

# 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 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)  
CITY STATE ZIP CODE STATE DISTRICT  
WA 02

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on 11 / 06 / 2012 in the State of WA  
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on 11 / 06 / 2012 in the State of WA

5. Covering Period 07 / 01 / 2011 through 09 / 30 / 2011

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 10 / 12 / 2011

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

**Anders for Congress**

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
07		01		2011

To:

M M	/	D D	/	Y Y Y Y
09		30		2011

	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))....	31753.67	150177.35
(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)).....	31753.67	150177.35
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	28575.62	40961.93
(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)).....	28575.62	40961.93
8. Cash on Hand at Close of Reporting Period (from Line 27).....	296815.42	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	187600.00	

**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)

Page 3

Write or Type Committee Name

**Anders for Congress**

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2011 To: M M / D D / Y Y Y Y 09 / 30 / 2011

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	28000.00	134903.68
(ii) Unitemized .....	1574.76	3094.76
(iii) TOTAL of contributions from individuals .....	29574.76	137998.44
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	2178.91	7178.91
(d) The Candidate .....	0.00	5000.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	31753.67	150177.35
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	177600.00	187600.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	177600.00	187600.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....</b>	209353.67	337777.35

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	28575.62	40961.93
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. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	28575.62	40961.93

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	116037.37
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	209353.67
25. SUBTOTAL (add Line 23 and Line 24).....	325391.04
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	28575.62
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	296815.42

**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 37
	<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)  
**Anders for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**GRANT ADAMS**

Mailing Address 516 SAINT VINCENT LN

City State Zip Code  
FOSTER CITY CA 94404-3978

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

Name of Employer Occupation  
RETIRED AIRLINE PILOT

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 16 / 2011

**Transaction ID : SA11.96**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**SCOTT ADAMS**

Mailing Address 2000 CRYSTAL SPRINGS RD  
#3-27

City State Zip Code  
SAN BRUNO CA 94066-4658

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

Name of Employer Occupation  
UPS DRIVER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 16 / 2011

**Transaction ID : SA11.97**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**THOMAS ADAMS**

Mailing Address 20320 HOLLANDS LN

City State Zip Code  
WILLITS CA 95490-9661

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 16 / 2011

**Transaction ID : SA11.98**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 37
	<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)  
**Anders for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ALAN F. ANDERS**

Mailing Address 1156 BRIGHTON CREST DR

City State Zip Code  
BELLINGHAM WA 98229-6905

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

Name of Employer Occupation  
HERITAGE FLIGHT MUSEUM DIRECTOR OF MAINTENANCE

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 30 / 2011

**Transaction ID : SA11.134**

Amount of Each Receipt this Period  
2500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ELENA P. ANDERS**

Mailing Address 1156 BRIGHTON CREST DRIVE

City State Zip Code  
BELLINGHAM WA 98229-6905

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

Name of Employer Occupation  
BELLINGHAM SCHOOL DISTRICT FOREIGN LANGUAGE INTERPRETER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 30 / 2011

**Transaction ID : SA11.133**

Amount of Each Receipt this Period  
2500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**GLEN ANDERS**

Mailing Address 3701 MT ASHLAND SKI RD

City State Zip Code  
ASHLAND OR 97520-9139

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

Name of Employer Occupation  
SELF ENGINEER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 26 / 2011

**Transaction ID : SA11.117**

Amount of Each Receipt this Period  
3000.00

CONTRIBUTION

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

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

8000.00

**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 37
	<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)  
**Anders for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**GLEN ANDERS**

Mailing Address 3701 MT ASHLAND SKI RD

City ASHLAND State OR Zip Code 97520-9139

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

Name of Employer SELF Occupation ENGINEER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2011

**Transaction ID : SA11.117B**

Amount of Each Receipt this Period  
-2500.00

CONTRIBUTION

**[MEMO ITEM]**  
REDESIGNATION TO PRIMARY

**B.** Full Name (Last, First, Middle Initial)  
**GLEN ANDERS**

Mailing Address 3701 MT ASHLAND SKI RD

City ASHLAND State OR Zip Code 97520-9139

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

Name of Employer SELF Occupation ENGINEER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2011

