

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Chris Andrade for Congress

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

	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))....	6665.00	6665.00
(b) Total Contribution Refunds (from Line 20(d))	50.00	50.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	6615.00	6615.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	14581.32	14581.32
(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)).....	14581.32	14581.32
8. Cash on Hand at Close of Reporting Period (from Line 27).....	6387.32	
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).....	14353.64	

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

Chris Andrade 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).....	250.00	250.00
(ii) Unitemized.....	315.00	315.00
(iii) TOTAL of contributions from individuals ▶	565.00	565.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	100.00	100.00
(d) The Candidate.....	6000.00	6000.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	6665.00	6665.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	15000.00	15000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	15000.00	15000.00
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)..... ▶	21665.00	21665.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	14581.32	14581.32
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	646.36	646.36
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	646.36	646.36
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	50.00	50.00
(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)).....	50.00	50.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	15277.68	15277.68

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	21665.00
25. SUBTOTAL (add Line 23 and Line 24).....	21665.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	15277.68
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	6387.32

**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 16
(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)
Chris Andrade for Congress

A. Full Name (Last, First, Middle Initial)
Chris A.D. Andrade

Mailing Address 56 Cordage Circle

City State Zip Code
Port WentWorth GA 31407

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

Name of Employer Occupation
U.S. Army Soldier

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 30 / 2014

Transaction ID : SA11AI.4163

Amount of Each Receipt this Period
250.00

Individual Contribution Via PayPal

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).....

250.00

250.00

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 16
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Chris Andrade for Congress

A. Full Name (Last, First, Middle Initial)
Committee to Elect Jerry Reinoehl

Mailing Address **PO Box 8188**

City **Fayetteville** State **NC** Zip Code **28311**

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **100.00**

Date of Receipt
03 / 16 / 2014

Transaction ID : SA11C.4161

Amount of Each Receipt this Period
100.00

Non-Federally Registered Committee Permissible Funds

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

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

Amount of Each Receipt this Period

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

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

100.00

100.00

**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 16
	<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)
Chris Andrade for Congress

A. Full Name (Last, First, Middle Initial)
Christopher Alen Andrade

Mailing Address 7031 Kittridge Dr

City Fayetteville State NC Zip Code 28314

FEC ID number of contributing federal political committee. **C H4NC07084**

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 21000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11D.4154

Amount of Each Receipt this Period
 _____ 6000.00

Contribution from Candidate

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).....

_____ 6000.00

_____ 6000.00

**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 16
	<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)
Chris Andrade for Congress

A. Full Name (Last, First, Middle Initial)
Christopher Alen Andrade

Mailing Address 7031 Kittridge Dr

City Fayetteville State NC Zip Code 28314

FEC ID number of contributing federal political committee. **C H4NC07084**

Name of Employer Retired Occupation Retired

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
 01 / 31 / 2014

Transaction ID : SA13A.4142

Amount of Each Receipt this Period
15000.00

Personal loan for Political Campaign

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).....

15000.00

15000.00

**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 9 OF 16			
	<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)
Chris Andrade for Congress

Full Name (Last, First, Middle Initial) A. Christopher Alen Andrade		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 7031 Kittridge Dr		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.4150
City Fayetteville	State NC	
Zip Code 28314	Purpose of Disbursement Travel milage 3/8/2014 - 3/31/2014 (1894 miles)	Category/ Type 002
Candidate Name Chris Andrade for Congress	Office Sought: <input checked="" 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: NC District: 07	

Full Name (Last, First, Middle Initial) B. BizCard Express		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address 2703 Raeford Rd.		Amount of Each Disbursement this Period 42.75 Transaction ID : SB17.4127
City Fayetteville	State NC	
Zip Code 28303	Purpose of Disbursement Campaign Business Cards	Category/ Type 006
Candidate Name Chris Andrade for Congress	Office Sought: <input checked="" 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: NC District: 07	

Full Name (Last, First, Middle Initial) c. Callahan and Rice Insurance		Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2014
Mailing Address 129 Franklin St.		Amount of Each Disbursement this Period 470.00 Transaction ID : SB17.4115
City Fayetteville	State NC	
Zip Code 28302	Purpose of Disbursement Insurance of Campaign HQ	Category/ Type 001
Candidate Name Chris Andrade for Congress	Office Sought: <input checked="" 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: NC District: 07	

SUBTOTAL of Disbursements This Page (optional).....	1512.75
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 16	
	<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)
Chris Andrade for Congress

Full Name (Last, First, Middle Initial) A. Cumberland County Republican Women's Club		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address PO Box 87062		Amount of Each Disbursement this Period 36.00 Transaction ID : SB17.4122
City Fayetteville State NC Zip Code 28303	Purpose of Disbursement Cumberland County Republican Women's Club Luncheon Category/Type 007	
Candidate Name Chris Andrade for Congress	Office Sought: <input checked="" 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: NC District: 07		

Full Name (Last, First, Middle Initial) B. Florence Rogers Charitable Trust		Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2014
Mailing Address 804 Stamper Rd.		Amount of Each Disbursement this Period 2535.71 Transaction ID : SB17.4106
City Fayetteville State NC Zip Code 28303	Purpose of Disbursement February and March lease payment. Category/Type 001	
Candidate Name Chris Andrade for Congress	Office Sought: <input checked="" 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: NC District: 07		

Full Name (Last, First, Middle Initial) c. Florence Rogers Charitable Trust		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2014
Mailing Address 804 Stamper Rd.		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.4143
City Fayetteville State NC Zip Code 28303	Purpose of Disbursement Rent for Campaign Headquarters Category/Type 001	
Candidate Name Chris Andrade for Congress	Office Sought: <input checked="" 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: NC District: 07		

