FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

SECRETARY OF THE SENATE
16 APR 18 PM 4:07
Office Use Only

1. NAME OF COMMITTEE (in full) — TYPE OR PRINT ▼ — Example: If typing, type over the lines. 12FE4M5

STINE FOR SENATE

ADDRESS (number and street) ▼ PO BOX 1209

☐ Check if different than previously reported. (ACC)

MEDFORD OR 97501 -

2. FEC IDENTIFICATION NUMBER ▼ C C00587600

CITY ▲ STATE ▲ ZIP CODE ▲

3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)

STATE ▼ DISTRICT OR 00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

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

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

Election on MM / DD / YYYY in the State of

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

☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on MM / DD / YYYY in the State of

5. Covering Period MM 09 / DD 01 / YYYY 2015 through MM 03 / DD 31 / YYYY 2016

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 Howard Stine

Alternate ~~Signature of~~ Treasurer *Kevin Howard Stine* [signature] Date MM 04 / DD 15 / YYYY 2016

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							

FEC FORM 3 (Revised 02/2003)

FE5AN018

201604200150422

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
STINE FOR SENATE

Report Covering the Period: From: 09 / 01 / 2015 To: 03 / 31 / 2016

	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)) ...	3203.08	3203.08
(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)) ...	3203.08	3203.08
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) ..	4355.63	4355.63
(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)) ...	4355.63	4355.63
8. Cash on Hand at Close of Reporting Period (from Line 27)...	1847.45	
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) ...	3000.00	

For further information contact:

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

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

2016042002015442

DETAILED SUMMARY PAGE
of Receipts

FEC **Form 3** (Revised 12/2003)

Write or Type Committee Name

STINE FOR SENATE

Report Covering the Period: From: 09 / 01 / 2015 To: 03 / 31 / 2016

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)...	2678.46	2678.46
(ii) Unitemized.....	524.62	524.62
(iii) TOTAL of contributions from individuals . ▶	3203.08	3203.08
(b) Political Party Committees...	0.00	0.00
(c) Other Political Committees (such as PACs)...	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	3203.08	3203.08
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..	0.00	0.00
13. LOANS: (a) Made or Guaranteed by the Candidate...	3000.00	3000.00
(b) All Other Loans...	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))...	3000.00	3000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)..	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. **TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)... ▶	6203.08	6203.08

2016042009154424

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	4355.63	4355.63
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) ▶	4355.63	4355.63

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	6203.08
25. SUBTOTAL (add Line 23 and Line 24)...	6203.08
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	4355.63
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	1847.45

2016042092015442

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)
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 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)
STINE FOR SENATE

A.
Full Name (Last, First, Middle Initial): Kamesh Aiyer
Mailing Address: 11 Magazine St, Apt 2
City: Cambridge | State: MA | Zip Code: 02139
FEC ID number of contributing federal political committee: C
Name of Employer: Kashi Software | Occupation: Consultant
Receipt For: 2016
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 500.00

Date of Receipt: 03 / 22 / 2016
Transaction ID : SA11AI.4136
Amount of Each Receipt this Period: 500.00
[ ] Memo Item
Donation

B.
Full Name (Last, First, Middle Initial): Anonymous
Mailing Address: None
City: None | State: OR | Zip Code: 00000
FEC ID number of contributing federal political committee: C
Name of Employer: None | Occupation: None
Receipt For: 2016
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 1333.47

Date of Receipt: 03 / 31 / 2016
Transaction ID : SA11AI.4154
Amount of Each Receipt this Period: 1333.47
[ ] Memo Item
Aggregate of all donations from people giving less than $50 total

C.
Full Name (Last, First, Middle Initial): Funds From Previous Campaign
Mailing Address: Nil
City: Medford | State: OR | Zip Code: 97504
FEC ID number of contributing federal political committee: C
Name of Employer: None | Occupation: None
Receipt For: 2016
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 344.99

