

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
Aelea for Congress

ADDRESS (number and street) PO Box 7042
 Check if different than previously reported. (ACC) Bend **OR** 97708

2. **FEC IDENTIFICATION NUMBER** ▼ C C00558304 CITY ▲ STATE ▲ ZIP CODE ▲
3. IS THIS REPORT NEW (N) **OR** AMENDED (A) STATE ▼ DISTRICT
OR 02

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
05 / 01 / 2014 through 06 / 30 / 2014

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 Neely

Signature of Treasurer Kevin Neely *[Electronically Filed]* Date M M / D D / Y Y Y Y
07 / 14 / 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.

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Aelea 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))....	25805.00	57697.00
(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)).....	25805.00	57697.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	8650.72	35257.69
(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)).....	8650.72	35257.69
8. Cash on Hand at Close of Reporting Period (from Line 27).....	27505.88	
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).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Aelea for Congress

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	11600.00	34850.00
(ii) Unitemized.....	6205.00	12847.00
(iii) TOTAL of contributions from individuals ▶	17805.00	47697.00
(b) Political Party Committees.....	3000.00	5000.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	5000.00	5000.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	25805.00	57697.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	5000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	5000.00
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)..... ▶	25805.00	62697.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	8650.72	35257.69
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) ▶	8650.72	35257.69

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	10351.60
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	25805.00
25. SUBTOTAL (add Line 23 and Line 24).....	36156.60
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	8650.72
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	27505.88

**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 24
	<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)
Aelea for Congress

A. Full Name (Last, First, Middle Initial)
Mary Scurlock Adamson

Mailing Address 10717 NW Skyline Blvd

City Portland State OR Zip Code 97231-

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

Name of Employer Self Occupation Environmental Policy

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 19 / 2014

Transaction ID : CN060414125315Ma

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Laurie Balmuth

Mailing Address Box 1666

City Hood River State OR Zip Code 97031-

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

Name of Employer Self Occupation Worker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 11 / 2014

Transaction ID : CN061614084554La

Amount of Each Receipt this Period
 250.00

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

Mailing Address 6421 SW Garden Home

City Portland State OR Zip Code 97219-

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

Name of Employer OHSU Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : CN061814095322Jo

Amount of Each Receipt this Period
 1000.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 24
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Aelea for Congress

A. Full Name (Last, First, Middle Initial)
George Blankenship

Mailing Address 56634 Little River Ct

City Bend State OR Zip Code 97707-

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

Name of Employer None Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 20 / 2014

Transaction ID : CN052514090954Ge

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Hsichao Chow

Mailing Address 6858 NE Elliott Cir

City Corvallis State OR Zip Code 97330-

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

Name of Employer Corvallis Clinic Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : CN071114074332Hs

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Robert Collins

Mailing Address PO Box 3500 #205

City Sisters State OR Zip Code 97759-

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

Name of Employer None Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : CN061614084310Ro

Amount of Each Receipt this Period
 500.00

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

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

1500.00

**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 24
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Aelea for Congress

A. Full Name (Last, First, Middle Initial)
Ronald Crowell

Mailing Address 261 Ryder Ln

City Ashland State OR Zip Code 97520-

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

Name of Employer Self Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 29 / 2014

Transaction ID : CN060414125738Ro

Amount of Each Receipt this Period
250.00

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

Mailing Address 12523 SE 131st Ct

City Happy Valley State OR Zip Code 97086-

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

Name of Employer Concepts in Community Living Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : CN070714095249Mi

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Bill Dickey

Mailing Address 9031 SW 9th Dr

City Portland State OR Zip Code 97219-

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

Name of Employer Morel Inc. Occupation Printer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : CN070714095200Bi

Amount of Each Receipt this Period
500.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 24
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Aelea for Congress

A. Full Name (Last, First, Middle Initial)
Dan Frye

Mailing Address 9326 NW Murdock St

City Portland State OR Zip Code 97229-

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

Name of Employer IBM Occupation Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 14 / 2014

Transaction ID : CN05161409459Da

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Steve Clark Hall

Mailing Address 3958 19th St

City San Francisco State CA Zip Code 94114-

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

Name of Employer Self Occupation Filmmaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 03 / 2014

Transaction ID : CN050514090321St

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Dennis Johnson

Mailing Address 2670 SW Montgomery Dr

City Portland State OR Zip Code 97201-

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

Name of Employer Letter sent: 7/2/2014 Occupation Letter sent: 7/2/2014

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 13 / 2014

Transaction ID : CN051614094624De

Amount of Each Receipt this Period
 250.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 24
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Aelea for Congress

