

# 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.   
Aelea for Congress

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER**  CITY STATE ZIP CODE STATE DISTRICT  
3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

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  in the State of   
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  in the State of

5. Covering Period  01 / 01 / 2014 through  03 / 31 / 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  04 / 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.

**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))....	18212.00	18112.00
(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)).....	18212.00	18112.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	9439.99	9406.56
(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)).....	9439.99	9406.56
8. Cash on Hand at Close of Reporting Period (from Line 27).....	13772.01	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	5000.00	

**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:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	14150.00	14150.00
(ii) Unitemized.....	3962.00	3962.00
(iii) TOTAL of contributions from individuals ▶	18112.00	18112.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	100.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	18212.00	18112.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	5000.00	5000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	5000.00	5000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	23212.00	23112.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	9439.99	9406.56
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. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	9439.99	9406.56

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	23212.00
25. SUBTOTAL (add Line 23 and Line 24).....	23212.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	9439.99
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	13772.01

**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 17
	<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)  
**Roger Aikin**

Mailing Address 2048 NW Glassow

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  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 20 / 2014

**Transaction ID : CN040614191403Ro**

Amount of Each Receipt this Period  
250.00

Earmarked from ActBlue

**B.** 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  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 13 / 2014

**Transaction ID : CN040614190705La**

Amount of Each Receipt this Period  
1000.00

Earmarked from ActBlue

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

Mailing Address 1256 Newport Ave SW

City Bandon State OR Zip Code 97411-

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

Name of Employer NW Power & Conservation Comm. Occupation Power Planner

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  
 03 / 24 / 2014

**Transaction ID : CN040614191454Wi**

Amount of Each Receipt this Period  
500.00

Earmarked from ActBlue

**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 6 OF 17
	<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)  
**Marilyn Burwell**

Mailing Address 2379 NW 6th St

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

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 10 / 2014

**Transaction ID : CN040614181822Ma**

Amount of Each Receipt this Period  
 1000.00

**B.** 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

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : CN040614183522De**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 60345 Woodside Rd

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

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 18 / 2014

**Transaction ID : CN040614191252Ro**

Amount of Each Receipt this Period  
 250.00

Earmarked from ActBlue

**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 7 OF 17
	<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)  
**Lynn Christofferson**

Mailing Address 12434 W Hidden Valley Rd

City Rathdrum State ID Zip Code 83858-

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

Name of Employer Self Occupation Insurance

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : CN040614182059Ly**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Harry Demarest**

Mailing Address 6015 NW Rosewood Dr

City Corvallis State OR Zip Code 97330-

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  
 03 / 31 / 2014

**Transaction ID : CN040614183551Ha**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Harry Demarest**

Mailing Address 6015 NW Rosewood Dr

City Corvallis State OR Zip Code 97330-

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  
 03 / 31 / 2014

**Transaction ID : CN040614192326Ha**

Amount of Each Receipt this Period  
 300.00

Earmarked from ActBlue

**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 17
	<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)  
**Beverlee D Hall**

Mailing Address 605 Peardale Ln #25

City Longview State WA Zip Code 98632-

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  
 03 / 12 / 2014

**Transaction ID : CN040614182208Be**

Amount of Each Receipt this Period  
 1000.00

**B.** 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

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 10 / 2014

**Transaction ID : CN040614185730Gr**

Amount of Each Receipt this Period  
 2500.00

Earmarked from ActBlue

**C.** Full Name (Last, First, Middle Initial)  
**Debra Lee**

Mailing Address 300 Harvard Pl

City Medford State OR Zip Code 97504-

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

Name of Employer Center for Nonprofits Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 18 / 2014

**Transaction ID : CN040614182559De**

Amount of Each Receipt this Period  
 500.00

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

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

4000.00



**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 17
	<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)  
**Brian Lynott**

Mailing Address 19396 SW Larkcrest Ln

City Aloha State OR Zip Code 97006-

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

Name of Employer Telesmart Occupation Telecom

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 10 / 2014

**Transaction ID : CN040614190243Br**

Amount of Each Receipt this Period  
 1000.00

Earmarked from ActBlue

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

Mailing Address 505 Sansome St Suite900

City San Francisco State CA Zip Code 94111-

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  
 03 / 24 / 2014

**Transaction ID : CN040614191925Th**

Amount of Each Receipt this Period  
 250.00

Earmarked from ActBlue

**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

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 14 / 2014

**Transaction ID : CN040614190817Ma**

Amount of Each Receipt this Period  
 500.00

Earmarked from ActBlue

**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 10 OF 17
	<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)  
**Sue Nell Phillips**

Mailing Address 1578 NW Baltimore Ave

City Bend State OR Zip Code 97701-

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

Name of Employer Self Occupation Interpreter

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  
 03 / 24 / 2014

**Transaction ID : CN040614192028Su**

Amount of Each Receipt this Period  
250.00

Earmarked from ActBlue

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

Mailing Address 925 S Mason Rd #285

City Katy State TX Zip Code 77450-

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

Name of Employer Self employed Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 12 / 2014