Date of Receipt: 09 / 14 / 2015
Transaction ID : SA11AI.4159
Amount of Each Receipt this Period: 344.99
[ ] Memo Item
Transfer of funds from previous campaign

SUBTOTAL of Receipts This Page (optional) 2178.46

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

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)
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
STINE FOR SENATE

A.
Full Name (Last, First, Middle Initial): Joseph Mark Taraya
Mailing Address: 39 Oxoboxo Cross Rd
City: Oakdale State: CT Zip Code: 06370
FEC ID number of contributing federal political committee: C
Name of Employer: Department of Defense
Occupation: Medical Records Technician
Receipt For: 2016
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 500.00

Date of Receipt: 12 / 07 / 2015
Transaction ID : SA11AI.4134
Amount of Each Receipt this Period: 500.00
[ ] Memo Item
Donation

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: MM / DD / YYYY
Amount of Each Receipt this Period:
[ ] Memo Item

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: MM / DD / YYYY
Amount of Each Receipt this Period:
[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) 500.00
TOTAL This Period (last page this line number only) 2678.46

201604200201544427

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)

☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☒ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
STINE FOR SENATE

A.

Full Name (Last, First, Middle Initial): Kevin Howard Stine
Mailing Address: PO BOX 1209
City: MEDFORD State: OR Zip Code: 97501
FEC ID number of contributing federal political committee: C C00587600
Name of Employer: None
Occupation: None
Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)
Election Cycle-to-Date: 500.00

Date of Receipt: 11 / 02 / 2015
Transaction ID : SA13A.4158
Amount of Each Receipt this Period: 500.00
☐ Memo Item
Individual personal loan to the campaign

B.

Full Name (Last, First, Middle Initial): Kevin Howard Stine
Mailing Address: PO BOX 1209
City: MEDFORD State: OR Zip Code: 97501
FEC ID number of contributing federal political committee: C C00587600
Name of Employer: None
Occupation: None
Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)
Election Cycle-to-Date: 3000.00

Date of Receipt: 02 / 04 / 2016
Transaction ID : SA13A.4157
Amount of Each Receipt this Period: 2500.00
☐ Memo Item
Individual Loan to Compaign

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: / /
Amount of Each Receipt this Period:
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) 3000.00

TOTAL This Period (last page this line number only) 3000.00

FEC Schedule A (Form 3) (Revised 12/2015)

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
STINE FOR SENATE

A.
Full Name (Last, First, Middle Initial): Heart of Medford
Mailing Address: 33 N. Central Ave #408
City: Medford State: OR Zip Code: 97501
Purpose of Disbursement: Booth for Pear Blossom Festival
Category/Type:
Candidate Name: STINE FOR SENATE
Office Sought: [ ] House [X] Senate [ ] President
State: OR District: 00
Disbursement For: 2016 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 03 / 23 / 2016
Amount of Each Disbursement this Period: 205.00
[ ] Memo Item
Transaction ID : SB17.4203

B.
Full Name (Last, First, Middle Initial): New Eden
Mailing Address: Unknown
City: Bethesda State: MD Zip Code: 20813
Purpose of Disbursement: Web Design and Hosting
Category/Type:
Candidate Name: STINE FOR SENATE
Office Sought: [ ] House [X] Senate [ ] President
State: OR District: 00
Disbursement For: 2016 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 11 / 02 / 2015
Amount of Each Disbursement this Period: 260.00
[ ] Memo Item
Transaction ID : SB17.4180

C.
Full Name (Last, First, Middle Initial): New Eden
Mailing Address: Unknown
City: Bethesda State: MD Zip Code: 20813
Purpose of Disbursement: Website Design and Hosting
Category/Type:
Candidate Name: STINE FOR SENATE
Office Sought: [ ] House [X] Senate [ ] President
State: OR District: 00
Disbursement For: 2016 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 01 / 31 / 2016
Amount of Each Disbursement this Period: 49.00
[ ] Memo Item
Transaction ID : SB17.4187