**Transaction ID : SA11.119**

Amount of Each Receipt this Period  
2500.00

CONTRIBUTION

**[MEMO ITEM]**  
REDESIGNATION FROM GENERAL

**C.** Full Name (Last, First, Middle Initial)  
**FRANK BORMAN**

Mailing Address PO BOX 64

City BIGHORN State MT Zip Code 59010-0064

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2011

**Transaction ID : SA11.129**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 37
	<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)  
**Anders for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**JON GALT BOWMAN**

Mailing Address 1004 COMMERCIAL AVE. #270

City ANACORTES State WA Zip Code 98221-4117

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

Name of Employer SELF EMPLOYED Occupation INVESTMENTS

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 22 / 2011

**Transaction ID : SA11.103**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MICHAEL L BOWMAN**

Mailing Address 8208 E BOULEVARD DR

City ALEXANDRIA State VA Zip Code 22308-1313

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 22 / 2011

**Transaction ID : SA11.116**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**M D DALBEY**

Mailing Address PO BOX 158

City ANACORTES State WA Zip Code 98221-0158

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 13 / 2011

**Transaction ID : SA11.86**

Amount of Each Receipt this Period  
 300.00  
 CONTRIBUTION

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

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

1300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 37
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Anders for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**M D DALBEY**

Mailing Address **PO BOX 158**

City **ANACORTES** State **WA** Zip Code **98221-0158**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 19 / 2011**

**Transaction ID : SA11.88**

Amount of Each Receipt this Period  
**300.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MARY DEMUNNIK**

Mailing Address **5421 AZURE COURT**

City **DISCOVERY BAY** State **CA** Zip Code **94505-9218**

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

Name of Employer **BRIAN DEMUNNIK** Occupation **DOMESTIC ENGINEER**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 28 / 2011**

**Transaction ID : SA11.123**

Amount of Each Receipt this Period  
**400.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**GAYLE DOSS**

Mailing Address **19109 NE 151ST ST**

City **WOODINVILLE** State **WA** Zip Code **98072-9346**

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

Name of Employer **TARGA BUSINESS FORMS INC** Occupation **BUSINESS FORMS DISTRIBUTOR**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 12 / 2011**

**Transaction ID : SA11.81**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

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

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

**1200.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 37
	<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)  
**Anders for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**JAMES DUFFY**

Mailing Address 403 E PARK DR

City ANACORTES State WA Zip Code 98221-1629

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

Name of Employer SELF Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 22 / 2011

**Transaction ID : SA11.115**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**RICHARD S DUFFY**

Mailing Address 4219 MONTGOMERY PL

City MOUNT VERNON State WA Zip Code 98274-8702

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 22 / 2011

**Transaction ID : SA11.114**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**IRVING E**

Mailing Address 566 S.W. PAIUTE STREET

City MOUNTAIN HOME State ID Zip Code 83647-6298

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

Name of Employer SELF Occupation DVM

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2011

**Transaction ID : SA11.105**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 37
	<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)  
**Anders for Congress**

Full Name (Last, First, Middle Initial) <b>A. SHERYL ANN EVDOKIMO</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 26 / 2011	
Mailing Address 1720 TERRACE HEIGHTS LANE		<b>Transaction ID : SA11.92</b>	
City State Zip Code RENO NV 89523-1832	Amount of Each Receipt this Period 500.00 CONTRIBUTION		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation SELF HOME MAKER		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>B. RICHARD C FERNALLD</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 29 / 2011	
Mailing Address 11247 AIRPARK LANE S E		<b>Transaction ID : SA11.124</b>	
City State Zip Code YELM WA 98597-9600	Amount of Each Receipt this Period 1000.00 CONTRIBUTION		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation SELF CONSULTANT		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) <b>C. STEVEN FISHBEIN</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 26 / 2011	
Mailing Address 1621 EXECUTIVE COURT		<b>Transaction ID : SA11.122</b>	
City State Zip Code SACRAMENTO CA 95864-2607	Amount of Each Receipt this Period 250.00 CONTRIBUTION		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation STEVEN FISHBEIN, PROFESSIONAL CORP ATTORNEY		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 37
	<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)  
**Anders for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**DAVID E. GRUMNEY**

