

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 21

Write or Type Committee Name

Aelea for Congress

Report Covering the Period: From:

M M	/	D D	/	Y Y Y Y
10		01		2014

To:

M M	/	D D	/	Y Y Y Y
10		15		2014

	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))....	10178.00	104531.39
(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)).....	10178.00	104531.39
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	10075.42	99653.68
(b) Total Offsets to Operating Expenditures (from Line 14).....	200.00	200.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	9875.42	99453.68
8. Cash on Hand at Close of Reporting Period (from Line 27).....	23533.28	
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).....	6600.00	61725.00
(ii) Unitemized.....	3578.00	31406.39
(iii) TOTAL of contributions from individuals ▶	10178.00	93131.39
(b) Political Party Committees.....	0.00	5000.00
(c) Other Political Committees (such as PACs).....	0.00	1400.00
(d) The Candidate.....	0.00	5000.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	10178.00	104531.39
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	15000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	15000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	200.00	200.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	3389.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	10378.00	123120.39

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	10075.42	99653.68
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) ►	10075.42	99653.68

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	23230.70
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	10378.00
25. SUBTOTAL (add Line 23 and Line 24).....	33608.70
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	10075.42
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	23533.28

**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 21
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Aelea for Congress

A. Full Name (Last, First, Middle Initial)
Mary 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 Self Occupation Environmental Policy

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1100.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 13 / 2014

Transaction ID : CN101914094504Ma

Amount of Each Receipt this Period
100.00

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

Mailing Address 200 Helman St

City Ashland State OR Zip Code 97520-

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

Name of Employer John L Scott Real Estate Occupation Realtor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 07 / 2014

Transaction ID : CN101114105857Ba

Amount of Each Receipt this Period
250.00

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

Mailing Address 1250 Moorea Dr

City Roseburg State OR Zip Code 97471-

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

Name of Employer Architrave Physicians Services Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 09 / 2014

Transaction ID : CN101114110525Fa

Amount of Each Receipt this Period
100.00

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 6 OF 21
	<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)
Laurie Balmuth

Mailing Address Box 1666

City Hood River State OR Zip Code 97031-

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

Name of Employer Self Occupation Worker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : CN101114110659La

Amount of Each Receipt this Period
250.00

B. 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
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 12 / 2014

Transaction ID : CN101914092205Ma

Amount of Each Receipt this Period
500.00

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

Mailing Address 427 NW Drake Rd

City Bend State OR Zip Code 97701-

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
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 12 / 2014

Transaction ID : CN101914092316Jo

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 21
	<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)
Don Chapin

Mailing Address 265 Joy Dr

City Talent State OR Zip Code 97540-

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 Y
10 / 12 / 2014

Transaction ID : CN101914092236Do

Amount of Each Receipt this Period
250.00

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

Mailing Address 12523 SE 131st Ct

City Happy Valley State OR Zip Code 97086-

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

Name of Employer Concepts in Community Living Occupation President

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
10 / 15 / 2014

Transaction ID : CN101914094028Mi

Amount of Each Receipt this Period
100.00

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

Mailing Address 537 Highland Meadow Loop

City Redmond State OR Zip Code 97756-

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

Name of Employer St. Charles Occupation Healthcare

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

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

Transaction ID : CN101114110714Ja

Amount of Each Receipt this Period
250.00

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

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

600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 21
	<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 Garrett

Mailing Address 1314 NW Irving St
Unit 414

City Portland State OR Zip Code 97209-

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

Name of Employer Reed College Occupation Professor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 09 / 2014

Transaction ID : CN101114110451Da

Amount of Each Receipt this Period
250.00

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
4000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 13 / 2014

Transaction ID : CN101914094410Gr

Amount of Each Receipt this Period
500.00

C. 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
1000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 09 / 2014

Transaction ID : CN101114110603La

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 9 OF 21
	<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)
Mary Hudson Kelley

Mailing Address 2315 Rawlins Ct

City Bend State OR Zip Code 97701-

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

Name of Employer None Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 14 / 2014