A. Full Name (Last, First, Middle Initial)
Thomas Johnston

Mailing Address 4690 Pioneer Rd

City Medford State OR Zip Code 97501-

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

Name of Employer None Occupation None

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2014

Transaction ID : CN052514092337Th

Amount of Each Receipt this Period
250.00

Earmarked from Actblue

B. Full Name (Last, First, Middle Initial)
Thomas Johnston

Mailing Address 4690 Pioneer Rd

City Medford State OR Zip Code 97501-

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

Name of Employer None Occupation None

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 12 / 2014

Transaction ID : CN071014170621Th

Amount of Each Receipt this Period
250.00

Earmarked from Actblue

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

Mailing Address 950 Neil Creek Rd

City Ashland State OR Zip Code 97520-

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

Name of Employer Pioneer Drilling Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 20 / 2014

Transaction ID : CN060414121934Fr

Amount of Each Receipt this Period
250.00

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 24
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Aelea for Congress

A. Full Name (Last, First, Middle Initial)
T.E. Lindley

Mailing Address 1120 NW Couch St
10th Floor

City Portland State OR Zip Code 97209-

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

Name of Employer Perkins Coie LLP Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 01 / 2014

Transaction ID : CN050514090228T.

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Porter Lombard

Mailing Address 2425 East Main St

City Medford State OR Zip Code 97504-

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

Name of Employer none Occupation none

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : CN070714095556Po

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Brad Martin

Mailing Address 2208 NW Johnson St

City Portland State OR Zip Code 97210-

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

Name of Employer DPO Occupation Executive Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 03 / 2014

Transaction ID : CN060414122730Br

Amount of Each Receipt this Period
250.00

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

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

750.00

**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 11 OF 24
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Aelea for Congress

A. Full Name (Last, First, Middle Initial)
Marshall McComb

Mailing Address 1641 Washington Av

City State Zip Code
Baker City OR 97814-

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

Name of Employer Occupation
None none

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 21 / 2014

Transaction ID : CN060414125402Ma

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Walt McMonies

Mailing Address 3131 SW Altadena Terr

City State Zip Code
Portland OR 97239-

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

Name of Employer Occupation
Lane Powell Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 12 / 2014

Transaction ID : CN051514162519Wa

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Bonnie New

Mailing Address 4045 Stonegate Dr

City State Zip Code
Hood River OR 97031-

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

Name of Employer Occupation
Retired Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 03 / 2014

Transaction ID : CN060414122613Bo

Amount of Each Receipt this Period
250.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 24
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Aelea for Congress

A. Full Name (Last, First, Middle Initial)
Judith Osgood

Mailing Address PO Box 3386

City Sunriver State OR Zip Code 97707-

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

Name of Employer None Occupation None

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 29 / 2014

Transaction ID : CN060414125823Ju

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Diane Schaffer

Mailing Address 1016 Timberline Terr

City Ashland State OR Zip Code 97520-

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

Name of Employer None Occupation None

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 16 / 2014

Transaction ID : CN061914132953Di

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Martin Smith

Mailing Address 5429 Beaumont Ave

City La Jolla State CA Zip Code 92037-

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

Name of Employer Self Employed Occupation Telecom

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 05 / 2014

Transaction ID : CN052514092303Ma

Amount of Each Receipt this Period
250.00

Earmarked from Actblue

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

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

750.00

**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 13 OF 24
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Aelea for Congress

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

Mailing Address 1390 Brickley Rd

City Eugene State OR Zip Code 97401-

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

Name of Employer None Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 04 / 2014

Transaction ID : CN061614084114Jo

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Phil Walsh

Mailing Address PO Box 40624

City Portland State OR Zip Code 97240-

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

Name of Employer Self Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

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

Transaction ID : CN061614084345Ph

Amount of Each Receipt this Period
2600.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

2850.00

11600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 24
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Aelea for Congress

A. Full Name (Last, First, Middle Initial)
Democratic Party of Oregon

Mailing Address 232 NW 9th Ave

City Portland State OR Zip Code 97232-

FEC ID number of contributing federal political committee. **C** C00188367

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2014

Transaction ID : CN071114124846De

Amount of Each Receipt this Period
3000.00

INKIND: - Voter file access

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

3000.00

3000.00

**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 15 OF 24
	<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	

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NAME OF COMMITTEE (In Full)
Aelea for Congress

