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FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3		BURSE uthorized Co	mmittee		C	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT	•	Example: If typin over the lines.	g, type	12FE4M5	
Chris Andrade for C	ongress					
	2018 Fort Bragg	g Rd.				
ADDRESS (number and street)	Suite 110A					
Check if different than previously reported. (ACC)	Fayetteville				NC 28	3303
2. FEC IDENTIFICATION	NUMBER ▼	CITY			STATE A	ZIP CODE
C C00555680		3. IS THIS REPORT	× NEW	OR	AMENDE (A)	STATE ▼ DISTRICT  NC 07
4. TYPE OF REPORT	(Choose One)	(b) 12-Day <b>PF</b>	<b>RE</b> -Election Repo	ort for the:		
(a) Quarterly Reports:		×			General (120	G) Runoff (12R)
April 15 Quarter	ly Report (Q1)		Convention (		Special (125	
July 15 Quarter	ly Report (Q2)		M M /	D D /	Y	in the
October 15 Qua	arterly Report (Q3)	Election of	05	06	2014	State of NC
January 31 Yea	r-End Report (YE)	(c) 30-Day <b>PC</b>	OST-Election Rep	oort for the:	:	_
_			General (300	i)	Runoff (30R	Special (30S)
Termination Rep	port (TER)	Election o	on	D D /	Y Y Y Y	in the State of
5. Covering Period	M 04 / 01 /	Y Y Y Y 2014	through	M M M	16	Y Y Y Y Y Z014
I certify that I have examined	d this Report and to	the best of my	knowledge and	belief it is t	rue, correct and o	complete.
Type or Print Name of Treas	urer Brandon Kiehr	ne				
Signature of Treasurer	Brandon Kiehne		[Electronically I	Filed]	Date 04	/ 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of false, er	roneous, or incomplet	e information ma	ay subject the per	son signing	this Report to the	penalties of 2 U.S.C. §437g.
Office Use Only						FEC FORM 3 (Revised 02/2003)

#### **SUMMARY PAGE**

FEC Form 3 (Revised 02/2003) of Receipts and Disbursements

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Write or Type Committee Name

### Chris Andrade for Congress

04 16 2014 01 2014 Report Covering the Period: From: To: **COLUMN A COLUMN B Election Cycle-to-Date** This Period Net Contributions (other than loans) **Total Contributions** (a) 50.00 6715.00 (other than loans) (from Line 11(e)) .... (b) Total Contribution Refunds 0.00 50.00 (from Line 20(d)) ..... (c) Net Contributions (other than loans) 50.00 6665.00 (subtract Line 6(b) from Line 6(a)) ...... Net Operating Expenditures (a) Total Operating Expenditures 147.36 14728.68 (from Line 17) ..... (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 147.36 14728.68 (subtract Line 7(b) from Line 7(a)) ...... Cash on Hand at Close of 6289.96 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 14353.64 Schedule C and/or Schedule D).....

#### 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

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FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

### Chris Andrade for Congress

	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)	0.00	250.00
	(i) Itemized (use Schedule A)	7 7 7	7 7
	(ii) Unitemized	50.00	365.00
	(iii) TOTAL of contributions	50.00	245.00
	from individuals	30.00	615.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees		, , , , , ,
	(such as PACs)	0.00	100.00
	(d) The Candidate	0.00	6000.00
	(e) TOTAL CONTRIBUTIONS	9 9	7
	(other than loans)		
	(add Lines 11(a)(iii), (b), (c), and (d))	50.00	6715.00
2.	TRANSFERS FROM OTHER		
	AUTHORIZED COMMITTEES	0.00	0.00
3.	LOANS:		
	(a) Made or Guaranteed by the		
	Candidate	0.00	15000.00
	(b) All Other Loans	0.00	0.00
	(c) TOTAL LOANS	7 7 7	7 7 7
	(add Lines 13(a) and (b))	0.00	15000.00
4.	OFFSETS TO OPERATING		
	EXPENDITURES		
	(Refunds, Rebates, etc.)	0.00	0.00
5.	OTHER RECEIPTS		
	(Dividends, Interest, etc.)	0.00	0.00
6.	TOTAL RECEIPTS (add Lines		
	11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	50.00	21715.00

#### **DETAILED SUMMARY PAGE**

FEC Form 3 (Revised 02/2003)

of Disbursements

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	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	147.36	14728.68
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19.	LOAN REPAYMENTS:		
	(a) Of Loans Made or Guaranteed by the Candidate	0.00	646.36
	(b) Of All Other Loans	0.00	0.00
	(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	646.36
20.	REFUNDS OF CONTRIBUTIONS TO:		
	(a) Individuals/Persons Other Than Political Committees	0.00	50.00
	man Fontical Committees		7 7 7
	(b) Political Party Committees(c) Other Political Committees	0.00	0.00
	(such as PACs)	0.00	0.00
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	50.00
21.	OTHER DISBURSEMENTS	0.00	0.00
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	147.36	15425.04
	III. CASH SU	JMMARY	
23.	CASH ON HAND AT BEGINNING OF REPO	RTING PERIOD	6387.32
24	TOTAL RECEIPTS THIS PERIOD (from Line	50.00	
25.	SUBTOTAL (add Line 23 and Line 24)		6437.32
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	om Line 22)	147.36
27.	CASH ON HAND AT CLOSE OF REPORTING (subtract Line 26 from Line 25)		6289.96

## SCHEDULE B (FEC Fo ITEMIZED DISBURSEM

Any information copied from such or for commercial purposes, other

A. BizCard Express

Office Sought:

В.

House Senate

President

District:

age# 14941122422			
CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate scl for each category Detailed Summan	y of the	FOR LINE NUMBER: PAGE 5 OF 6 (check only one)    X   17
y information copied from such Reports and Statements ma for commercial purposes, other than using the name and a			
NAME OF COMMITTEE (In Full) Chris Andrade for Congress			
Full Name (Last, First, Middle Initial)  BizCard Express  Mailing Address 2703 Raeford Rd.			Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State Fayetteville NC	Zip Code 28303		Amount of Each Disbursement this Period
Purpose of Disbursement 1000 Campaign Business Cards		006	67.36  Transaction ID : SB17.4187
Candidate Name		Category/ Type	
Office Sought:  House Senate President  Disbursement For:  Primary Other (sp	General		
State: District: Full Name (Last, First, Middle Initial)			
Mailing Address			Date of Disbursement
City State	Zip Code		Amount of Each Disbursement this Period
Purpose of Disbursement			
Candidate Name		Category/ Type	
Office Sought: House Disbursement For:	·		

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

General

Primary

Other (specify)

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

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

State:

67.36

67.36

### SCHEDULE C (FEC Form 3) **LOANS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

**PAGE** 

×	13a
	13b

6

Detailed Summary Page Transaction ID: SC/10.4142 NAME OF COMMITTEE (In Full) Chris Andrade for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Primary Christopher Alen Andrade General Mailing Address Other (specify) 7031 Kittridge Dr State ZIP Code City NC 28314 Fayetteville Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 15000.00 646.36 14353.64 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 01 <sup>M</sup> <sup>D</sup>31 ž014 2/1/2016 3.25 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 14353.64 14353.64 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.