Mailing Address 2615 N PARK DR

City BELLINGHAM State WA Zip Code 98225-2539

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **678.91**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 18 / 2011

**Transaction ID : SA11.102**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MICHAEL HOYES**

Mailing Address 212 SILVER FOX TRCE

City YORKTOWN State VA Zip Code 23693-3349

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

Name of Employer WBB CONSULTING Occupation MANAGER, OPERATIONAL PLANNING

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2011

**Transaction ID : SA11.121**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**RICHARD N JORDAN**

Mailing Address 342 SWITCHBACK RD

City EASTSOUND State WA Zip Code 98245-8500

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2011

**Transaction ID : SA11.137**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

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

1250.00

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

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

FOR LINE NUMBER: PAGE 13 OF 37  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Anders for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**EUGENE R. MALLETTE**

Mailing Address 5796 ANGIE CT

City State Zip Code  
PARKER CO 80134-5700

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

Name of Employer Occupation  
ALPINE AIR PRESIDENT/CEO

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2011

**Transaction ID : SA11.128**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**LT COL (RE WALTER THOMAS MILLER**

Mailing Address 1580 SYKES CREEK DRIVE

City State Zip Code  
MERRITT ISLAND FL 32953-3174

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

Name of Employer Occupation  
SOUTHWEST AIRLINES PILOT

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 16 / 2011

**Transaction ID : SA11.101**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**RONALD MORRELL**

Mailing Address 1005 N. 33RD PLACE

City State Zip Code  
RENTON WA 98056-1933

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

Name of Employer Occupation  
DELTA AIRLINES COMMERCIAL PILOT

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 23 / 2011

**Transaction ID : SA11.111**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

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

3250.00

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

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

FOR LINE NUMBER: PAGE 14 OF 37  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Anders for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**HAROLD S PERDUE**  
 Mailing Address 137 CONSTELLATION DR  
 City State Zip Code  
 CRESSON TX 76035-5839  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 817 706-8085 PILOT  
 Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 22 / 2011  
**Transaction ID : SA11.110**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DAVID GLYN PRICE**  
 Mailing Address 2425 OLYMPIC BLVD  
 #650-EAST  
 City State Zip Code  
 SANTA MONICA CA 90404-4030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AMERICAN AIRPORTS CORPORATION BUSINESSMAN  
 Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2011  
**Transaction ID : SA11.138**  
 Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**STEVE SOBOROFF**  
 Mailing Address 1101 MONTANA AVE  
 SUITE A  
 City State Zip Code  
 SANTA MONICA CA 90403-1664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF INVESTOR  
 Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2011  
**Transaction ID : SA11.120**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

3750.00

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

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

FOR LINE NUMBER: PAGE 15 OF 37  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Anders for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**CHARLES WHITE**

Mailing Address 4934 HEATHER DR

City State Zip Code  
ANACORTES WA 98221-3002

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

Name of Employer Occupation  
MICRO AERODYNAMICS OWNER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 19 / 2011

**Transaction ID : SA11.87**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MERRILL WIEN**

Mailing Address 2478 N SHORE RD

City State Zip Code  
BELLINGHAM WA 98226-7825

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

Name of Employer Occupation  
RETIRED PILOT

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 16 / 2011

**Transaction ID : SA11.99**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**GRANT WOODFIELD**

Mailing Address 13721 68TH AVENUE WEST

City State Zip Code  
EDMONDS WA 98026-3231

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

Name of Employer Occupation  
VULCAN WARBIRDS DOCENT

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2011

**Transaction ID : SA11.106**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

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

2500.00

28000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 37
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Anders for Congress**

