

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

COMMITTEE TO ELECT MICHAEL DELAVAR

ADDRESS (number and street) ▼

PO BOX 1255

Check if different than previously reported. (ACC)

WASHOUGAL

WA

98671-0927

2. **FEC IDENTIFICATION NUMBER** ▼

C C00551762

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

WA

03

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on / / 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 Michael Justin Cummins

Signature of Treasurer Michael Justin Cummins

[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

COMMITTEE TO ELECT MICHAEL DELAVAR

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))....	8208.00	15599.00
(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)).....	8208.00	15599.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	6155.46	8168.25
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.45	12.40
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	6155.01	8155.85
8. Cash on Hand at Close of Reporting Period (from Line 27).....	7443.15	
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

COMMITTEE TO ELECT MICHAEL DELAVAR

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).....	5176.00	9726.00
(ii) Unitemized.....	3031.00	5872.00
(iii) TOTAL of contributions from individuals ▶	8207.00	15598.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	1.00	1.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	8208.00	15599.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		
	0.45	12.40
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)..... ▶	8208.45	15611.40

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	6155.46	8168.25
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) ►	6155.46	8168.25

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	5390.16
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	8208.45
25. SUBTOTAL (add Line 23 and Line 24).....	13598.61
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	6155.46
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	7443.15

**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)
COMMITTEE TO ELECT MICHAEL DELAVAR

A. Full Name (Last, First, Middle Initial)
Ben Boyes

Mailing Address 27705 NE 10th Avenue

City State Zip Code
Ridgefield WA 98642

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

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

Transaction ID : SA11AI.4627

Amount of Each Receipt this Period
 21.20

Fundraising supplies

[MEMO ITEM]

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

Mailing Address 162 Little Rd

City State Zip Code
Stevenson WA 98648

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

Name of Employer Occupation
Silver Star Cabinets Administrative Assistant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 15 / 2014

Transaction ID : SA11AI.4395

Amount of Each Receipt this Period
 250.00

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

Mailing Address 162 Little Rd

City State Zip Code
Stevenson WA 98648

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

Name of Employer Occupation
Silver Star Cabinets Administrative Assistant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 550.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 06 / 2014

Transaction ID : SA11AI.4496

Amount of Each Receipt this Period
 50.00

True Cash

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

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

300.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.4627

In-kind - Advance

Form/Schedule:

Transaction ID:

**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)
COMMITTEE TO ELECT MICHAEL DELAVAR

A. Full Name (Last, First, Middle Initial)
Donna Boyes

Mailing Address 162 Little Rd

City Stevenson State WA Zip Code 98648

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

Name of Employer Silver Star Cabinets Occupation Administrative Assistant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **800.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 30 / 2014

Transaction ID : SA11AI.4584

Amount of Each Receipt this Period
250.00

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

Mailing Address 315 Hollyberry St.

City Woodland State WA Zip Code 98674

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

Name of Employer None Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 22 / 2014

Transaction ID : SA11AI.4532

Amount of Each Receipt this Period
200.00

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

Mailing Address 208 SE 169th Ave

City Vancouver State WA Zip Code 98684

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

Name of Employer Centennial School District Occupation Executive Supervisor Instructional Tec

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 30 / 2014

Transaction ID : SA11AI.4426

Amount of Each Receipt this Period
100.00
 True Cash

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

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

550.00

**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)
COMMITTEE TO ELECT MICHAEL DELAVAR

A. Full Name (Last, First, Middle Initial)
Katja Delavar

Mailing Address 2149 39th St

City Washougal State WA Zip Code 98671

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

Name of Employer n/a Occupation n/a

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.4614

Amount of Each Receipt this Period
 25.00

Facility/room rental

[MEMO ITEM]

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

Mailing Address PO Box 61773

City Vancouver State WA Zip Code 98666

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

Name of Employer Self-Employed Occupation Computer Programmer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 13 / 2014

