**FEC** FORM 1

## STATEMENT OF **ORGANIZATION**

RECEIVED 7

2014 MAR -4 AM 11: 42

CEC MAN OFNERS

			1	COMAIL CENTER Office Use Only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	<u>.</u>
AELEA CHRIST	OFFERSON FO	OR CONGRES	<b>S</b>	
ADDRESS (number and street)	PO BOX 7042	) ]		
(Check if address is changed)	BEND		OR	97708
		CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRE  (Check if address is changed)	SS (Please provide only one e		ESS.COM	1
COMMITTEE'S WEB PAGE AD				
(Check if address is changed)	WWW.AELEA	FORCONGRE	\$\$.COM	
2 DATE	6; / <del>*********</del>			
3. FEC IDENTIFICATION N	имвек С			
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined to	THOMAS D		it is true, correct	and complete.
Signature of Treasurer	Dia		Date 03	ं ठेडें ' २०१4
NOTE: Submission of false, erron	•	may subject the person signing		the penalties of 2 U.S.C. §437g.
Office Use Only		For further information Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.	)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Con	•
	<u>.</u>	information below.)	ipiete trie cardidate
	ne of didate	AELEA CHRISTOFFERSON	
	didate	Office S	State OR
Part	y Affiliati	Sought:   House   Senate   President	District 02
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	1794 a
	ne of didate		
Par	rty Con	nmittee:	
(d)		(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a:
		Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyisi/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
loir	at Eune	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t	wo or more political
187		committees/organizations, at least one of which is an authorized committee of a federal eandidate.	
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number C	TERUS (L. 1981) BENEVA (L. Ossa saleba (Marchaella (L. 1981)
	2.		not com a com Mora (from Course) (cour con st事 ) con y consentinge (CT)
			Barran Reservation of the American States of the States of
	3.		angelogen in State (1965) Sangelogen in State (1965)
	4.	FEC ID number C	· ·

FEC Form 1	(Revised 02/2009)	Page 3
Write or Type Commi		- t ago o
	IRISTOFFERSON FOR CONGRESS	
<del></del>	nnected Organization, Affiliated Committee, with Fundraising Representative, or Leadersh	ip PAC Sponsor
Mailing Address		
	CITY STATE 2	ZIP CODE
Relationship:	Connected Organization Affiliated Committee Joint Fundraising Representative Lead	dership PAC Sponsor
7. Custodian of Rec books and records	cords: Identify by name, address (phone number optional) and position of the person in poss.	session of committee
Fuli Name	THOMAS D.HALL	
Mailing Address	PO BOX 7042	
	BEND OR 97708	3
Title or Position	CITY STATE 2	ZIP CODE
TREASUR	ER Telephone number [541, ] – [77]	1, - 2059
	e name and address (phone number optional) of the treasurer of the committee; and the nament (e.g., assistant treasurer).	ne and address of
Full Name of Treasurer	THOMAS D HALL	
Mailing Address	PO BOX 7042	
	BEND OR 97708	B - L - L - L - L
Title or Position		1

FEC For	1 (Revised 02/2009)		Page 4
Full Name of Designated Agent			
Mailing Address			
Title or Position	CITY	STATE	ZIP CODE
		Telephone number	
Banks or Other safety deposit b Name of Bank,		s in which the committee deposits f	unds, holds accounts, rents
safety deposit b	xes or maintains funds. Depository, etc. BANK OF THE CASCADES	s in which the committee deposits f	unds, holds accounts, rents
safety deposit b	xes or maintains funds. Depository, etc.	s in which the committee deposits f	unds, holds accounts, rents
safety deposit b Name of Bank,	PO BOX 4445		
safety deposit b Name of Bank,	xes or maintains funds. Depository, etc. BANK OF THE CASCADES	s in which the committee deposits f	unds, holds accounts, rents
safety deposit b Name of Bank,	PO BOX 4445		
safety deposit b Name of Bank,	Pepository, etc.  BANK OF THE CASCADES  PO BOX 4445  SUNRIVER  CITY	I OR I	97707, , , , , , , , , , , , , , , , , ,
safety deposit b Name of Bank, Mailing Address	Pepository, etc.  BANK OF THE CASCADES  PO BOX 4445  SUNRIVER  CITY	I OR I	97707, , , , , , , , , , , , , , , , , ,
safety deposit b Name of Bank, Mailing Address	Pepository, etc.  BANK OF THE CASCADES  PO BOX 4445  SUNRIVER  CITY	I OR I	97707, , , , , , , , , , , , , , , , , ,
safety deposit b Name of Bank, Mailing Address  Name of Bank,	Pepository, etc.  BANK OF THE CASCADES  PO BOX 4445  SUNRIVER  CITY	I OR I	97707, , , , , , , , , , , , , , , , , ,
safety deposit b Name of Bank, Mailing Address  Name of Bank,	Pepository, etc.  BANK OF THE CASCADES  PO BOX 4445  SUNRIVER  CITY	I OR I	97707, , , , , , , , , , , , , , , , , ,

Insert shipping document here Express 20463 pc-us IAD TUE - 04 MAR 8:30A FIRST OVERNIGHT **EKNIGHT** Cash/Checl Obtain racip. **611** Cargo Aircraft Only Credit Card Dry Ice ACCESS! FID 242262 03MAR14 RDMA 51AC1/CC4F/65DD \_\_ ₽ ₽ ₽ Credit Card No. befow. 6 Special Handling and Delivery Signature Option Direct Signature
Someone at recipient's address
may sign for delivery. Ne applie SATURDAY Delivery
1007 evaluate for FedEx Sanderd Overnight, FedEx 20oy AJM, or FedEx Expr 91732 RDVA FedEx Pak\* 151969 REV 09/04 MWI 140311 FedEx Envelope\* 27:11 WY 7- WW 11:17 FedEx S Next busin Seturday De FEC MAIL CENTER חביו הואוים FedEx First Overnight\* Prom 300 424-9530 OR 2P 97707-2153 8033 9875 8210 FEL FORM 2 (4) FedEx Tracking Number COMMUNICATIONS 8033 9875 8210 PEDELAL FLA STZ 56825 VENTURE OOOZB FOOEX Package Express US Airbill Your Internal Billing Reference GN BEND

00000

## **Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS** The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt **Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail Postmarked USPS Priority Mail Express** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): FFDEX 3/3/14 **Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): DATE PREPARED