Full Name (Last, First, Middle Initial) <b>GRAVES FOR CONGRESS</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2011
Mailing Address 2345 GRAND BLVD SUITE 2800		<b>Transaction ID : SA11.131</b>
City KANSAS CITY	State MO	
FEC ID number of contributing federal political committee. C C00359034		Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	CONTRIBUTION
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) <b>DAVID E. GRUMNEY</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 27 / 2011
Mailing Address 2615 N PARK DR		<b>Transaction ID : SB17.142</b>
City BELLINGHAM	State WA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 46.68
Name of Employer RETIRED	Occupation RETIRED	IN-KIND CONTRIBUTION
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 678.91	

Full Name (Last, First, Middle Initial) <b>DAVID E. GRUMNEY</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 09 / 2011
Mailing Address 2615 N PARK DR		<b>Transaction ID : SB17.143</b>
City BELLINGHAM	State WA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 16.34
Name of Employer RETIRED	Occupation RETIRED	IN-KIND CONTRIBUTION
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 678.91	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2063.02
<b>TOTAL</b> This Period (last page this line number only).....	

**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 17 OF 37
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Anders for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**DAVID E. GRUMNEY**

Mailing Address 2615 N PARK DR

City BELLINGHAM State WA Zip Code 98225-2539

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **678.91**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 19 / 2011**

**Transaction ID : SB17.144**

Amount of Each Receipt this Period  
**20.97**  
 IN-KIND CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DAVID E. GRUMNEY**

Mailing Address 2615 N PARK DR

City BELLINGHAM State WA Zip Code 98225-2539

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **678.91**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 08 / 2011**

**Transaction ID : SB17.145**

Amount of Each Receipt this Period  
**94.92**  
 IN-KIND CONTRIBUTION

**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).....

**115.89**

**2178.91**

**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 18 OF 37
	<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)  
**Anders for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**GREG ANDERS**

Mailing Address 2950 NEWMARKET ST  
#101-251

City BELLINGHAM State WA Zip Code 98226-3872

FEC ID number of contributing federal political committee. **C** C00496877

Name of Employer HERITAGE FLIGHT MUSEUM Occupation PILOT; MUSEUM DIRECTO

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011

**Transaction ID : SA13.00**

Amount of Each Receipt this Period  
177600.00

**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).....

177600.00

177600.00

**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 19 OF 37			
	<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) <b>A. DAVID E GRUMNEY</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2011
Mailing Address 2615 N PARK DR		Amount of Each Disbursement this Period 16.34 <b>Transaction ID : SB.46</b>
City BELLINGHAM	State WA	
Zip Code 98225	Purpose of Disbursement FOOD	Category/ Type 002
Candidate Name	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:	

Full Name (Last, First, Middle Initial) <b>B. DAVID E GRUMNEY</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2011
Mailing Address 2615 N PARK DR		Amount of Each Disbursement this Period 20.97 <b>Transaction ID : SB.47</b>
City BELLINGHAM	State WA	
Zip Code 98225	Purpose of Disbursement FOOD	Category/ Type 002
Candidate Name	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:	

Full Name (Last, First, Middle Initial) <b>C. DAVID E GRUMNEY</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2011
Mailing Address 2615 N PARK DR		Amount of Each Disbursement this Period 46.68 <b>Transaction ID : SB.48</b>
City BELLINGHAM	State WA	
Zip Code 98225	Purpose of Disbursement FUEL	Category/ Type 002
Candidate Name	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	83.99
<b>TOTAL</b> 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 37	
	<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) <b>A. DAVID E GRUMNEY</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2011
Mailing Address 2615 N PARK DR		Amount of Each Disbursement this Period 94.92 <b>Transaction ID : SB.49</b>
City BELLINGHAM	State WA	
Zip Code 98225	Purpose of Disbursement FOOD	Category/ Type 002
Candidate Name	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:	