Transaction ID : SA11AI.4663

Amount of Each Receipt this Period
 2000.00

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

Mailing Address 8521 Westside Hwy

City Castle Rock State WA Zip Code 98611

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 01 / 2014

Transaction ID : SA11AI.4363

Amount of Each Receipt this Period
 50.00

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

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

2050.00

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.4614

In-kind - Advance

Form/Schedule:

Transaction ID:

**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)
COMMITTEE TO ELECT MICHAEL DELAVAR

A. Full Name (Last, First, Middle Initial)
Gail Egner

Mailing Address 8521 Westside Hwy

City Castle Rock State WA Zip Code 98611

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **275.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 07 / 2014

Transaction ID : SA11AI.4487

Amount of Each Receipt this Period
25.00

True Cash

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

Mailing Address 8521 Westside Hwy

City Castle Rock State WA Zip Code 98611

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **295.00**

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

Transaction ID : SA11AI.4522

Amount of Each Receipt this Period
20.00

True Cash Contribution

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

Mailing Address 8521 Westside Hwy

City Castle Rock State WA Zip Code 98611

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **636.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 09 / 2014

Transaction ID : SA11AI.4667

Amount of Each Receipt this Period
341.00

In-kind - Entry fees and decorations for Woodland parade

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

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

386.00

**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)
COMMITTEE TO ELECT MICHAEL DELAVAR

A. Full Name (Last, First, Middle Initial)
Travis O'Neal

Mailing Address 3615 NW 134th Cir

City Vancouver State WA Zip Code 98685

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

Name of Employer Unemployed Occupation Attorney at law

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **15.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 11 / 2014

Transaction ID : SA11AI.4379

Amount of Each Receipt this Period
23.31

Printing
[MEMO ITEM]

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

Mailing Address 9710 NW 26th Ct.

City Vancouver State WA Zip Code 98665

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

Name of Employer Bonneville Power Administratio Occupation Electrical Engineer

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
04 / 14 / 2014

Transaction ID : SA11AI.4405

Amount of Each Receipt this Period
500.00

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

Mailing Address 3045 NW Gravenstein St

City Camas State WA Zip Code 98607

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

Name of Employer Cascade Home Sales Inc Occupation Realtor

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 / 24 / 2014

Transaction ID : SA11AI.4666

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

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.4379

In-kind - Advance

Form/Schedule:

Transaction ID:

**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)
COMMITTEE TO ELECT MICHAEL DELAVAR

A. Full Name (Last, First, Middle Initial)
Joseph Wagner

Mailing Address 11900 NE 18th St.
Apt 561

City Vancouver State WA Zip Code 98684

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

Name of Employer Alaska Communications Occupation Business Intelligence Developer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 12 / 2014

Transaction ID : SA11AI.4394

Amount of Each Receipt this Period
1000.00

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

Mailing Address PO BOX 2147

City WOODLAND State WA Zip Code 98674

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

Name of Employer Seismic Support Services Occupation Self-Employed

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

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

Transaction ID : SA11AI.4430

Amount of Each Receipt this Period
100.00

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

Mailing Address PO BOX 2147

City WOODLAND State WA Zip Code 98674

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

Name of Employer Seismic Support Services Occupation Self-Employed

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
320.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 07 / 2014

Transaction ID : SA11AI.4478

Amount of Each Receipt this Period
20.00

True Cash

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

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

1120.00

**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 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)
COMMITTEE TO ELECT MICHAEL DELAVAR

Full Name (Last, First, Middle Initial) A. Scott Whittington		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 22 / 2014
Mailing Address PO BOX 2147		Transaction ID : SA11AI.4534
City WOODLAND	State WA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Seismic Support Services	Occupation Self-Employed	True Cash
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 340.00	

Full Name (Last, First, Middle Initial) B.		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) C.		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	20.00
TOTAL This Period (last page this line number only).....	5176.00

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

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NAME OF COMMITTEE (In Full)
COMMITTEE TO ELECT MICHAEL DELAVAR

Full Name (Last, First, Middle Initial) A. MICHAEL ROBERT DELAVAR		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 03 / 2014
Mailing Address 2149 39TH ST		Transaction ID : SA11D.4428
City WASHOUGAL	State WA	
FEC ID number of contributing federal political committee. C H8WA03156		Amount of Each Receipt this Period 1.00
Name of Employer HORIZON AIRLINES	Occupation PILOT	Test of the Subscription System
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1.00	

