

# 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

BOB DINGETHAL FOR CONGRESS

ADDRESS (number and street)

PO Box 668

Check if different than previously reported. (ACC)

Vancouver

WA

98666

2. **FEC IDENTIFICATION NUMBER** ▼

C C00553818

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 11 / 04 / 2014 in the State of WA

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

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

Election on / / in the State of

5. Covering Period

10 / 01 / 2014 through 10 / 15 / 2014

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 Marsha Manning

Signature of Treasurer Marsha Manning

[Electronically Filed]

Date

11 / 30 / 2014

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								
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**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**BOB DINGETHAL FOR CONGRESS**

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 01 / 2014 To: M M / D D / Y Y Y Y 10 / 15 / 2014

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	18784.00	181328.28
(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)).....	18784.00	181328.28
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	12938.45	147200.98
(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)).....	12938.45	147200.98
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	36503.25	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	2375.95	

**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

**BOB DINGETHAL FOR CONGRESS**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	15419.00	129893.24
(ii) Unitemized.....	3365.00	47403.43
(iii) TOTAL of contributions from individuals ▶	18784.00	177296.67
(b) Political Party Committees.....	0.00	130.67
(c) Other Political Committees (such as PACs).....	0.00	50.00
(d) The Candidate.....	0.00	3850.94
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	18784.00	181328.28
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	2375.95
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	2375.95
<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>	18784.00	183704.23

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	12938.45	147200.98
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) ►	12938.45	147200.98

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	30657.70
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	18784.00
25. SUBTOTAL (add Line 23 and Line 24).....	49441.70
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	12938.45
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	36503.25

**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 30
	<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)  
**BOB DINGETHAL FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Peter D Aller**

Mailing Address 3801 NE 172nd Ave

City Vancouver State WA Zip Code 98682

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **234.91**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : SA11AI.7068**

Amount of Each Receipt this Period  
**4.00**

**B.** Full Name (Last, First, Middle Initial)  
**Edward Barnes**

Mailing Address 4009 NE 50th Ave

City Vancouver State WA Zip Code 98661

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

Name of Employer None Occupation Retired

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  
 10 / 14 / 2014

**Transaction ID : SA11AI.7076**

Amount of Each Receipt this Period  
**125.00**

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

Mailing Address 2217 NE 179th St, Unit 65

City Ridgefield State WA Zip Code 98642

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

Name of Employer None Occupation Retired

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  
 10 / 14 / 2014

**Transaction ID : SA11AI.7105**

Amount of Each Receipt this Period  
**70.00**

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

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

**199.00**

**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 30
	<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)  
**BOB DINGETHAL FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Kristine Bockmier**

Mailing Address 10506 NE 27th Ave

City Vancouver State WA Zip Code 98686-4384

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

Name of Employer Administration Occupation National Psoriasis Foundation

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  
 10 / 10 / 2014

**Transaction ID : SA11AI.7039**

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
**Candy Bonneville Jr.**

Mailing Address 308 NW 25th Pl

City Battle Ground State WA Zip Code 98604

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

Name of Employer None Occupation Unemployed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
614.45

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : SA11AI.7084**

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
**Carolyn A Brock**

Mailing Address 893 Middle Fork Rd

City Onolaska State WA Zip Code 98570

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  
425.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : SA11AI.7091**

Amount of Each Receipt this Period  
125.00

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

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

375.00

**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 30
	<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)  
**BOB DINGETHAL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Matthew A Brock</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 14 / 2014	
Mailing Address 893 Middle Fork Rd		<b>Transaction ID : SA11AI.7092</b>	
City Onolaska	State WA	Zip Code 98570	Amount of Each Receipt this Period _____ 125.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Boeing	Occupation Engineer		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 425.00		

Full Name (Last, First, Middle Initial) <b>B. Peter Christ</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 14 / 2014	
Mailing Address 28818 NE Hancock Rd		<b>Transaction ID : SA11AI.7045</b>	
City Camas	State WA	Zip Code 98607	Amount of Each Receipt this Period _____ 300.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Crystal Records	Occupation Owner		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		