**Transaction ID : CN040614190509Mi**

Amount of Each Receipt this Period  
2600.00

Earmarked from ActBlue

**C.** Full Name (Last, First, Middle Initial)  
**Milo Wadlin**

Mailing Address 16747 NW Waterford Rd

City Portland State OR Zip Code 97229-

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  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 27 / 2014

**Transaction ID : CN040614192117Mi**

Amount of Each Receipt this Period  
1000.00

Earmarked from ActBlue

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

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

3850.00

14150.00

**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 17
	<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 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  
2.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 09 / 2014

**Transaction ID : CN041214074155Ac**

Amount of Each Receipt this Period  
2.00

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

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

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  
8702.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 16 / 2014

**Transaction ID : CN041214074237Ac**

Amount of Each Receipt this Period  
8700.00

**[MEMO ITEM]**  
Conduit: 17 donors; PAC limit not affected

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

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  
9627.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 23 / 2014

**Transaction ID : CN041214074302Ac**

Amount of Each Receipt this Period  
925.00

**[MEMO ITEM]**  
Conduit: 6 donors; PAC limit not affected

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

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

0.00

**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 17
	<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  
**12452.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : CN041214074329Ac**

Amount of Each Receipt this Period  
**2825.00**

**[MEMO ITEM]**  
Conduit: 12 donors; PAC limit not affected

**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).....

**0.00**

**0.00**

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

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

FOR LINE NUMBER: PAGE 13 OF 17  
(check only one)  
 11a 12  11b 13a  11c 13b  11d 14  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 Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 10 / 2014

**Transaction ID : CN040614181835Ae**

Amount of Each Receipt this Period  
 5000.00

Loan

**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).....

5000.00

5000.00

**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 14 OF 17			
	<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) <b>A. ActBlue Technical Services</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2014	
Mailing Address 366 Summer St			Amount of Each Disbursement this Period 0.08	
City Somerset	State MA	Zip Code 02144-	Transaction ID : EX041214074439Ac	
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. ActBlue Technical Services</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2014	
Mailing Address 366 Summer St			Amount of Each Disbursement this Period 343.67	
City Somerset	State MA	Zip Code 02144-	Transaction ID : EX041214074451Ac	
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. ActBlue Technical Services</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2014	
Mailing Address 366 Summer St			Amount of Each Disbursement this Period 36.55	
City Somerset	State MA	Zip Code 02144-	Transaction ID : EX041214074515Ac	
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	380.30
<b>TOTAL</b> 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 15 OF 17			
	<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) <b>A. ActBlue Technical Services</b>			Date of Disbursement M M / D D / Y Y Y Y <b>03 / 31 / 2014</b>	
Mailing Address <b>366 Summer St</b>			Amount of Each Disbursement this Period <b>111.61</b>	
City <b>Somerset</b>	State <b>MA</b>	Zip Code <b>02144-</b>	Transaction ID : <b>EX041214074539Ac</b>	
Purpose of Disbursement <b>Credit card discount fee</b>		Category/ Type <b>001</b>		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____ District: _____				

Full Name (Last, First, Middle Initial) <b>B. F Street Solutions</b>			Date of Disbursement M M / D D / Y Y Y Y <b>03 / 21 / 2014</b>	
Mailing Address <b>735 NW Florida Ave</b>			Amount of Each Disbursement this Period <b>1000.00</b>	
City <b>Bend</b>	State <b>OR</b>	Zip Code <b>97701-</b>	Transaction ID : <b>EX040614184947F</b>	
Purpose of Disbursement <b>Printing and design</b>		Category/ Type <b>006</b>		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____ District: _____				

Full Name (Last, First, Middle Initial) <b>c. Oregon Secretary of State</b>			Date of Disbursement M M / D D / Y Y Y Y <b>03 / 14 / 2014</b>	
Mailing Address <b>255 Court Street</b>			Amount of Each Disbursement this Period <b>2500.00</b>	
City <b>Salem</b>	State <b>OR</b>	Zip Code <b>97301-</b>	Transaction ID : <b>EX040614185219Or</b>	
Purpose of Disbursement <b>Voters Pamphlet Statement</b>		Category/ Type <b>004</b>		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____ District: _____				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>3611.61</b>
<b>TOTAL</b> 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 16 OF 17	
	<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) <b>A. Storefront Political Media</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address 250 Sutter St #650		Amount of Each Disbursement this Period 2500.00
City San Francisco	State CA	
Zip Code 94108-	Purpose of Disbursement campaign management and consulting	<b>Transaction ID : EX040614185139St</b>
Candidate Name	Category/ Type 001	
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:		

Full Name (Last, First, Middle Initial) <b>B. Storefront Political Media</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address 250 Sutter St #650		Amount of Each Disbursement this Period 2719.65
City San Francisco	State CA	
Zip Code 94108-	Purpose of Disbursement campaign management and consulting	<b>Transaction ID : EX040614185100St</b>
Candidate Name	Category/ Type 001	
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:		

Full Name (Last, First, Middle Initial) <b>C.</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	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5219.65
<b>TOTAL</b> This Period (last page this line number only).....	9211.56



**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 5000.00
------------------------------------	------------------------------------	--

**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: [ ]
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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	5000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	5000.00

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