Full Name (Last, First, Middle Initial) <b>B. NATE MILBURN</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2011
Mailing Address 8140 JUNIPER		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB.31</b>
City PRAIRIE VILLAGE	State KS	
Zip Code 66208	Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT	Category/ Type 002
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) <b>C. AIRPORTER SHUTTLE</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2011
Mailing Address 1416 WHITEHORN STREET		Amount of Each Disbursement this Period 35.00 <b>Transaction ID : SB.1</b>
City BELLINGHAM	State WA	
Zip Code 98248	Purpose of Disbursement TRAVEL	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	229.92
<b>TOTAL</b> 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 37		
	<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) <b>A. AMEX</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2011
Mailing Address P.O. BOX 981540		Amount of Each Disbursement this Period 16.37
City EL PASO	State TX	
Zip Code 79998	Purpose of Disbursement CREDIT CARD EXPENSES	Transaction ID : SB.2
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) <b>B. AMEX</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2011
Mailing Address P.O. BOX 981540		Amount of Each Disbursement this Period 20.89
City EL PASO	State TX	
Zip Code 79998	Purpose of Disbursement BANK CHARGES	Transaction ID : SB.3
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) <b>C. AXIOM STRATEGIES, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2011
Mailing Address 1251 NW BRIARCLIFF PKWY		Amount of Each Disbursement this Period 2834.22
City KANSAS CITY	State MO	
Zip Code 64116	Purpose of Disbursement GENERAL CONSULTING SERVICES	Transaction ID : SB.4
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2871.48
<b>TOTAL</b> 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 37	
	<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) <b>A. AXIOM STRATEGIES, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2011
Mailing Address 1251 NW BRIARCLIFF PKWY		Amount of Each Disbursement this Period 5000.00
City KANSAS CITY	State MO	
Zip Code 64116	Purpose of Disbursement GENERAL CONSULTING SERVICES	Transaction ID : SB.5
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) <b>B. BALAM AND ASSOCIATES</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2011
Mailing Address 2524 MERIDIAN ST		Amount of Each Disbursement this Period 750.00
City BELLINGHAM	State WA	
Zip Code 98225	Purpose of Disbursement CONSULTING	Transaction ID : SB.6
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) <b>C. BALAM AND ASSOCIATES</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2011
Mailing Address 2524 MERIDIAN ST		Amount of Each Disbursement this Period 750.00
City BELLINGHAM	State WA	
Zip Code 98225	Purpose of Disbursement CONSULTING	Transaction ID : SB.7
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6500.00
<b>TOTAL</b> 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 37			
	<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) <b>A. BALAM AND ASSOCIATES</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2011	
Mailing Address 2524 MERIDIAN ST			Amount of Each Disbursement this Period 750.00	
City BELLINGHAM	State WA	Zip Code 98225	Transaction ID : <b>SB.8</b>	
Purpose of Disbursement CONSULTING		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) <b>B. CMDI</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2011	
Mailing Address 7704 LEESBURG PIKE			Amount of Each Disbursement this Period 50.00	
City FALLS CHURCH	State VA	Zip Code 22043	Transaction ID : <b>SB.10</b>	
Purpose of Disbursement SOFTWARE		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) <b>C. CMDI</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2011	
Mailing Address 7704 LEESBURG PIKE			Amount of Each Disbursement this Period 23.75	
City FALLS CHURCH	State VA	Zip Code 22043	Transaction ID : <b>SB.11</b>	
Purpose of Disbursement BANK CHARGES		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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	823.75
<b>TOTAL</b> 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 37	
	<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. <b>CMDI</b>		<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2011"/>
Mailing Address 7704 LEESBURG PIKE		Amount of Each Disbursement this Period <input type="text" value="25.00"/>
City FALLS CHURCH	State VA	
Zip Code 22043	Purpose of Disbursement SOFTWARE	<b>Transaction ID : SB.12</b>
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)		Date of Disbursement
B. <b>CMDI</b>		<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2011"/>
Mailing Address 7704 LEESBURG PIKE		Amount of Each Disbursement this Period <input type="text" value="57.50"/>
City FALLS CHURCH	State VA	
Zip Code 22043	Purpose of Disbursement BANK CHARGES	<b>Transaction ID : SB.13</b>
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)		Date of Disbursement
C. <b>CMDI</b>		<input type="text" value="08"/> / <input type="text" value="10"/> / <input type="text" value="2011"/>
Mailing Address 7704 LEESBURG PIKE		Amount of Each Disbursement this Period <input type="text" value="51.30"/>
City FALLS CHURCH	State VA	
Zip Code 22043	Purpose of Disbursement SOFTWARE	<b>Transaction ID : SB.9</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<input type="text" value="133.80"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text"/>