Full Name (Last, First, Middle Initial) <b>C. Robert L Cohen</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 15 / 2014	
Mailing Address 13320 NE 42nd Ave		<b>Transaction ID : SA11AI.7112</b>	
City Vancouver	State WA	Zip Code 98686	Amount of Each Receipt this Period _____ 100.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer None	Occupation Retired		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 450.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 525.00
<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 8 OF 30
	<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)  
**BOB DINGETHAL FOR CONGRESS**

**A. CWA NON-FEDERAL SEPARATE SEGREGATED FUND**

Full Name (Last, First, Middle Initial)  
CWA NON-FEDERAL SEPARATE SEGREGATED FUND

Mailing Address 501 THIRD STREET NW

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C30001556

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

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

**Transaction ID : SA11AI.7037**

Amount of Each Receipt this Period  
 1000.00

**B. Gene Finley**

Full Name (Last, First, Middle Initial)  
Gene Finley

Mailing Address 150 Wishman Dr

City Woodland State WA Zip Code 98674

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

Name of Employer Occupation  
None Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 209.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : SA11AI.7055**

Amount of Each Receipt this Period  
 100.00

**C. Rifat K Haffar**

Full Name (Last, First, Middle Initial)  
Rifat K Haffar

Mailing Address 112 S Almont Dr

City Los Angeles State CA Zip Code 90048

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

Name of Employer Occupation  
None Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 03 / 2014

**Transaction ID : SA11AI.6971**

Amount of Each Receipt this Period  
 500.00

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

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

1600.00



**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 30
	<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)  
**BOB DINGETHAL FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Gary Hansen**

Mailing Address 1024 Missoula Ave

City Vancouver State WA Zip Code 98661

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

Name of Employer None Occupation Retired

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  
 10 / 14 / 2014

**Transaction ID : SA11AI.7083**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**Mary Head**

Mailing Address 15315 NE 190th Ct

City Brush Prairie State WA Zip Code 98606

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

Name of Employer None Occupation Unemployed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
215.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 03 / 2014

**Transaction ID : SA11AI.6969**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**Paul L Henderson**

Mailing Address 900 Washington St, Ste 1020

City Vancouver State WA Zip Code 98660

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

Name of Employer Henderson Law Firm PLLC Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : SA11AI.7042**

Amount of Each Receipt this Period  
100.00

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

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

300.00

**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 30
	<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)  
**BOB DINGETHAL FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Thomas Hunt**

Mailing Address 8002 NE 71st Loop

City Vancouver State WA Zip Code 98662

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

Name of Employer: Hunt Communications Occupation: Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 600.00

Date of Receipt: 10 / 14 / 2014

**Transaction ID : SA11AI.7054**

Amount of Each Receipt this Period: 100.00

**B.** Full Name (Last, First, Middle Initial)  
INTERNATIONAL UNION OF PAINTERS AND ALLIED TRADES POLITICAL ACTION TOGETHER POLITICAL COMM

Mailing Address 7234 PARKWAY DRIVE

City HANOVER State MD Zip Code 21076

FEC ID number of contributing federal political committee. **C** C00000885

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 5000.00

Date of Receipt: 10 / 10 / 2014

**Transaction ID : SA11AI.7035**

Amount of Each Receipt this Period: 5000.00

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

Mailing Address 116 Ridgcrest Dr

City Longview State WA Zip Code 98632

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

Name of Employer: None Occupation: Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 400.00

Date of Receipt: 10 / 14 / 2014

**Transaction ID : SA11AI.7098**

Amount of Each Receipt this Period: 100.00

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

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

5200.00

**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 30
	<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)  
**BOB DINGETHAL FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Jane T Kleiner**

Mailing Address 305 E 27th St

City Vancouver State WA Zip Code 98642

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

Name of Employer Clark County Occupation Environmental Services

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
210.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : SA11AI.7104**