Full Name (Last, First, Middle Initial) B. MICHAEL ROBERT DELAVAR		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 27 / 2014
Mailing Address 2149 39TH ST		Transaction ID : SA11D.4581
City WASHOUGAL	State WA	
FEC ID number of contributing federal political committee. C H8WA03156		Amount of Each Receipt this Period 26.40
Name of Employer HORIZON AIRLINES	Occupation PILOT	Fundraiser - food/beverages/rental/entertainment [MEMO ITEM]
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1.00	

Full Name (Last, First, Middle Initial) C.		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		
City	State	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	1.00
TOTAL This Period (last page this line number only).....	1.00

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

Form/Schedule: SA11D

Transaction ID : SA11D.4581

In-kind - Advance

Form/Schedule:

Transaction ID:

**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)
COMMITTEE TO ELECT MICHAEL DELAVAR

Full Name (Last, First, Middle Initial) A. Dunlap Printing			Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2014	
Mailing Address 8500 NE 159th St.			Amount of Each Disbursement this Period 999.99	
City Vancouver	State WA	Zip Code 98662	Transaction ID : SB17.4398	
Purpose of Disbursement Signs		Category/ Type 004		
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. Gail Egner			Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014	
Mailing Address 8521 Westside Hwy			Amount of Each Disbursement this Period 341.00	
City Castle Rock	State WA	Zip Code 98611	Transaction ID : SB17.4668	
Purpose of Disbursement In-kind - Entry fees and decorations for Woodland parade		Category/ Type 007		
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. GotPrint			Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2014	
Mailing Address 7651 N. San Fernando Road			Amount of Each Disbursement this Period 463.60	
City Burbank	State CA	Zip Code 91505	Transaction ID : SB17.4638	
Purpose of Disbursement Hand bills/cards		Category/ Type 006		
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).....	1804.59
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)
COMMITTEE TO ELECT MICHAEL DELAVAR

Full Name (Last, First, Middle Initial) A. NationBuilder			Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014
Mailing Address 448 S Hill St. #200			Amount of Each Disbursement this Period 49.00
City Los Angeles	State CA	Zip Code 90013	
Purpose of Disbursement Website Design/Maintenance		Candidate Name	Transaction ID : SB17.4415
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)		Category/ Type 001	
State:	District:		

Full Name (Last, First, Middle Initial) B. NationBuilder			Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 448 S Hill St. #200			Amount of Each Disbursement this Period 37.72
City Los Angeles	State CA	Zip Code 90013	
Purpose of Disbursement Website Design/Maintenance		Candidate Name	Transaction ID : SB17.4539
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)		Category/ Type 001	
State:	District:		

Full Name (Last, First, Middle Initial) C. NationBuilder			Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2014
Mailing Address 448 S Hill St. #200			Amount of Each Disbursement this Period 49.00
City Los Angeles	State CA	Zip Code 90013	
Purpose of Disbursement Website Design/Maintenance		Candidate Name	Transaction ID : SB17.4681
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)		Category/ Type 001	
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	135.72
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)
COMMITTEE TO ELECT MICHAEL DELAVAR

Full Name (Last, First, Middle Initial) A. Office of the Secretary of State		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address PO Box 40229		Amount of Each Disbursement this Period 1740.00 Transaction ID : SB17.4505
City Olympia	State WA Zip Code 98504-0229	
Purpose of Disbursement Candidate filing 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. Shell		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address 3191 D Street		Amount of Each Disbursement this Period 34.13 Transaction ID : SB17.4504
City Washougal	State WA Zip Code 98671	
Purpose of Disbursement Travel-Gas	Category/Type 002	
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. Shell		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 3191 D Street		Amount of Each Disbursement this Period 1.74 Transaction ID : SB17.4509
City Washougal	State WA Zip Code 98671	
Purpose of Disbursement Travel-Gas	Category/Type 002	
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).....	1775.87
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)
COMMITTEE TO ELECT MICHAEL DELAVAR