**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 25 OF 37	
	<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) <b>A. COSTCO</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2011
Mailing Address 4299 MERIDIAN STREET		Amount of Each Disbursement this Period 649.30
City BELLINGHAM	State WA Zip Code 98226	
Purpose of Disbursement OFFICE EXPENSES	Category/Type	Transaction ID : SB.14
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) <b>B. COSTCO CHECK PRINTING</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 10 / 2011
Mailing Address P.O. BOX 361140		Amount of Each Disbursement this Period 38.95
City DECATUR	State GA Zip Code 30036	
Purpose of Disbursement PRINTING	Category/Type	Transaction ID : SB.15
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) <b>C. DELTA AIRLINES</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2011
Mailing Address P.O. BOX 20980		Amount of Each Disbursement this Period 230.40
City ATLANTA	State GA Zip Code 30320	
Purpose of Disbursement TRAVEL	Category/Type	Transaction ID : SB.16
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	918.65
<b>TOTAL</b> 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 26 OF 37	
	<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**

**A. ECONO SIGN OF AMERICA**

Full Name (Last, First, Middle Initial)  
Mailing Address 2006 JAMES STREET

City BELLINGHAM State WA Zip Code 98225

Purpose of Disbursement  
PRINTING SIGNS AND BANNER

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
07 / 14 / 2011

Amount of Each Disbursement this Period  
227.73

Transaction ID : SB.17

**B. ENDIS, INC.**

Full Name (Last, First, Middle Initial)  
Mailing Address 3002 EAST SUNSHINE AVE.

City SPRINGFIELD State MO Zip Code 65804

Purpose of Disbursement  
WEBSITE

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
07 / 08 / 2011

Amount of Each Disbursement this Period  
6000.00

Transaction ID : SB.18

**C. ENDIS, INC.**

Full Name (Last, First, Middle Initial)  
Mailing Address 3002 EAST SUNSHINE AVE.

