

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Tootie Smith for Oregon

ADDRESS (number and street)

89358 Cranberry Lane

Check if different
than previously
reported. (ACC)

Bandon

OR

97411-8322

2. **FEC IDENTIFICATION NUMBER** ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C

C00556415

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

OR

05

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

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

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

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

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

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 Carol A Russell

Signature of Treasurer

Carol A Russell

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

04

15

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 25

Write or Type Committee Name

Tootie Smith for Oregon

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	4

	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))....	13870	13870
(b) Total Contribution Refunds (from Line 20(d))	0	0
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	13870	13870
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	13532.72	13838.77
(b) Total Offsets to Operating Expenditures (from Line 14).....	0	0
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	13532.72	13838.77
8. Cash on Hand at Close of Reporting Period (from Line 27).....	3827.47	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	3300	

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)

PAGE 3 / 25

Write or Type Committee Name

Tootie Smith for Oregon

Report Covering the Period:

From:

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

To:

M M / D D / Y Y Y Y
03 / 31 / 2014

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).....**

13870

13870

(ii) Unitemized.....

0

0

(iii) TOTAL of contributions from individuals ▶

13870

13870

(b) Political Party Committees.....

0

0

(c) Other Political Committees (such as PACs).....

0

0

(d) The Candidate.....

0

0

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))..

13870

13870

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0

0

13. LOANS:**(a) Made or Guaranteed by the Candidate.....**

2500

2500

(b) All Other Loans.....

700

800

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

3200

3300

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.)

0

0

15. OTHER RECEIPTS

(Dividends, Interest, etc.)

496.24

496.24

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

17566.24

17666.24

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 25

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	13532.72	13838.77
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0	0
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0	0
(b) Of All Other Loans	0	0
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0	0
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0	0
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs)	0	0
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0	0
21. OTHER DISBURSEMENTS	0	0
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	13532.72	13838.77

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	-206.05
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	17566.24
25. SUBTOTAL (add Line 23 and Line 24).....	17360.19
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	13532.72
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	3827.47

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

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

FOR LINE NUMBER:

PAGE 5 OF 25

(check only one)

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

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)
Tootie Smith for Oregon

A. Full Name (Last, First, Middle Initial) Jacob Kunze		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>13</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	01		13		2014
M M M	/	D D D	/	Y Y Y Y Y									
01		13		2014									
Mailing Address 13501 S Mueller Road		Transaction ID : A-CF4											
City Oregon City	State OR	Zip Code 97045-8198											
FEC ID number of contributing federal political committee. <div>C</div>		Amount of Each Receipt this Period <div>10</div>											
Name of Employer Safeway	Occupation Cashier												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div>10</div>												
B. Full Name (Last, First, Middle Initial) Sharilyn Benjamin		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>09</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	01		09		2014
M M M	/	D D D	/	Y Y Y Y Y									
01		09		2014									
Mailing Address 10415 SW Ridgeview Lane		Transaction ID : A-CF42											
City Portland	State OR	Zip Code 97219-6318											
FEC ID number of contributing federal political committee. <div>C</div>		Amount of Each Receipt this Period <div>2000</div>											
Name of Employer Self	Occupation Realtor												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div>2000</div>												
C. Full Name (Last, First, Middle Initial) Carolyn L Oakley		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>04</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	01		04		2014
M M M	/	D D D	/	Y Y Y Y Y									
01		04		2014									
Mailing Address 602 NW Cascade Falls Court		Transaction ID : A-CF26											
City Albany	State OR	Zip Code 97321-1531											
FEC ID number of contributing federal political committee. <div>C</div>		Amount of Each Receipt this Period <div>25</div>											
Name of Employer Self Employed	Occupation Business Owner												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div>25</div>												
SUBTOTAL of Receipts This Page (optional).....		<div>2035.00</div>											
TOTAL This Period (last page this line number only).....		<div></div>											

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 25

☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 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)
Tootie Smith for Oregon

Full Name (Last, First, Middle Initial)

Fred Vanwatta

Mailing Address PO Box 135

City
 Salem

State
 OR

Zip Code
 97308-0135

FEC ID number of contributing
federal political committee.

