fuel			Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address Misc			Amount of Each Disbursement this Period 150.00
City Bend	State OR	Zip Code 97702-	
Purpose of Disbursement Fuel	Candidate Name		Transaction ID : EX071014172226Fr
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:	Category/Type 002		[MEMO ITEM] Reimbursement detail, Hall

Full Name (Last, First, Middle Initial) c. Polity Group LLC			Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address PO Box 82725			Amount of Each Disbursement this Period 4376.00
City Portland	State OR	Zip Code 97282-	
Purpose of Disbursement fundraising consulting #002	Candidate Name		Transaction ID : EX070214125213Po
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:	Category/Type 001		

SUBTOTAL of Disbursements This Page (optional).....	4376.00
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 38 OF 44			
	<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. Polity Group LLC			Date of Disbursement MM / DD / YYYY 08 / 08 / 2014	
Mailing Address PO Box 82725			Amount of Each Disbursement this Period 2800.00	
City Portland	State OR	Zip Code 97282-	Transaction ID : EX082314080802Po	
Purpose of Disbursement fundraising consulting		Category/ Type 001		
Candidate Name		Disbursement For: 2014		
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) B. Polity Group LLC			Date of Disbursement MM / DD / YYYY 09 / 10 / 2014	
Mailing Address PO Box 82725			Amount of Each Disbursement this Period 2800.00	
City Portland	State OR	Zip Code 97282-	Transaction ID : EX091114121001Po	
Purpose of Disbursement fundraising consulting		Category/ Type 003		
Candidate Name		Disbursement For: 2014		
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<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 MM / DD / YYYY 05 / 03 / 2014	
Mailing Address 1132 NE 2nd St			Amount of Each Disbursement this Period 674.44	
City Bend	State OR	Zip Code 97701-	Transaction ID : EX071014172130Pr	
Purpose of Disbursement Literature printing		Category/ Type 006		
Candidate Name		Disbursement For: 2014		
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	5600.00
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 39 OF 44			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Aelea for Congress

Full Name (Last, First, Middle Initial) A. ProspectPDX		Date of Disbursement MM / DD / YYYY 07 / 07 / 2014
Mailing Address 434 NW 6th Avenue, Suite 302		Amount of Each Disbursement this Period 6877.51 Transaction ID : EX070714093858Pr
City Portland	State OR	
Zip Code 97209-	Purpose of Disbursement management, mileage, 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	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. ProspectPDX		Date of Disbursement MM / DD / YYYY 08 / 14 / 2014
Mailing Address 434 NW 6th Avenue, Suite 302		Amount of Each Disbursement this Period 10000.00 Transaction ID : EX081414161433Pr
City Portland	State OR	
Zip Code 97209-	Purpose of Disbursement management, mileage, 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	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) c. ProspectPDX		Date of Disbursement MM / DD / YYYY 08 / 15 / 2014
Mailing Address 434 NW 6th Avenue, Suite 302		Amount of Each Disbursement this Period 6000.00 Transaction ID : EX081514123653Pr
City Portland	State OR	
Zip Code 97209-	Purpose of Disbursement management, mileage, 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	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	22877.51
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 40 OF 44	
	<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 09 / 10 / 2014
Mailing Address 434 NW 6th Avenue, Suite 302		Amount of Each Disbursement this Period 2500.00
City Portland State OR Zip Code 97209-	Purpose of Disbursement Advertising and production	Transaction ID : EX091114120816Pr
Candidate Name	Category/Type 004	
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. US Cellular		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address Dept. 0205		Amount of Each Disbursement this Period 129.28
City Palatine State IL Zip Code 60055-	Purpose of Disbursement Mobile phone	Transaction ID : EX071014171443US
Candidate Name	Category/Type 001	
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, Hall
State: District:		

Full Name (Last, First, Middle Initial) c. US Cellular		Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2014
Mailing Address Dept. 0205		Amount of Each Disbursement this Period 28.36
City Palatine State IL Zip Code 60055-	Purpose of Disbursement Mobile phone	Transaction ID : EX082314080840US
Candidate Name	Category/Type 001	
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).....	2528.36
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 41 OF 44	
	<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 08 / 30 / 2014
Mailing Address Dept. 0205		Amount of Each Disbursement this Period 89.98
City Palatine	State IL	
Zip Code 60055-	Purpose of Disbursement Mobile phone	Transaction ID : EX083014121952US
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. US Cellular		Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2014
Mailing Address Dept. 0205		Amount of Each Disbursement this Period 44.22
City Palatine	State IL	
Zip Code 60055-	Purpose of Disbursement Mobile phone	Transaction ID : EX092014085030US
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) 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	
Candidate Name	Category/ Type	
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).....	134.20
TOTAL This Period (last page this line number only).....	54109.65

**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 42 OF 44	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Aelea for Congress

Full Name (Last, First, Middle Initial) A. Planned Parenthood		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 3727 NE MKL Jr.		Amount of Each Disbursement this Period 150.00
City Portland State OR Zip Code 97232-	Category/Type 012	
Purpose of Disbursement Event tickets	Candidate Name	Transaction ID : EX071014171526PI
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)		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		
City State Zip Code		Amount of Each Disbursement this Period
Purpose of Disbursement	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM] Reimbursement detail, Hall
Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	
Full Name (Last, First, Middle Initial)		

Full Name (Last, First, Middle Initial)		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		
City State Zip Code		Amount of Each Disbursement this Period
Purpose of Disbursement	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 type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	
Full Name (Last, First, Middle Initial)		

Full Name (Last, First, Middle Initial)		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		
City State Zip Code		Amount of Each Disbursement this Period
Purpose of Disbursement	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 type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	
Full Name (Last, First, Middle Initial)		

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

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

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 State ZIP Code
Bend OR 97702-

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	0.00	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: Yes 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: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	[] 0.00
TOTALS This Period (last page in this line only).....	[] 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

(Use separate schedule(s) for each numbered line)	PAGE 44 OF 44
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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 Bend	State OR Zip Code 97702-	

Outstanding Balance Beginning This Period		Transaction ID : DBDbt09201408110804	
<input type="text" value="0.00"/>			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
<input type="text" value="10000.00"/>	<input type="text" value="0.00"/>	<input type="text" value="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			
<input type="text"/>			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

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			
<input type="text"/>			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

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