

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

ELIZABETH UELMEN FOR CONGRESS

ADDRESS (number and street)

PO BOX 872617

Check if different than previously reported. (ACC)

VANCOUVER

WA

98687

2. **FEC IDENTIFICATION NUMBER**

C C00511527

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

WA

03

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 2012

through

M M /

D D /

Y Y Y Y 2012

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 Jay Petterson

Signature of Treasurer Jay Petterson

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y 2012

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

Write or Type Committee Name

ELIZABETH UELMEN FOR CONGRESS

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	6655.00	42028.04
(b) Total Contribution Refunds (from Line 20(d))	407.28	407.28
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	6247.72	41620.76
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	8311.55	41075.30
(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)).....	8311.55	41075.30
8. Cash on Hand at Close of Reporting Period (from Line 27).....	681.96	
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).....	4185.00	

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

ELIZABETH UELMEN 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).....	700.00	9937.00
(ii) Unitemized.....	955.00	17063.99
(iii) TOTAL of contributions from individuals ▶	1655.00	27000.99
(b) Political Party Committees.....	0.00	2027.05
(c) Other Political Committees (such as PACs).....	5000.00	13000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	6655.00	42028.04
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	136.50
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	6655.00	42164.54

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	8311.55	41075.30
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	407.28	407.28
(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)).....	407.28	407.28
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	8718.83	41482.58

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	2745.79
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	6655.00
25. SUBTOTAL (add Line 23 and Line 24).....	9400.79
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	8718.83
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	681.96

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ELIZABETH UELMEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Sally Hyde

Mailing Address 1944 Pacific Ave
Apt 912

City Tacoma State WA Zip Code 98402-3129

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

Name of Employer Self Employed Occupation Occupational Therapist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 23 / 2012

Transaction ID : SA11AI.4722

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
James Schaefer

Mailing Address 13202 NE Village Green Drive

City Vancouver State WA Zip Code 98684

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

Name of Employer Not Employed Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 06 / 2012

Transaction ID : SA11AI.4698

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Bud Sizemore

Mailing Address 1944 Pacific Ave
Apt 912

City Tacoma State WA Zip Code 98402-3129

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

Name of Employer Kent Fire Department Occupation Fire Fighter

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 23 / 2012

Transaction ID : SA11AI.4721

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: PAGE 6 OF 15
(check only one)
 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)
ELIZABETH UELMEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Daniel Smith

Mailing Address 1440 11th Avenue

City Longview State WA Zip Code 98632

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

Name of Employer Not Employed Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 06 / 2012

Transaction ID : SA11AI.4700

Amount of Each Receipt this Period
 250.00

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).....

250.00

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 7 OF 15
	<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)
ELIZABETH UELMEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
International Association of Fire Fighters

Mailing Address 1750 New York Avenue NW

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C70003108

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 06 / 2012

Transaction ID : SA11C.4716

Amount of Each Receipt this Period
 5000.00

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).....