C

Name of Employer
 NA

Occupation
 Retired

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

10

Date of Receipt

M M / D D / Y Y Y Y
 01 / 18 / 2014

Transaction ID : A-CF25

Amount of Each Receipt this Period

10

Contribution

Full Name (Last, First, Middle Initial)

Jaymie J Cololette

Mailing Address 4015 Canal Woods Court

City
 Lake Oswego

State
 OR

Zip Code
 97034-7221

FEC ID number of contributing
federal political committee.

C

Name of Employer
 NA

Occupation
 Retired

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1500

Date of Receipt

M M / D D / Y Y Y Y
 01 / 04 / 2014

Transaction ID : A-CF39

Amount of Each Receipt this Period

1500

Contribution

Full Name (Last, First, Middle Initial)

Lindsay Berschauer

Mailing Address 28356 SW Wagner Street

City
 Wilsonville

State
 OR

Zip Code
 97070-6783

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Leona Consulting Co.

Occupation
 President

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M / D D / Y Y Y Y
 03 / 27 / 2014

Transaction ID : A-CF19

Amount of Each Receipt this Period

250

Contribution

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

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

1760.00

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

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

FOR LINE NUMBER:

PAGE 7 OF 25

(check only one)

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

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)
Tootie Smith for Oregon

Full Name (Last, First, Middle Initial)

David Guild

Mailing Address 21400 SE Tillstrom Road

City

Damascus

State

OR

Zip Code

97089-6026

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Real Estate Broker

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
01		15		2014

Transaction ID : A-CF2

Amount of Each Receipt this Period

500

Contribution

Full Name (Last, First, Middle Initial)

Mountain West Investment Corp.Mailing Address 201 Ferry Street SE
Suite 400

City

Salem

State

OR

Zip Code

97301-3775

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
01		26		2014

Transaction ID : A-CF45

Amount of Each Receipt this Period

1000

Contribution

Full Name (Last, First, Middle Initial)

Steve Schopp

Mailing Address 10475 SW Helenius Street

City

Tualatin

State

OR

Zip Code

97062-6997

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Builder

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		26		2014

Transaction ID : A-CF17

Amount of Each Receipt this Period

50

Contribution

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

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

1550.00

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 25

☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 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)
Tootie Smith for Oregon

A. Full Name (Last, First, Middle Initial) Kevin Moss		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2014	
Mailing Address 24600 SE Three Cedars Street		Transaction ID : A-CF7	
City Damascus	State OR	Zip Code 97089-6556	Amount of Each Receipt this Period Contribution 20
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date 20	
Name of Employer OR Semiconductor	Occupation Manufacturing Specialist		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
B. Full Name (Last, First, Middle Initial) Robert M Lussier		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2014	
Mailing Address 16796 SE Royer Road		Transaction ID : A-CF12	
City Damascus	State OR	Zip Code 97089-2748	Amount of Each Receipt this Period Contribution 200
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date 200	
Name of Employer All Natural Landscape	Occupation Business Owner		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
C. Full Name (Last, First, Middle Initial) Robert Kremer		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2014	
Mailing Address 01630 SW Carey Lane		Transaction ID : A-CF8	
City Portland	State OR	Zip Code 97219-7908	Amount of Each Receipt this Period Contribution 250
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date 250	
Name of Employer Self-employed	Occupation Consultant		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
SUBTOTAL of Receipts This Page (optional).....		470.00	
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)

PAGE 9 OF 25

☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 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)
Tootie Smith for Oregon