SUBTOTAL of Disbursements This Page (optional).....	3571.71
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 11 OF 16			
	<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)
Chris Andrade for Congress

Full Name (Last, First, Middle Initial) A. Brandon Kiehne		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address PO Box 25130		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4128
City Fayetteville	State NC	
Purpose of Disbursement Wages for february and part of March		Category/ Type 001
Candidate Name Chris Andrade for Congress		
Office Sought: <input checked="" 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: NC	District: 07	

Full Name (Last, First, Middle Initial) B. North Carolina State Board of Elections		Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2014
Mailing Address 441 North Harrington St.		Amount of Each Disbursement this Period 1740.00 Transaction ID : SB17.4110
City Raleigh	State NC	
Purpose of Disbursement North Carolina State Board of Elections Filing Fee		Category/ Type 001
Candidate Name Chris Andrade for Congress		
Office Sought: <input checked="" 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: NC	District: 07	

Full Name (Last, First, Middle Initial) c. Tim Denbo Web Design		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 2178 Walsingham Ct.		Amount of Each Disbursement this Period 3000.00 Transaction ID : SB17.4102
City Tracy	State CA	
Purpose of Disbursement 1/2 payment for website creation		Category/ Type 004
Candidate Name Chris Andrade for Congress		
Office Sought: <input checked="" 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: NC	District: 07	

SUBTOTAL of Disbursements This Page (optional).....	5240.00
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 16	
	<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)
Chris Andrade for Congress

Full Name (Last, First, Middle Initial) A. Tim Denbo Web Design		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2014
Mailing Address 2178 Walsingham Ct.		Amount of Each Disbursement this Period 3000.00
City Tracy	State CA	
Zip Code 95376	Purpose of Disbursement 1/2 payment for website creation	Transaction ID : SB17.4112
Candidate Name Chris Andrade for Congress	Category/ Type 004	
Office Sought: <input checked="" 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: NC	District: 07	

Full Name (Last, First, Middle Initial) B. Time Warner Cable		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2014
Mailing Address PO Box 77169		Amount of Each Disbursement this Period 426.62
City Charlotte	State NC	
Zip Code 28271	Purpose of Disbursement Telephone/Internet Bill for Campaign Headquarters	Transaction ID : SB17.4133
Candidate Name Chris Andrade for Congress	Category/ Type 001	
Office Sought: <input checked="" 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: NC	District: 07	

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	Transaction ID
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).....	3426.62
TOTAL This Period (last page this line number only).....	13751.08

**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 16	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Chris Andrade for Congress

Full Name (Last, First, Middle Initial) A. First Citizens Bank		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2014
Mailing Address PO Box 27131		Amount of Each Disbursement this Period 646.36
City Raleigh	State NC Zip Code 27611	
Purpose of Disbursement	Category/Type	Transaction ID : SB19A.4179
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 M M / D D / Y Y Y Y
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 M M / D D / Y Y Y Y
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).....	646.36
TOTAL This Period (last page this line number only).....	646.36

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`-H9A-N5HCB

Form/Schedule: SB19A

Transaction ID : SB19A.4179

This was a \$15,000 loan made by the candidate, Christopher Andrade, from First Citizen Bank. The candidate loaned the \$15,000 to the campaign committee. The 3/25/2014 loan payment was made by the campaign committee directly to First Citizens Bank. The payment was not sent to the candidate.

Form/Schedule:

Transaction ID:

**SCHEDULE C (FEC Form 3)
LOANS**

NAME OF COMMITTEE (In Full) **Chris Andrade for Congress** Transaction ID : **SC/10.4142**

LOAN SOURCE Full Name (Last, First, Middle Initial) Christopher Alen Andrade	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 7031 Kittridge Dr	
City State ZIP Code Fayetteville NC 28314	

Original Amount of Loan 15000.00	Cumulative Payment To Date 646.36	Balance Outstanding at Close of This Period 14353.64
-------------------------------------	--------------------------------------	---

TERMS

Date Incurred M 01 / D 31 / Y 2014	Date Due M M / D D / Y 2/1/2016	Interest Rate 3.25 % (apr)	Secured: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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).....	▶	14353.64
TOTALS This Period (last page in this line only).....	▶	14353.64

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-1 (FEC Form 3) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for
Information found on
Page ____ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) Chris Andrade for Congress	Transaction ID : SC/10.4142.SC1	FEC IDENTIFICATION NUMBER C C00555680
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LENDING INSTITUTION (LENDER) Full Name First Citizens Bank	Amount of Loan 15000.00	Interest Rate (APR) 3.25 %
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Mailing Address PO Box 27131	Date Incurred or Established 01 / 31 / 2014	Date Due 2/1/2016
City Raleigh	State NC	Zip Code 27611

Back Ref **SC/10.4142**

A. Has loan been restructured? No Yes If yes, date originally incurred

B. If line of credit,
Amount of this Draw: Total Outstanding Balance:

C. Are other parties secondarily liable for the debt incurred?
 No Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
 No Yes If yes, specify: CD secured

What is the value of this collateral?
 15000.00

Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No Yes If yes, specify: _____

What is the estimated value?
 0.00

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).

Location of account: _____
Address: _____
City, State, Zip: _____

Date account established:

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER Typed Name Brandon Kiehne Signature _____	DATE 04 / 15 / 2014
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H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

- I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
- II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
- III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Susan Jalbert Signature <i>Susan Jalbert</i>	[Electronically Filed]	DATE 01 / 31 / 2014
Title Bank Officer		