5000.00

5000.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 15			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 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)
ELIZABETH UELMEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ADP, Inc.		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2012
Mailing Address 10155 SE Sunnydale Road		Amount of Each Disbursement this Period 95.00
City Clackamas State OR Zip Code 97015	Purpose of Disbursement Payroll Services	
Candidate Name	Category/Type	Transaction ID : SB17.4734
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. ADP, Inc.		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address 10155 SE Sunnydale Road		Amount of Each Disbursement this Period 10.00
City Clackamas State OR Zip Code 97015	Purpose of Disbursement Payroll Services	
Candidate Name	Category/Type	Transaction ID : SB17.4740
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. ADP, Inc.		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2012
Mailing Address 10155 SE Sunnydale Road		Amount of Each Disbursement this Period 15.39
City Clackamas State OR Zip Code 97015	Purpose of Disbursement Payroll Services	
Candidate Name	Category/Type	Transaction ID : SB17.4744
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional)	120.39
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 9 OF 15			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 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)
ELIZABETH UELMEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ADP, Inc.		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2012
Mailing Address 10155 SE Sunnydale Road		Amount of Each Disbursement this Period 10.00 Transaction ID : SB17.4745
City Clackamas State OR Zip Code 97015	Purpose of Disbursement Payroll Services	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Hopkins + Sachs, Inc.		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2012
Mailing Address 189 Liberty Street NE Suite 209		Amount of Each Disbursement this Period 1160.47 Transaction ID : SB17.4792
City Salem State OR Zip Code 97301	Purpose of Disbursement Printing	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Hopkins + Sachs, Inc.		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2012
Mailing Address 189 Liberty Street NE Suite 209		Amount of Each Disbursement this Period 1200.00 Transaction ID : SB17.4791
City Salem State OR Zip Code 97301	Purpose of Disbursement Printing	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2370.47
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 10 OF 15			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 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)
ELIZABETH UELMEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. K'Syrah		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2012
Mailing Address 316 NE Dallas		Amount of Each Disbursement this Period 692.48
City Camas	State WA	
Zip Code 98607	Purpose of Disbursement Catering	Transaction ID : SB17.4736
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Marsha Manning		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2012
Mailing Address 3801 NE 172nd Ave		Amount of Each Disbursement this Period 1142.37
City Vancouver	State WA	
Zip Code 98682	Purpose of Disbursement Reimbursed Items	Transaction ID : SB17.4741
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. US Postmaster		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2012
Mailing Address Cascade Park		Amount of Each Disbursement this Period 116.00
City Vancouver	State WA	
Zip Code 98684	Purpose of Disbursement P.O. Box Rental	Transaction ID : SB17.4741.10
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1834.85
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 11 OF 15			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 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)
ELIZABETH UELMEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. US Postmaster		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2012
Mailing Address Cascade Park		Amount of Each Disbursement this Period 45.00
City Vancouver	State WA Zip Code 98684	
Purpose of Disbursement Postage	Category/Type	Transaction ID : SB17.4741.11
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. US Postmaster		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2012
Mailing Address Cascade Park		Amount of Each Disbursement this Period 90.00
City Vancouver	State WA Zip Code 98684	
Purpose of Disbursement Postage	Category/Type	Transaction ID : SB17.4741.14
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. Office Depot		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2012
Mailing Address 11505 NE Fourth Plain		Amount of Each Disbursement this Period 101.06
City Vancouver	State WA Zip Code 98662	
Purpose of Disbursement Office Supplies	Category/Type	Transaction ID : SB17.4741.16
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 12 OF 15			
	<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)
ELIZABETH UELMEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. NGP Van, Inc.		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2012
Mailing Address 1101 15th Street, NW S500		Amount of Each Disbursement this Period 900.00 Transaction ID : SB17.4733
City Washington State DC Zip Code 20005	Purpose of Disbursement Compliance Software Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. NGP Van, Inc.		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2012
Mailing Address 1101 15th Street, NW S500		Amount of Each Disbursement this Period 900.00 Transaction ID : SB17.4742
City Washington State DC Zip Code 20005	Purpose of Disbursement Compliance Software Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. The Interactive Department, LLC		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2012
Mailing Address 431 NW Flanders Street Suite 201		Amount of Each Disbursement this Period 1953.30 Transaction ID : SB17.4794
City Portland State OR Zip Code 97209	Purpose of Disbursement Consulting/Internet Services Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	3753.30
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 13 OF 15	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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)
ELIZABETH UELMEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. The Interactive Department, LLC		Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2012
Mailing Address 431 NW Flanders Street Suite 201		Amount of Each Disbursement this Period 40.00 Transaction ID : SB17.4739
City Portland State OR Zip Code 97209	Purpose of Disbursement Consulting/Internet Services	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. The Interactive Department, LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2012
Mailing Address 431 NW Flanders Street Suite 201		Amount of Each Disbursement this Period 40.00 Transaction ID : SB17.4746
City Portland State OR Zip Code 97209	Purpose of Disbursement Consulting/Internet Services	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

SUBTOTAL of Disbursements This Page (optional).....	80.00
TOTAL This Period (last page this line number only).....	8159.01

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

ELIZABETH UELMEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
H+P Political Compliance, LLC

Nature of Debt (Purpose):
Consulting/Compliance

Mailing Address 29 Briarwood Drive

City State Zip Code
Ringgold GA 30736

Outstanding Balance Beginning This Period

Transaction ID : SD10.4796

0.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1185.00

0.00

1185.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Hopkins + Sachs, Inc.

Nature of Debt (Purpose):
Campaign Management

Mailing Address 189 Liberty Street NE
Suite 209

City State Zip Code
Salem OR 97301

Outstanding Balance Beginning This Period

Transaction ID : SD10.4147

3000.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

3000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Hopkins + Sachs, Inc.

Nature of Debt (Purpose):
Graphic Design

Mailing Address 189 Liberty Street NE
Suite 209

City State Zip Code
Salem OR 97301

Outstanding Balance Beginning This Period

Transaction ID : SD10.4148

1200.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

1200.00

0.00

1) **SUBTOTALS** This Period This Page (optional) ▶

4185.00

2) **TOTALS** This Period (last page this line number only) ▶

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
ELIZABETH UELMEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Hopkins + Sachs, Inc.		Nature of Debt (Purpose): Printing
Mailing Address 189 Liberty Street NE Suite 209		
City State	Zip Code	
Salem OR	97301	

Outstanding Balance Beginning This Period	Transaction ID : SD10.4149	
1160.47		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	1160.47	0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Interactive Department, LLC		Nature of Debt (Purpose): Internet Consulting
Mailing Address 431 NW Flanders Street Suite 201		
City State	Zip Code	
Portland OR	97209	

Outstanding Balance Beginning This Period	Transaction ID : SD10.4150	
1953.30		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	1953.30	0.00

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		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)	0.00
2) TOTALS This Period (last page this line number only)	4185.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	4185.00