A. Full Name (Last, First, Middle Initial) Tom Maletis			Date of Receipt M M / D D / Y Y Y Y 02 / 22 / 2014	
Mailing Address 4188 SW Greenleaf Drive			Transaction ID : A-CF21	
City	State	Zip Code	Amount of Each Receipt this Period Contribution	
Portland	OR	97221-3225	1100	
FEC ID number of contributing federal political committee. C				
Name of Employer Self-Employed		Occupation President		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2600		
B. Full Name (Last, First, Middle Initial) Joe Miller			Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2014	
Mailing Address 10912 NE 27th Avenue			Transaction ID : A-CF18	
City	State	Zip Code	Amount of Each Receipt this Period Contribution	
Vancouver	WA	98686-4201	20	
FEC ID number of contributing federal political committee. C				
Name of Employer New York Life		Occupation Agent		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 20		
C. Full Name (Last, First, Middle Initial) Braeda Libby			Date of Receipt M M / D D / Y Y Y Y 01 / 24 / 2014	
Mailing Address 975 Espana Avenue N			Transaction ID : A-CF22	
City	State	Zip Code	Amount of Each Receipt this Period Contribution	
Keizer	OR	97303-6329	20	
FEC ID number of contributing federal political committee. C				
Name of Employer Managed Health Care		Occupation Pharmacy Driver		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 20		
SUBTOTAL of Receipts This Page (optional).....			1140.00	
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:

PAGE 10 OF 25

(check only one)

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

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)
Tootie Smith for Oregon

A. Full Name (Last, First, Middle Initial) Brain King		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2014	
Mailing Address 11540 Finnegans Way		Transaction ID : A-CF10	
City Oregon City	State OR	Zip Code 97045-9770	Amount of Each Receipt this Period Contribution 500
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 500	
Name of Employer Self-Employed	Occupation Attorney	Amount of Each Receipt this Period Contribution 500	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500		
B. Full Name (Last, First, Middle Initial) Janice R Williamson		Date of Receipt M M / D D / Y Y Y Y 01 / 18 / 2014	
Mailing Address 4065 Mandy Avenue SE		Transaction ID : A-CF24	
City Salem	State OR	Zip Code 97302-1712	Amount of Each Receipt this Period Contribution 20
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 20	
Name of Employer NA	Occupation Retired	Amount of Each Receipt this Period Contribution 20	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 20		
C. Full Name (Last, First, Middle Initial) Rodney R Stubbs		Date of Receipt M M / D D / Y Y Y Y 01 / 18 / 2014	
Mailing Address 3460 Dogwood Drive S		Transaction ID : A-CF23	
City Salem	State OR	Zip Code 97302-4036	Amount of Each Receipt this Period Contribution 20
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 20	
Name of Employer NA	Occupation Retired	Amount of Each Receipt this Period Contribution 20	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 20		
SUBTOTAL of Receipts This Page (optional).....		540.00	
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:

PAGE 11 OF 25

(check only one)

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

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)
Tootie Smith for Oregon

A. Full Name (Last, First, Middle Initial) Richard Vial		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2014	
Mailing Address 12840 SW River Road		Transaction ID : A-CF13	
City Hillsboro	State OR	Zip Code 97123-9343	Amount of Each Receipt this Period Contribution 100
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date 100	
Name of Employer Self-Employed	Occupation Attorney		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 100		
B. Full Name (Last, First, Middle Initial) William D Rutherford		Date of Receipt M M / D D / Y Y Y Y 01 / 26 / 2014	
Mailing Address 6978 SW Foxfield Court		Transaction ID : A-CF46	
City Portland	State OR	Zip Code 97225-6054	Amount of Each Receipt this Period Contribution 250
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date 250	
Name of Employer Rutherford Investment Manage	Occupation President		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250		
C. Full Name (Last, First, Middle Initial) Dick Withnell		Date of Receipt M M / D D / Y Y Y Y 01 / 20 / 2014	
Mailing Address 3691 Rivercrest Drive N		Transaction ID : A-CF43	
City Keizer	State OR	Zip Code 97303-5633	Amount of Each Receipt this Period Contribution 500
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date 500	
Name of Employer NA	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500		
SUBTOTAL of Receipts This Page (optional).....		850.00	
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)