Transaction ID : CN101914094301Ma

Amount of Each Receipt this Period
250.00

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

Mailing Address 975 Oak St Suite 1050

City Eugene State OR Zip Code 97401-

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
10 / 12 / 2014

Transaction ID : CN101914092521Ar

Amount of Each Receipt this Period
500.00

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

Mailing Address 950 Neil Creek Rd

City Ashland State OR Zip Code 97520-

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

Name of Employer Pioneer Drilling Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

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

Transaction ID : CN101114110652Fr

Amount of Each Receipt this Period
200.00

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

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

950.00

**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 21
	<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)
Peter Lekki

Mailing Address 19841 Copernicus Ave

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
400.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 12 / 2014

Transaction ID : CN101914092610Pe

Amount of Each Receipt this Period
200.00

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

Mailing Address PO Box 29140

City Portland State OR Zip Code 97296-

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
 10 / 09 / 2014

Transaction ID : CN101114110405Ke

Amount of Each Receipt this Period
500.00

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

Mailing Address 20607 Coventry Cir

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
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 08 / 2014

Transaction ID : CN101114110205Ja

Amount of Each Receipt this Period
100.00

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: PAGE 11 OF 21
(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)
Herbert Rothschild, Jr.

Mailing Address **PO Box 1254**

City **Talent** State **OR** Zip Code **97540-**

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
500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 12 / 2014

Transaction ID : CN101914092551He

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
600.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 09 / 2014

Transaction ID : CN101114110426Do

Amount of Each Receipt this Period
100.00

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

Mailing Address **2351 NW Westover
Unit 1301**

City **Portland** State **OR** Zip Code **97210-**

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

Name of Employer **Vernier Software** Occupation **CFO**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 06 / 2014

Transaction ID : CN101114112828Ch

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 12 OF 21
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Aelea for Congress

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

Mailing Address 3409 NW Bryce Canyon Ln

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
 10 / 02 / 2014

Transaction ID : CN101114105710Jo

Amount of Each Receipt this Period
250.00

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
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 12 / 2014

Transaction ID : CN101914092600Do

Amount of Each Receipt this Period
250.00

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).....

500.00

6600.00

**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 21
(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)
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
13967.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : CN102214205431Ac

Amount of Each Receipt this Period
25.00

[MEMO ITEM]
Conduit: 1 donor; 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 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).....

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: (check only one)	PAGE 14 OF 21
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" 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)
ProspectPDX

Mailing Address 434 NW 6th Avenue, Suite 302

City Portland State OR Zip Code 97209-

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : CN101914093817Pr

Amount of Each Receipt this Period
200.00

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 / 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).....

200.00

200.00

**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 15 OF 21			
	<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	

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

Full Name (Last, First, Middle Initial) A. Aelea Christofferson		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2014
Mailing Address 60321 Woodside Loop		Amount of Each Disbursement this Period 1656.21
City Bend State OR Zip Code 97702-	Purpose of Disbursement reimbursement per detail	001 Category/ Type
Candidate Name Aelea Christofferson	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 02	Transaction ID : EX101114125002Ae	

Full Name (Last, First, Middle Initial) B. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address 366 Summer St		Amount of Each Disbursement this Period 0.99
City Somerset State MA Zip Code 02144-	Purpose of Disbursement Credit card discount fee	001 Category/ Type
Candidate Name	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID : EX102214205855Ac	

Full Name (Last, First, Middle Initial) C. Automatic Data Services (ADP)		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2014
Mailing Address 10151 SE Sunnyside Rd		Amount of Each Disbursement this Period 70.95
City Clackamas State OR Zip Code 97015-	Purpose of Disbursement Payroll production	001 Category/ Type
Candidate Name	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID : EX101914094832Au	

SUBTOTAL of Disbursements This Page (optional).....	1728.15
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 16 OF 21			
	<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

A. Automatic Data Services (ADP)

Full Name (Last, First, Middle Initial)
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: 10 / 15 / 2014

Amount of Each Disbursement this Period: 384.49

Transaction ID : EX101914094808Au

Category/Type: 001

B. Automatic Data Services (ADP)

Full Name (Last, First, Middle Initial)
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: 10 / 15 / 2014