Full Name (Last, First, Middle Initial) A. Shell		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 3191 D Street		Amount of Each Disbursement this Period 6.66
City Washougal	State WA Zip Code 98671	
Purpose of Disbursement Travel-Gas	Category/Type 002	Transaction ID : SB17.4540
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. Shell		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2014
Mailing Address 3191 D Street		Amount of Each Disbursement this Period 12.87
City Washougal	State WA Zip Code 98671	
Purpose of Disbursement Travel-Gas	Category/Type 002	Transaction ID : SB17.4606
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. Shell		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2014
Mailing Address 3191 D Street		Amount of Each Disbursement this Period 7.11
City Washougal	State WA Zip Code 98671	
Purpose of Disbursement Travel-Gas	Category/Type 002	Transaction ID : SB17.4607
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).....	26.64
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)
COMMITTEE TO ELECT MICHAEL DELAVAR

Full Name (Last, First, Middle Initial) A. Shell		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 3191 D Street		Amount of Each Disbursement this Period 19.31 Transaction ID : SB17.4621
City Washougal State WA Zip Code 98671	Purpose of Disbursement Travel-Gas Candidate Name Category/Type 002	
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. Shell		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2014
Mailing Address 3191 D Street		Amount of Each Disbursement this Period 33.74 Transaction ID : SB17.4623
City Washougal State WA Zip Code 98671	Purpose of Disbursement Travel-Gas Candidate Name Category/Type 002	
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. Shell		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2014
Mailing Address 3191 D Street		Amount of Each Disbursement this Period 27.25 Transaction ID : SB17.4630
City Washougal State WA Zip Code 98671	Purpose of Disbursement Travel-Gas Candidate Name Category/Type 002	
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).....	80.30
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 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)
COMMITTEE TO ELECT MICHAEL DELAVAR

Full Name (Last, First, Middle Initial) A. Shell		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2014
Mailing Address 3191 D Street		Amount of Each Disbursement this Period 7.89
City Washougal	State WA Zip Code 98671	
Purpose of Disbursement Travel-Gas	Category/Type 002	Transaction ID : SB17.4631
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. Shell		Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2014
Mailing Address 3191 D Street		Amount of Each Disbursement this Period 15.77
City Washougal	State WA Zip Code 98671	
Purpose of Disbursement Travel-Gas	Category/Type 002	Transaction ID : SB17.4671
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. Shell		Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2014
Mailing Address 3191 D Street		Amount of Each Disbursement this Period 10.90
City Washougal	State WA Zip Code 98671	
Purpose of Disbursement Travel-Gas	Category/Type 002	Transaction ID : SB17.4682
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).....	34.56
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)
COMMITTEE TO ELECT MICHAEL DELAVAR

Full Name (Last, First, Middle Initial) A. Tom Edwards		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2014
Mailing Address 115 Woodage Loop Rd.		Amount of Each Disbursement this Period 414.65 Transaction ID : SB17.4439
City Woodland	State WA	
Purpose of Disbursement Signs		Category/ Type 004
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. Tom Edwards		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 115 Woodage Loop Rd.		Amount of Each Disbursement this Period 789.90 Transaction ID : SB17.4440
City Woodland	State WA	
Purpose of Disbursement Signs		Category/ Type 004
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. Tom Edwards		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address 115 Woodage Loop Rd.		Amount of Each Disbursement this Period 59.25 Transaction ID : SB17.4506
City Woodland	State WA	
Purpose of Disbursement Signs		Category/ Type 006
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).....	1263.80
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 24 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)
COMMITTEE TO ELECT MICHAEL DELAVAR

Full Name (Last, First, Middle Initial) A. Tom Edwards		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2014
Mailing Address 115 Woodage Loop Rd.		Amount of Each Disbursement this Period 296.18 Transaction ID : SB17.4608
City Woodland State WA Zip Code 98674	Purpose of Disbursement Signs 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)	
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 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:		

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

SUBTOTAL of Disbursements This Page (optional).....	296.18
TOTAL This Period (last page this line number only).....	5417.66