PAGE 12 OF 25

☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 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)
Tootie Smith for Oregon

Full Name (Last, First, Middle Initial) A. Bridget Barton		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2014	
Mailing Address 6490 Horton Road		Transaction ID : A-CF15	
City West Linn	State OR		Zip Code 97068-2877
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Consultant		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 50	Amount of Each Receipt this Period Contribution 50	

Full Name (Last, First, Middle Initial) B. Nancy Lematta		Date of Receipt M M / D D / Y Y Y Y 01 / 26 / 2014	
Mailing Address 800 NE Tenney Road Suite 110		Transaction ID : A-CF44	
City Vancouver	State WA		Zip Code 98685-2899
FEC ID number of contributing federal political committee. C			
Name of Employer Columbia Helicopters	Occupation Chairman of the Board		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000	Amount of Each Receipt this Period Contribution 1000	

Full Name (Last, First, Middle Initial) C. Sandra L Sumner		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2014	
Mailing Address 1442 Meadowlawn Place		Transaction ID : A-CF11	
City Molalla	State OR		Zip Code 97038-8333
FEC ID number of contributing federal political committee. C			
Name of Employer Thrive Life	Occupation Independent Consultant		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 25	Amount of Each Receipt this Period Contribution 25	

SUBTOTAL of Receipts This Page (optional).....	1075.00
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)

PAGE 13 OF 25

☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 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)
Tootie Smith for Oregon

A. Full Name (Last, First, Middle Initial) Chris Maletis III			Date of Receipt M M / D D / Y Y Y Y 02 / 23 / 2014	
Mailing Address 1205 SW Fairfax Place			Transaction ID : A-CF20	
City Portland	State OR	Zip Code 97225-6038	Amount of Each Receipt this Period Contribution 1100	
FEC ID number of contributing federal political committee. C		Name of Employer Landon Farms		
Occupation Owner		Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Election Cycle-to-Date 2600				

B. Full Name (Last, First, Middle Initial) Tom Maletis			Date of Receipt M M / D D / Y Y Y Y 01 / 04 / 2014	
Mailing Address 4188 SW Greenleaf Drive			Transaction ID : A-CF41	
City Portland	State OR	Zip Code 97221-3225	Amount of Each Receipt this Period Contribution 1500	
FEC ID number of contributing federal political committee. C		Name of Employer Self-Employed		
Occupation President		Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Election Cycle-to-Date 2600				

C. Full Name (Last, First, Middle Initial) Scott Bruun			Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2014	
Mailing Address 111 SW 5th Avenue Suite 400			Transaction ID : A-CF9	
City Portland	State OR	Zip Code 97204-3647	Amount of Each Receipt this Period Contribution 50	
FEC ID number of contributing federal political committee. C		Name of Employer U S Bank		
Occupation Vice President		Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Election Cycle-to-Date 50				

SUBTOTAL of Receipts This Page (optional).....	2650.00
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:

PAGE 14 OF 25

(check only one)

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

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)
Tootie Smith for Oregon

A. Full Name (Last, First, Middle Initial) Cathy Finney		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2014	
Mailing Address PO Box 303 32818 S Sawtell Road		Transaction ID : A-CF3	
City Molalla	State OR	Zip Code 97038-0303	Amount of Each Receipt this Period 100
FEC ID number of contributing federal political committee. C		Web Contribution	
Name of Employer Wells Fargo	Occupation Banker		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 100		
B. Full Name (Last, First, Middle Initial) Curtis Barton		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2014	
Mailing Address 6490 Horton Road		Transaction ID : A-CF14	
City West Linn	State OR	Zip Code 97068-2877	Amount of Each Receipt this Period 50
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Clackamas County	Occupation Pretreatment Inspector		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 50		
C. Full Name (Last, First, Middle Initial) Chris Maletis III		Date of Receipt M M / D D / Y Y Y Y 01 / 04 / 2014	
Mailing Address 1205 SW Fairfax Place		Transaction ID : A-CF40	
City Portland	State OR	Zip Code 97225-6038	Amount of Each Receipt this Period 1500
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Landon Farms	Occupation Owner		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600		
SUBTOTAL of Receipts This Page (optional).....		1650.00	
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:

