

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

Anders for Congress

ADDRESS (number and street)

2950 NEWMARKET PL #101-203

Check if different than previously reported. (ACC)

BELLINGHAM

WA

98226

2. FEC IDENTIFICATION NUMBER ▼

C C00496877

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

WA

01

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 / / in the State of

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

- General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period

/ /

through

/ /

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 MARTIN MOSKOWITZ

Signature of Treasurer MARTIN MOSKOWITZ

[Electronically Filed]

Date

/ /

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
Anders 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))....	0.00	182723.47
(b) Total Contribution Refunds (from Line 20(d))	0.00	43576.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	0.00	139147.47
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	893.69	132080.42
(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)).....	893.69	132080.42
8. Cash on Hand at Close of Reporting Period (from Line 27).....	62540.66	
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).....	52600.00	

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

Anders for Congress

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2012 To: M M / D D / Y Y Y Y 06 / 30 / 2012

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).....	0.00	162310.04
(ii) Unitemized.....	0.00	7234.52
(iii) TOTAL of contributions from individuals ▶	0.00	169544.56
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	8178.91
(d) The Candidate.....	0.00	5000.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	182723.47
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	262600.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	262600.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	2032.22	2686.14
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	2032.22	448009.61

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	893.69	132080.42
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	210000.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	210000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	43576.00
(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	43576.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	893.69	385656.42

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	61402.13
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	2032.22
25. SUBTOTAL (add Line 23 and Line 24).....	63434.35
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	893.69
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	62540.66

**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 11
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" 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)
Anders for Congress

A. Full Name (Last, First, Middle Initial)
BUSINESS BANK

Mailing Address 2417 Meridian St

City Bellingham State WA Zip Code 98226

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2012

Transaction ID : SA11.266

Amount of Each Receipt this Period
 2032.22

INTEREST INCOME

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).....

2032.22

2032.22

**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 6 OF 11			
	<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)
Anders for Congress

Full Name (Last, First, Middle Initial) A. IMAGINE DESIGN STUDIO			Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2012
Mailing Address 424 W BAKERVIEW RD			Amount of Each Disbursement this Period 290.40 Transaction ID : SB17.I246
City BELLINGHAM	State WA	Zip Code 98226-8176	
Purpose of Disbursement WEB SERVICE		Candidate Name	Category/ Type 001
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: 00	

Full Name (Last, First, Middle Initial) B. LITZIA LLC			Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2012
Mailing Address 314 E HOLLY ST SUITE 205			Amount of Each Disbursement this Period 81.53 Transaction ID : SB17.I242
City BELLINGHAM	State WA	Zip Code 98225-4736	
Purpose of Disbursement WEB SERVICE		Candidate Name	Category/ Type 001
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: 00	

Full Name (Last, First, Middle Initial) C. LITZIA LLC			Date of Disbursement M M / D D / Y Y Y Y 06 / 08 / 2012
Mailing Address 314 E HOLLY ST SUITE 205			Amount of Each Disbursement this Period 32.61 Transaction ID : SB17.I243
City BELLINGHAM	State WA	Zip Code 98225-4736	
Purpose of Disbursement WEB SERVICE		Candidate Name	Category/ Type 001
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: 00	

SUBTOTAL of Disbursements This Page (optional).....	404.54
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 7 OF 11			
	<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)
Anders for Congress

Full Name (Last, First, Middle Initial) A. LITZIA LLC		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2012
Mailing Address 314 E HOLLY ST SUITE 205		Amount of Each Disbursement this Period 32.61 Transaction ID : SB17.I244
City BELLINGHAM State WA Zip Code 98225-4736	Purpose of Disbursement WEB SERVICE Candidate Name Category/Type 001	
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: 00	

Full Name (Last, First, Middle Initial) B. PAKMAIL		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2012
Mailing Address 2950 NEWMARKET ST		Amount of Each Disbursement this Period 42.00 Transaction ID : SB17.I248
City BELLINGHAM State WA Zip Code 98226-3872	Purpose of Disbursement MAILBOX RENTAL Candidate Name Category/Type 001	
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: 00	

Full Name (Last, First, Middle Initial) C. POGOZONE INTERNET SERVICES		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2012
Mailing Address PO BOX 974		Amount of Each Disbursement this Period 174.10 Transaction ID : SB17.I245
City LYNDEN State WA Zip Code 98264-0974	Purpose of Disbursement WEB SERVICE Candidate Name Category/Type 001	
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: 00	