Amount of Each Disbursement this Period: 1008.82

Transaction ID : EX101914094742Au

Category/Type: 001

c. Fred Meyer Fuel

Full Name (Last, First, Middle Initial)
Mailing Address Misc

City Bend State OR Zip Code 97702-

Purpose of Disbursement Fuel

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 09 / 09 / 2014

Amount of Each Disbursement this Period: 142.31

Transaction ID : EX101114125327Fr

Category/Type: 002

[MEMO ITEM]
reimbursement detail: Aelea Christofferson

SUBTOTAL of Disbursements This Page (optional) 1393.31

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 17 OF 21	
	<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. Fred Meyer Fuel		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2014
Mailing Address Misc		Amount of Each Disbursement this Period 2865.00
City Bend	State OR	
Zip Code 97702-	Purpose of Disbursement Fuel	Transaction ID : EX101114125304Fr
Candidate Name	002 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)	[MEMO ITEM] reimbursement detail: Aelea Christofferson
State: District:		

Full Name (Last, First, Middle Initial) B. Fred Meyer Fuel		Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2014
Mailing Address Misc		Amount of Each Disbursement this Period 127.36
City Bend	State OR	
Zip Code 97702-	Purpose of Disbursement Fuel	Transaction ID : EX101114125402Fr
Candidate Name	002 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)	[MEMO ITEM] reimbursement detail: Aelea Christofferson
State: District:		

Full Name (Last, First, Middle Initial) c. Polity Group LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2014
Mailing Address PO Box 82725		Amount of Each Disbursement this Period 2865.00
City Portland	State OR	
Zip Code 97282-	Purpose of Disbursement fundraising consulting	Transaction ID : EX101114141824Po
Candidate Name	003 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:		

SUBTOTAL of Disbursements This Page (optional).....	2865.00
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 18 OF 21			
	<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. PressPros

Mailing Address 1132 NE 2nd St

City Bend State OR Zip Code 97701-

Purpose of Disbursement Literature printing

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement 09 / 03 / 2014

Amount of Each Disbursement this Period 352.42

Transaction ID : EX101114124644Pr

[MEMO ITEM]
reimbursement detail: Aelea Christofferson

Full Name (Last, First, Middle Initial)

B. ProspectPDX

Mailing Address 434 NW 6th Avenue, Suite 302

City Portland State OR Zip Code 97209-

Purpose of Disbursement Advertising and production

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement 10 / 10 / 2014

Amount of Each Disbursement this Period 4000.00

Transaction ID : EX101114141756Pr

Full Name (Last, First, Middle Initial)

c. US Cellular

Mailing Address Dept. 0205

City Palatine State IL Zip Code 60055-

Purpose of Disbursement Mobile phone

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement 08 / 04 / 2014

Amount of Each Disbursement this Period 79.99

Transaction ID : EX101114125453US

[MEMO ITEM]
reimbursement detail: Aelea Christofferson

SUBTOTAL of Disbursements This Page (optional)..... 4000.00

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 19 OF 21	
	<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 MM / DD / YYYY 08 / 16 / 2014
Mailing Address Dept. 0205		Amount of Each Disbursement this Period 49.99
City Palatine	State IL	
Zip Code 60055-	Purpose of Disbursement Mobile phone	Transaction ID : EX101114125128US
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)	[MEMO ITEM] reimbursement detail: Aelea Christofferson
State: District:		

Full Name (Last, First, Middle Initial) B. US Cellular		Date of Disbursement MM / DD / YYYY 10 / 11 / 2014
Mailing Address Dept. 0205		Amount of Each Disbursement this Period 44.48
City Palatine	State IL	
Zip Code 60055-	Purpose of Disbursement Mobile phone	Transaction ID : EX101114145659US
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. US Cellular		Date of Disbursement MM / DD / YYYY 10 / 11 / 2014
Mailing Address Dept. 0205		Amount of Each Disbursement this Period 44.48
City Palatine	State IL	
Zip Code 60055-	Purpose of Disbursement Mobile phone	Transaction ID : EX101114125607US
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:		

SUBTOTAL of Disbursements This Page (optional).....	88.96
TOTAL This Period (last page this line number only).....	10075.42

SCHEDULE C (FEC Form 3)
LOANS

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

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

Mailing Address
60321 Woodside Loop

City Bend State OR ZIP Code 97702-

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

TERMS

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

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
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

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"/>