PAGE 15 OF 25

(check only one)

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

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)
Tootie Smith for Oregon

Full Name (Last, First, Middle Initial)

Richard Cruse

Mailing Address 958 NW Edgewood Drive

City

Albany

State

OR

Zip Code

97321-1392

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

retired

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

50

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		14		2014

Transaction ID : A-CF1

Amount of Each Receipt this Period

50

Contribution

Full Name (Last, First, Middle Initial)

Mark Fitz

Mailing Address 18466 SE Foster Road

City

Damascus

State

OR

Zip Code

97089-5622

FEC ID number of contributing
federal political committee.

C

Name of Employer

Star Oil Co

Occupation

Self Employed

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

100

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		26		2014

Transaction ID : A-CF16

Amount of Each Receipt this Period

100

Contribution

Full Name (Last, First, Middle Initial)

C.

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

Amount of Each Receipt this Period

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

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

150.00

13870.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 16 OF 25

☐ 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)
Tootie Smith for Oregon

A. Full Name (Last, First, Middle Initial) Tootie Smith		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2014	
Mailing Address 29429 S Beaver Creek Road		Transaction ID : A-LL3	
City Mulino	State OR	Zip Code 97042-8735	Amount of Each Receipt this Period 2500
FEC ID number of contributing federal political committee. C		Loan to Committee for Voters Pamphlet	
Name of Employer Self-Employed	Occupation Farmer/Small Business Owner		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500		
B. Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address		M M / D D / Y Y Y Y	
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C		M M / D D / Y Y Y Y	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		
C. Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address		M M / D D / Y Y Y Y	
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C		M M / D D / Y Y Y Y	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		
SUBTOTAL of Receipts This Page (optional).....		2500.00	
TOTAL This Period (last page this line number only).....		2500.00	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 17 OF 25

<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
------------------------------------	-------------------------------------	--	------------------------------------	-----------------------------

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)
Tootie Smith for Oregon

A. Full Name (Last, First, Middle Initial) C&A Consulting		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2014	
Mailing Address 89358 Cranberry Lane		Transaction ID : A-LL2	
City Bandon	State OR	Zip Code 97411-8322	Amount of Each Receipt this Period 700
FEC ID number of contributing federal political committee. C		For Account	
Name of Employer	Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 800		
B. Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address			
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		
C. Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address			
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		
SUBTOTAL of Receipts This Page (optional).....		700.00	
TOTAL This Period (last page this line number only).....		700.00	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 18 OF 25

☐ 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)
Tootie Smith for Oregon

Full Name (Last, First, Middle Initial)

Campaign Solutions

Mailing Address 117 N Saint Asaph Street

City State Zip Code
 Alexandria VA 22314-3109

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

496.24

Date of Receipt

M M / D D / Y Y Y Y
 02 04 2014

Transaction ID : A-MF66

Amount of Each Receipt this Period

496.24

Fee reimbursement

Full Name (Last, First, Middle Initial)

B.
 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

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.
 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

Amount of Each Receipt this Period

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

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

496.24

496.24

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 25

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<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)

Tootie Smith for Oregon

Full Name (Last, First, Middle Initial)