A. Full Name (Last, First, Middle Initial)
ActBlue

Mailing Address PO Box 382110

City State Zip Code
Cambridge MA 02238-

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
13192.12

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 11 / 2014

Transaction ID : CN052514092115Ac

Amount of Each Receipt this Period
250.00

[MEMO ITEM]
Conduit: 1 donor; PAC limit not affected

B. Full Name (Last, First, Middle Initial)
ActBlue

Mailing Address PO Box 382110

City State Zip Code
Cambridge MA 02238-

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
13442.12

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 18 / 2014

Transaction ID : CN052514092137Ac

Amount of Each Receipt this Period
250.00

[MEMO ITEM]
Conduit: 1 donor; PAC limit not affected

C. Full Name (Last, First, Middle Initial)
ActBlue

Mailing Address PO Box 382110

City State Zip Code
Cambridge MA 02238-

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
13692.12

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 15 / 2014

Transaction ID : CN071014170435Ac

Amount of Each Receipt this Period
250.00

[MEMO ITEM]
Conduit: 1 donor; PAC limit not affected

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

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

0.00

0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 24
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Aelea for Congress

A. Full Name (Last, First, Middle Initial)
Aelea Christofferson

Mailing Address 60321 Woodside Loop

City Bend State OR Zip Code 97702-

FEC ID number of contributing federal political committee. **C H4OR02178**

Name of Employer ATL Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 03 / 2014

Transaction ID : CN050514093634Ae

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
Aelea Christofferson

Mailing Address 60321 Woodside Loop

City Bend State OR Zip Code 97702-

FEC ID number of contributing federal political committee. **C H4OR02178**

Name of Employer ATL Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
15000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 21 / 2014

Transaction ID : CN071114124920Ae

Amount of Each Receipt this Period
5000.00

Loan forgiven

[MEMO ITEM]
Current loan amount of \$5,000 from total of \$5,000 is forgiven.

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 17 OF 24	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Aelea for Congress

Full Name (Last, First, Middle Initial) A. Noelle Haggerty		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2014
Mailing Address PO Box 6473		Amount of Each Disbursement this Period 178.55
City Bend State OR Zip Code 97708-	Purpose of Disbursement Reimbursement - see detail	
Candidate Name		Category/Type 007
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : EX050514091015No
State: District:		

Full Name (Last, First, Middle Initial) B. Abracadabra Printing		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 1441 SW Chandler Av #102		Amount of Each Disbursement this Period 239.69
City Bend State OR Zip Code 97702-	Purpose of Disbursement Printing	
Candidate Name		Category/Type 006
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : EX050614225648Ab
State: District:		

Full Name (Last, First, Middle Initial) C. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2014
Mailing Address 366 Summer St		Amount of Each Disbursement this Period 9.88
City Somerset State MA Zip Code 02144-	Purpose of Disbursement Credit card discount fee	
Candidate Name		Category/Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : EX052514092226Ac
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	428.12
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 24			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Aelea for Congress

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services			Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2014	
Mailing Address 366 Summer St			Amount of Each Disbursement this Period 9.88	
City Somerset	State MA	Zip Code 02144-	Transaction ID : EX052514092211Ac	
Purpose of Disbursement Credit card discount fee		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. ActBlue Technical Services			Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2014	
Mailing Address 366 Summer St			Amount of Each Disbursement this Period 9.88	
City Somerset	State MA	Zip Code 02144-	Transaction ID : EX071014170555Ac	
Purpose of Disbursement Credit card discount fee		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. Automatic Data Services (ADP)			Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014	
Mailing Address 10151 SE Sunnyside Rd			Amount of Each Disbursement this Period 95.95	
City Clackamas	State OR	Zip Code 97015-	Transaction ID : EX061914140759Au	
Purpose of Disbursement Payroll fees		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	115.71
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 24			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Aelea for Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. Automatic Data Services (ADP)		M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 10151 SE Sunnyside Rd		Amount of Each Disbursement this Period
City Clackamas	State OR	97015-
Purpose of Disbursement Taxes	001	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Automatic Data Services (ADP)		M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 10151 SE Sunnyside Rd		Amount of Each Disbursement this Period
City Clackamas	State OR	97015-
Purpose of Disbursement Wages	001	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. Automatic Data Services (ADP)		M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 10151 SE Sunnyside Rd		Amount of Each Disbursement this Period
City Clackamas	State OR	97015-
Purpose of Disbursement Payroll fees	001	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	386.21
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 20 OF 24			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Aelea for Congress

Full Name (Last, First, Middle Initial)

A. Automatic Data Services (ADP)

Mailing Address 10151 SE Sunnyside Rd

City Clackamas State OR Zip Code 97015-

Purpose of Disbursement Wages

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 12 / 2014

Amount of Each Disbursement this Period: 140.21

Transaction ID : EX070714100323Au

Category/Type: 001

Full Name (Last, First, Middle Initial)