SUBTOTAL of Disbursements This Page (optional).....	248.71
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 8 OF 11			
	<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)
Anders for Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement											
A. QUICKBOOKS		<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>04</td> <td></td> <td>09</td> <td></td> <td>2012</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	04		09		2012
M M	/	D D	/	Y Y Y Y									
04		09		2012									
Mailing Address 2632 MARINE WAY		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>MOUNTAIN VIEW</td> <td>CA</td> <td>94043-1126</td> </tr> </table>		City	State	Zip Code	MOUNTAIN VIEW	CA	94043-1126	<table border="1"> <tr> <td>23.44</td> </tr> </table>		23.44			
City	State	Zip Code											
MOUNTAIN VIEW	CA	94043-1126											
23.44													
Purpose of Disbursement WEB SERVICE		Transaction ID : SB17.I241											
Candidate Name		Category/Type											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		001											
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)													
State: District: 00													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
B. SANITARY SERVICE CO, INC.		<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>11</td> <td></td> <td>2012</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	05		11		2012
M M	/	D D	/	Y Y Y Y									
05		11		2012									
Mailing Address PO BOX 35008		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>SEATTLE</td> <td>WA</td> <td>98124-3408</td> </tr> </table>		City	State	Zip Code	SEATTLE	WA	98124-3408	<table border="1"> <tr> <td>27.42</td> </tr> </table>		27.42			
City	State	Zip Code											
SEATTLE	WA	98124-3408											
27.42													
Purpose of Disbursement UTILITIES		Transaction ID : SB17.I249											
Candidate Name		Category/Type											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		001											
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)													
State: District: 00													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
C. SPRINT		<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>11</td> <td></td> <td>2012</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	05		11		2012
M M	/	D D	/	Y Y Y Y									
05		11		2012									
Mailing Address 3908 MERIDIAN ST SUITE 110		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>BELLINGHAM</td> <td>WA</td> <td>98226-5580</td> </tr> </table>		City	State	Zip Code	BELLINGHAM	WA	98226-5580	<table border="1"> <tr> <td>189.58</td> </tr> </table>		189.58			
City	State	Zip Code											
BELLINGHAM	WA	98226-5580											
189.58													
Purpose of Disbursement PHONE SVC		Transaction ID : SB17.I247											
Candidate Name		Category/Type											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		001											
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)													
State: District: 00													

SUBTOTAL of Disbursements This Page (optional).....	240.44
TOTAL This Period (last page this line number only).....	893.69

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Anders for Congress** Transaction ID : 1

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]* Election: 2012
Greg Anders Primary
 Mailing Address 2950 Newmarket Place, #101-251 General
 Other (specify) ▼

City State ZIP Code
 Bellingham WA 98226

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	10000.00	0.00

TERMS Date Incurred Date Due Interest Rate Secured:
 06 / 30 / 2011 M M / D D / 7/1/2012 Y Y / Y Y / Y Y 6.00 % (apr) Yes No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ [] 0.00
TOTALS This Period (last page in this line only)..... ▶ []

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

SCHEDULE C (FEC Form 3) LOANS

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)
Anders for Congress

Transaction ID : 2

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

[PERSONAL FUNDS]

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
2950 NEWMARKET ST, #101-251

City State ZIP Code
BELLINGHAM WA 98226-3872

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
177600.00 177600.00 0.00

TERMS

Date Incurred Date Due Interest Rate Secured:
09 / 30 / 2011 M M / D D / Y Y / 2012 Y 8.00 % (apr) Yes No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....

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

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Anders for Congress** Transaction ID : 3

LOAN SOURCE Full Name (Last, First, Middle Initial) **GREG ANDERS** *[PERSONAL FUNDS]* Election: 2012
 Primary
 General
 Other (specify) ▼

Mailing Address
 2950 NEWMARKET ST, #101-251

City State ZIP Code
 BELLINGHAM WA 98226-3872

Original Amount of Loan 75000.00	Cumulative Payment To Date 22400.00	Balance Outstanding at Close of This Period 52600.00
-------------------------------------	--	---

TERMS

Date Incurred M 12 / D 30 / Y 2011	Date Due M / D / Y 7/1/2012	Interest Rate 8.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" 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).....	▶	52600.00
TOTALS This Period (last page in this line only).....	▶	52600.00

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