A. Lynn Howlett Photography

Mailing Address 2033 25th Street SE

City	State	Zip Code
Salem	OR	97302-1130

Purpose of Disbursement
Campaign Photo

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		07		2014

Amount of Each Disbursement this Period

250

Transaction ID : B-E-32

B. Abc Sign Co.

Mailing Address 2361 12th Street SE

City	State	Zip Code
Salem	OR	97302-2149

Purpose of Disbursement
Advertising: Yard Signs

004

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		24		2014

Amount of Each Disbursement this Period

938

Transaction ID : B-E-28

C. CDMIMailing Address 1593 Spring Hill Road
Suite 400

City	State	Zip Code
Tysons Corner	VA	22182-2245

Purpose of Disbursement
Federal filing platform

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		19		2014

Amount of Each Disbursement this Period

800

Transaction ID : B-E-49

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

1988.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 25

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<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)

Tootie Smith for Oregon

Full Name (Last, First, Middle Initial)

A. Minuteman Press

Mailing Address 3382 SE 20th Avenue

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		28		2014

City	State	Zip Code
Portland	OR	97202-2332

Amount of Each Disbursement this Period

303.75

Purpose of Disbursement
Fundraising: Remittance Envelopes

003

Transaction ID : B-E-55

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. CDMIMailing Address 1593 Spring Hill Road
Suite 400

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		19		2014

City	State	Zip Code
Tysons Corner	VA	22182-2245

Amount of Each Disbursement this Period

400

Purpose of Disbursement
Federal filing platform

001

Transaction ID : B-E-48

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

c. Oregon Secretary Of State - Election DivisionMailing Address 255 Capitol Street NE
Suite 501

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		13		2014

City	State	Zip Code
Salem	OR	97310-1306

Amount of Each Disbursement this Period

2500

Purpose of Disbursement
OR Voters Pamphlet Fee

001

Transaction ID : B-E-65

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

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

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

3203.75

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 21 OF 25

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 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)

Tooie Smith for Oregon

Full Name (Last, First, Middle Initial)

A. Oregon Secretary Of State - Election Division

Mailing Address 255 Capitol Street NE
Suite 501

City State Zip Code
Salem OR 97310-1306

Purpose of Disbursement
Candidate Filing Fee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
01 / 31 / 2014

Amount of Each Disbursement this Period

100

Transaction ID : B-E-33

B. CDMI

Mailing Address 1593 Spring Hill Road
Suite 400

City State Zip Code
Tysons Corner VA 22182-2245

Purpose of Disbursement
Federal filing platform

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
01 / 24 / 2014

Amount of Each Disbursement this Period

400

Transaction ID : B-E-47

c. Third Century Solutions

Mailing Address 311 B Avenue
Suite P

City State Zip Code
Lake Oswego OR 97034-3071

Purpose of Disbursement
Consulting Services

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
01 / 05 / 2014

Amount of Each Disbursement this Period

2000

Transaction ID : B-E-35

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

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

2500.00

SCHEDULE C (FEC Form 3)
LOANS

PAGE 23 OF 25

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☐ 13a
☒ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L2

Tootie Smith for Oregon

LOAN SOURCE Full Name (Last, First, Middle Initial)

C&A Consulting

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

89358 Cranberry Lane

City

State

ZIP Code

Bandon

OR

97411-8322

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

700

0

700

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 03 M

D 20 D

Y 2014 Y

M M

D D

Y On Demand Y

0.00

% (apr)

☐ Yes☒ No

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

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

700.00

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

PAGE 24 OF 25

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L3

Tootie Smith for Oregon

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Tootie Smith

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

29429 S Beaver Creek Road

City

State

ZIP Code

Mulino

OR

97042-8735

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

2500

0

2500

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y
03 / 13 / 2014M M / D D / Y Y
On DemandM M / D D / Y Y
On Demand

0.00

% (apr)

☐ Yes☒ No

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

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

2500.00

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

PAGE 25 OF 25

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☐ 13a
☒ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L4

Tootie Smith for Oregon

LOAN SOURCE Full Name (Last, First, Middle Initial)

C&A Consulting

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

89358 Cranberry Lane

City

State

ZIP Code

Bandon

OR

97411-8322

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

100

0

100

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
06 / 11 / 2013

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

On Demand

0.00

% (apr)

☐ Yes☒ No

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

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

100.00

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

3300.00

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