B. Automatic Data Services (ADP)

Mailing Address 10151 SE Sunnyside Rd

City Clackamas State OR Zip Code 97015-

Purpose of Disbursement Wages

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 12 / 2014

Amount of Each Disbursement this Period: 33.23

Transaction ID : EX070714100340Au

Category/Type: 001

Full Name (Last, First, Middle Initial)

C. Automatic Data Services (ADP)

Mailing Address 10151 SE Sunnyside Rd

City Clackamas State OR Zip Code 97015-

Purpose of Disbursement Payroll production

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 20 / 2014

Amount of Each Disbursement this Period: 70.95

Transaction ID : EX070714100254Au

Category/Type: 001

SUBTOTAL of Disbursements This Page (optional)..... 244.39

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 21 OF 24			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Aelea for Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement											
A. Automatic Data Services (ADP)		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>30</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	06		30		2014
M M	/	D D	/	Y Y Y Y									
06		30		2014									
Mailing Address 10151 SE Sunnyside Rd		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Clackamas</td> <td>OR</td> <td>97015-</td> </tr> </table>		City	State	Zip Code	Clackamas	OR	97015-	<table border="1"> <tr> <td>3153.03</td> </tr> </table>		3153.03			
City	State	Zip Code											
Clackamas	OR	97015-											
3153.03													
Purpose of Disbursement Wages		Transaction ID : EX070714100213Au											
Candidate Name		Category/Type											
Office Sought:		Disbursement For: 2014											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
B. Automatic Data Services (ADP)		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>30</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	06		30		2014
M M	/	D D	/	Y Y Y Y									
06		30		2014									
Mailing Address 10151 SE Sunnyside Rd		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Clackamas</td> <td>OR</td> <td>97015-</td> </tr> </table>		City	State	Zip Code	Clackamas	OR	97015-	<table border="1"> <tr> <td>28.78</td> </tr> </table>		28.78			
City	State	Zip Code											
Clackamas	OR	97015-											
28.78													
Purpose of Disbursement Wages		Transaction ID : EX070714100238Au											
Candidate Name		Category/Type											
Office Sought:		Disbursement For: 2014											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
C. Democratic Party of Oregon		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>05</td> <td></td> <td>21</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	05		21		2014
M M	/	D D	/	Y Y Y Y									
05		21		2014									
Mailing Address 232 NW 9th Ave		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Portland</td> <td>OR</td> <td>97232-</td> </tr> </table>		City	State	Zip Code	Portland	OR	97232-	<table border="1"> <tr> <td>3000.00</td> </tr> </table>		3000.00			
City	State	Zip Code											
Portland	OR	97232-											
3000.00													
Purpose of Disbursement INKIND: - Voter file access		Transaction ID : EX071114124846De											
Candidate Name		Category/Type											
Office Sought:		Disbursement For: 2014											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:													

SUBTOTAL of Disbursements This Page (optional).....	3153.03
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 22 OF 24	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Aelea for Congress

Full Name (Last, First, Middle Initial) A. F Street Solutions		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 735 NW Florida Ave		Amount of Each Disbursement this Period 2250.00 Transaction ID : EX050514085032F
City Bend	State OR Zip Code 97701-	
Purpose of Disbursement campaign management	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. NCCI		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 901 Peninsula Corporate Cir		Amount of Each Disbursement this Period 384.00 Transaction ID : EX050614215038NC
City Boca Raton	State FL Zip Code 33487-	
Purpose of Disbursement Workers Compensation Insurance	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Polity Group LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address PO Box 82725		Amount of Each Disbursement this Period 1419.98 Transaction ID : EX051314130243Po
City Portland	State OR Zip Code 97282-	
Purpose of Disbursement fundraising consulting	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4053.98
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 23 OF 24	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Aelea for Congress

Full Name (Last, First, Middle Initial) A. US Cellular		Date of Disbursement MM / DD / YYYY 05 / 19 / 2014
Mailing Address Dept. 0205		Amount of Each Disbursement this Period \$ 84.96 Transaction ID : EX052714110145US
City Palatine	State IL	
Zip Code 60055-	Purpose of Disbursement Mobile phone	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name	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:	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name	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).....	\$ 84.96
TOTAL This Period (last page this line number only).....	\$ 8466.40

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Aelea for Congress

Transaction ID : **DBDbt04061418190404**

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

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
60321 Woodside Loop

City State ZIP Code
Bend OR 97702-

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

TERMS

Date Incurred: M 03 / D 10 / Y 2014
 Date Due: M M / D D / As available
 Interest Rate: 0.00 % (apr)
 Secured: 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).....	0.00
TOTALS This Period (last page in this line only).....	0.00

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