SUBTOTAL of Disbursements This Page (optional) 514.00

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
STINE FOR SENATE

A.
Full Name (Last, First, Middle Initial): Oregon Secretary of State
Mailing Address: 255 Capitol St NE
City: Salem State: OR Zip Code: 97310
Purpose of Disbursement: Voters Pamphlet Statement
Category/Type:
Candidate Name: STINE FOR SENATE
Office Sought: [ ] House [X] Senate [ ] President
State: OR District: 00
Disbursement For: 2016 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 03 / 10 / 2016
Amount of Each Disbursement this Period: 3000.00
[ ] Memo Item
Transaction ID : SB17.4197

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

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

SUBTOTAL of Disbursements This Page (optional) 3000.00

TOTAL This Period (last page this line number only) 3514.00

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
STINE FOR SENATE

Transaction ID : SC/10.4158

LOAN SOURCE Full Name (Last, First, Middle Initial) *PERSONAL FUNDS]* [ ] Memo Item
Kevin Howard Stine

Election: 2016
[X] Primary
[ ] General
[ ] Other (specify) ▼

Mailing Address
PO BOX 1209

City	State	ZIP Code
MEDFORD	OR	97501

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
500.00	0.00	500.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 11 M / D 02 D / Y 2015 Y	M M / D D / Y Nov 8, 2016 Y	0.00 % (apr)	[ ] Yes [X] 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)... ▶ 500.00

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.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
STINE FOR SENATE

Transaction ID : SC/10.4157

LOAN SOURCE Full Name (Last, First, Middle Initial) *PERSONAL FUNDS]* [ ] Memo Item
Kevin Howard Stine

Election: 2016
[X] Primary
[ ] General
[ ] Other (specify) ▼

Mailing Address
PO BOX 1209

City	State	ZIP Code
MEDFORD	OR	97501

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2500.00	0.00	2500.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
02 / 04 / 2016	Nov 8, 2016	0.00 % (apr)	[ ] Yes [X] 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)... ▶ 2500.00

TOTALS This Period (last page in this line only)... ▶ 3000.00

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

FE5AN018

FEC Schedule C (Form 3) (Revised 12/2015)

PRESS FIRMLY TO SEAL

PRESS FIRMLY TO SEAL

1004

20013

U.S. POSTAGE
PAID
MEDFORD, OR
97501
APR 15, 16
AMOUNT
$9.75
R2304M113307-09

PRIORITY® ★ MAIL ★

- DATE OF DELIVERY SPECIFIED*
- USPS TRACKING™ INCLUDED*
- INSURANCE INCLUDED*
- PICKUP AVAILABLE

* Domestic only

WHEN USED INTERNATIONALLY, A CUSTOMS DECLARATION LABEL MAY BE REQUIRED.

FROM: PO Box 1209
MEDFORD, OR
~~9~~ 97501

SCREENED BY THE SENATE POST OFFICE

TO: Office of Public Records
PO Box 77578
WASHINGTON, DC
20013-7578

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL®

7016 0340 0000 2796 0016

SCREENED BY THE SENATE POST OFFICE

2016042002001544

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JULIE E. ADAMS
SECRETARY

DANA K. MACCALLUM
SUPERINTENDENT

HART SENATE OFFICE BUILDING
SUITE 232

WASHINGTON, DC 20510-7116

PHONE(202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

ELECTRONICALLY DELIVERED _____
Date of Receipt

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL _____ _____
Date of Receipt Postmark

USPS REGISTERED/CERTIFIED 4/15/16
Postmark

USPS PRIORITY MAIL _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL ☐

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	☐
UPS	_____	☐
DHL	_____	☐
AIRBORNE EXPRESS	_____	☐

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

POSTMARK ILLEGIBLE ☐ NO POSTMARK ☐

FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER MN DATE PREPARED 4/18/16

4/04/16

2016042002015444 34

SEN PATCH

SEN PATCH

2016042002001544435