City SPRINGFIELD State MO Zip Code 65804

Purpose of Disbursement  
WEBSITE

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
07 / 08 / 2011

Amount of Each Disbursement this Period  
395.00

Transaction ID : SB.19

**SUBTOTAL** of Disbursements This Page (optional)..... 6622.73

**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 27 OF 37		
	<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) <b>A. ENDIS, INC.</b>		Date of Disbursement MM / DD / YYYY 08 / 30 / 2011
Mailing Address 3002 EAST SUNSHINE AVE.		Amount of Each Disbursement this Period 2814.58 <b>Transaction ID : SB.20</b>
City SPRINGFIELD	State MO	
Zip Code 65804	Purpose of Disbursement BANK CHARGES	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) <b>B. ENDIS, INC.</b>		Date of Disbursement MM / DD / YYYY 08 / 30 / 2011
Mailing Address 3002 EAST SUNSHINE AVE.		Amount of Each Disbursement this Period 486.75 <b>Transaction ID : SB.21</b>
City SPRINGFIELD	State MO	
Zip Code 65804	Purpose of Disbursement BANK CHARGES	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) <b>C. ENDIS, INC.</b>		Date of Disbursement MM / DD / YYYY 09 / 08 / 2011
Mailing Address 3002 EAST SUNSHINE AVE.		Amount of Each Disbursement this Period 111.33 <b>Transaction ID : SB.22</b>
City SPRINGFIELD	State MO	
Zip Code 65804	Purpose of Disbursement BANK CHARGES	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3412.66
<b>TOTAL</b> 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 28 OF 37			
	<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) <b>A. FRONTIER AIRLINES</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2011
Mailing Address 7001 TOWER ROAD		Amount of Each Disbursement this Period 234.70
City DENVER	State CO	
Zip Code 80249	Purpose of Disbursement TRAVEL	Transaction ID : SB.23
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) <b>B. IMAGINE DESIGN STUDIO</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2011
Mailing Address 424 W. BAKERVIEW RD		Amount of Each Disbursement this Period 974.68
City BELLINGHAM	State WA	
Zip Code 98226	Purpose of Disbursement GRAPHIC DESIGN	Transaction ID : SB.24
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) <b>C. IMAGINE DESIGN STUDIO</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2011
Mailing Address 424 W. BAKERVIEW RD		Amount of Each Disbursement this Period 1777.34
City BELLINGHAM	State WA	
Zip Code 98226	Purpose of Disbursement GRAPHIC DESIGN	Transaction ID : SB.25
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2986.72
<b>TOTAL</b> 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 29 OF 37		
	<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) <b>A. IMAGINE DESIGN STUDIO</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2011
Mailing Address 424 W. BAKERVIEW RD		Amount of Each Disbursement this Period 669.17 <b>Transaction ID : SB.26</b>
City BELLINGHAM State WA Zip Code 98226	Purpose of Disbursement GRAPHIC DESIGN	
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) <b>B. JAMES C. THOMAS III</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2011
Mailing Address 4131 N. MULBER		Amount of Each Disbursement this Period 264.00 <b>Transaction ID : SB.27</b>
City KANSAS CITY State MO Zip Code 64116	Purpose of Disbursement LEGAL & PROFESSIONAL FEES	
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) <b>C. LITHEX NORTHWEST</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2011
Mailing Address 3550 MERIDIAN STREET, #6		Amount of Each Disbursement this Period 538.07 <b>Transaction ID : SB.28</b>
City BELLINGHAM State WA Zip Code 98225	Purpose of Disbursement PRINTING	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1471.24
<b>TOTAL</b> 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 30 OF 37		
	<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) <b>A. LOWES</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 26 / 2011
Mailing Address 1050 EAST SUNSET DRIVE		Amount of Each Disbursement this Period 78.23
City BELLINGHAM	State WA Zip Code 98226	
Purpose of Disbursement SUPPLIES	Candidate Name	Transaction ID : SB.29
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. LOWES</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2011
Mailing Address 1050 EAST SUNSET DRIVE		Amount of Each Disbursement this Period 163.00
City BELLINGHAM	State WA Zip Code 98226	
Purpose of Disbursement SUPPLIES	Candidate Name	Transaction ID : SB.30
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. OFFICE DEPOT</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2011
Mailing Address 4297 MERIDIAN STREET		Amount of Each Disbursement this Period 228.59
City BELLINGHAM	State WA Zip Code 98226	
Purpose of Disbursement OFFICE EXPENSES	Candidate Name	Transaction ID : SB.32
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	469.82
<b>TOTAL</b> 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 31 OF 37			
	<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. OFFICE DEPOT**

Mailing Address 4297 MERIDIAN STREET

City BELLINGHAM State WA Zip Code 98226

Purpose of Disbursement OFFICE EXPENSES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 08 / 12 / 2011

Amount of Each Disbursement this Period: 150.71

Transaction ID : SB.33

Full Name (Last, First, Middle Initial)  
**B. ORCAS ISLAND AMERICAN LEGION**

Mailing Address 793 CRESCENT BEACH DR

City EASTSOUND State WA Zip Code 98245

Purpose of Disbursement RENT

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 12 / 2011

Amount of Each Disbursement this Period: 100.00

Transaction ID : SB.34

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

Mailing Address 2950 NEWMARKET PLACE, SUITE 101

City BELLINGHAM State WA Zip Code 98226

Purpose of Disbursement OFFICE EXPENSE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 08 / 29 / 2011

Amount of Each Disbursement this Period: 42.00

Transaction ID : SB.35

**SUBTOTAL** of Disbursements This Page (optional)..... 292.71

**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 32 OF 37	
	<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) <b>A. POGOZONE INTERNET SERVICES</b>		Date of Disbursement M M / D D / Y Y Y Y <b>08 / 30 / 2011</b>
Mailing Address <b>PO BOX 974</b>		Amount of Each Disbursement this Period <b>65.00</b> <b>Transaction ID : SB.36</b>
City <b>LYNDEN</b>	State <b>WA</b>	
Zip Code <b>98264</b>	Purpose of Disbursement <b>WIRELESS INTERNET</b>	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) <b>B. PRINT &amp; COPY</b>		Date of Disbursement M M / D D / Y Y Y Y <b>07 / 15 / 2011</b>
Mailing Address <b>4055 IRONGATE RD.</b>		Amount of Each Disbursement this Period <b>110.55</b> <b>Transaction ID : SB.37</b>
City <b>BELLINGHAM</b>	State <b>WA</b>	
Zip Code <b>98226</b>	Purpose of Disbursement <b>PRINTING</b>	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) <b>C. PRINT &amp; COPY</b>		Date of Disbursement M M / D D / Y Y Y Y <b>08 / 30 / 2011</b>
Mailing Address <b>4055 IRONGATE RD.</b>		Amount of Each Disbursement this Period <b>110.23</b> <b>Transaction ID : SB.38</b>
City <b>BELLINGHAM</b>	State <b>WA</b>	
Zip Code <b>98226</b>	Purpose of Disbursement <b>PRINTING</b>	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>285.78</b>
<b>TOTAL</b> 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 33 OF 37			
	<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) <b>A. QUICKBOOKS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2011
Mailing Address 2632 MARINE WAY		Amount of Each Disbursement this Period 33.91
City MOUNTAIN VIEW State CA Zip Code 94043	Purpose of Disbursement SOFTWARE	
Candidate Name		Transaction ID : SB.39
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. QUICKBOOKS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2011
Mailing Address 2632 MARINE WAY		Amount of Each Disbursement this Period 21.70
City MOUNTAIN VIEW State CA Zip Code 94043	Purpose of Disbursement SOFTWARE	
Candidate Name		Transaction ID : SB.40
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. QUICKBOOKS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2011
Mailing Address 2632 MARINE WAY		Amount of Each Disbursement this Period 33.91
City MOUNTAIN VIEW State CA Zip Code 94043	Purpose of Disbursement SOFTWARE	
Candidate Name		Transaction ID : SB.41
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:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	89.52
<b>TOTAL</b> 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 34 OF 37			
	<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) <b>A. SAFETY SIGNS INC</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2011
Mailing Address 3857-A HANNEGAN RD		Amount of Each Disbursement this Period 764.50
City BELLINGHAM	State WA	
Zip Code 98226	Purpose of Disbursement PRINTING	Transaction ID : SB.42
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) <b>B. SIGNS BY TOMORROW</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2011
Mailing Address 2001 IOWA STREET		Amount of Each Disbursement this Period 522.30
City BELLINGHAM	State WA	
Zip Code 98229	Purpose of Disbursement SIGNS	Transaction ID : SB.43
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) <b>C. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 20 / 2011
Mailing Address 3150 ORLEANS STREET		Amount of Each Disbursement this Period 45.00
City BELLINGHAM	State WA	
Zip Code 98226	Purpose of Disbursement POSTAGE	Transaction ID : SB.44
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1331.80
<b>TOTAL</b> 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 35 OF 37	
	<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) <b>A. WASHINGTON STATE FERRIES</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2011
Mailing Address 310 MAPLE PARK AVENUE SE		Amount of Each Disbursement this Period 51.05
City OLYMPIA State WA Zip Code 98504	Purpose of Disbursement TRAVEL	
Candidate Name	Category/Type	Transaction ID : SB.45
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:	<input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B.</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	
State: District:	<input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C.</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	
State: District:	<input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	51.05
<b>TOTAL</b> This Period (last page this line number only).....	28575.62

**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 : 1

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

[PERSONAL FUNDS]

Election: 2012

Greg Anders

Primary  
 General  
 Other (specify) ▼

Mailing Address  
2950 Newmarket Place, #101-251

City State ZIP Code  
Bellingham WA 98226

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

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

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

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

**SUBTOTALS** This Period This Page (optional)..... ▶ 10000.00

**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**

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 177600.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 177600.00
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**TERMS**

Date Incurred M 09 / 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
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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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	177600.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	187600.00

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