Amount of Each Receipt this Period  
20.00

**B.** Full Name (Last, First, Middle Initial)  
**David Koch**

Mailing Address 11611 NW 43rd Ct

City Vancouver State WA Zip Code 98685

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : SA11AI.7056**

Amount of Each Receipt this Period  
125.00

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

Mailing Address 11611 NW 43rd Ct

City Vancouver State WA Zip Code 98685

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : SA11AI.7057**

Amount of Each Receipt this Period  
125.00

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

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

270.00

**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 12 OF 30
	<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)  
**BOB DINGETHAL FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Sudhakar Kudva**

Mailing Address 14608 NE 26th Ave

City Vancouver State WA Zip Code 98686

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

Name of Employer Self Occupation Engineer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 03 / 2014

**Transaction ID : SA11AI.6975**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**Jacqueline Lane**

Mailing Address 24203 NE 59th Ave

City Battle Ground State WA Zip Code 98604

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

Name of Employer Wells Fargo Bank Occupation Technology Mgr

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **850.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : SA11AI.7065**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address 3630 NW 2nd ve

City Camas State WA Zip Code 98607

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **390.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : SA11AI.7082**

Amount of Each Receipt this Period  
**100.00**

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

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

**700.00**

**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 13 OF 30
	<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)  
**BOB DINGETHAL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Susan McAdams</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 110 Krestview Ln		<b>Transaction ID : SA11AI.7059</b>
City Woodland	State WA	
Zip Code 98674		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 550.00
Name of Employer None	Occupation Retired	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) <b>B. Charles McClement</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 308 NE 135th St		<b>Transaction ID : SA11AI.7081</b>
City Vancouver	State WA	
Zip Code 98685		Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer None	Occupation Retired	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) <b>C. Anne McEnery-Ogle</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 3501 F St		<b>Transaction ID : SA11AI.7058</b>
City Vancouver	State WA	
Zip Code 98663		Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer City of Vancouver WA	Occupation Council Member	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	700.00
<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 14 OF 30
	<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)  
**BOB DINGETHAL FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Kent Meyer**

Mailing Address 8608 NW Old Orchard Dr

City Vancouver State WA Zip Code 98665

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 **457.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : SA11AI.7074**

Amount of Each Receipt this Period  
**200.00**

**B.** Full Name (Last, First, Middle Initial)  
**Jim Moeller**

Mailing Address 4600 NW Harney St

City Vancouver State WA Zip Code 98663

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

Name of Employer Counselor Occupation Kaiser Permanente

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **275.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : SA11AI.7052**

Amount of Each Receipt this Period  
**50.00**

**C.** Full Name (Last, First, Middle Initial)  
**Gian Paul Morelli**

Mailing Address 169 Monticello Dr

City Longview State WA Zip Code 98632

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

Name of Employer Columbia Threatre Assoc Occupation Arts Mgr

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : SA11AI.7099**

Amount of Each Receipt this Period  
**200.00**

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

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

**450.00**

**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 30
	<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)  
**BOB DINGETHAL FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**William Nelson**

Mailing Address 310 W 34th St

City Vancouver State WA Zip Code 98660

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

Name of Employer Baumgartner Nelson & Wagner Occupation Lawyer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : SA11AI.7097**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Marcia O'Callaghan**

Mailing Address 17700 NW 56th Ave

City Ridgefield State WA Zip Code 98642

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 09 / 2014

**Transaction ID : SA11AI.7017**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address 2916 NE 88th Ct

City Vancouver State WA Zip Code 98662

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : SA11AI.7085**

Amount of Each Receipt this Period  
**50.00**

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

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

**800.00**

**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)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 16 OF 30

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NAME OF COMMITTEE (In Full)  
**BOB DINGETHAL FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Janice Oliva**  
 Mailing Address 4025 Wauna Vista Dr  
 City Vancouver State WA Zip Code 98661  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer None Occupation Retired  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 750.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 03 / 2014  
**Transaction ID : SA11AI.6973**  
 Amount of Each Receipt this Period  
 750.00

**B.** Full Name (Last, First, Middle Initial)  
**Donald J Orange**  
 Mailing Address 4418 NE 179th St  
 City Vancouver State WA Zip Code 98686  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hoesly Eco Auto Occupation Owner  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 650.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 14 / 2014  
**Transaction ID : SA11AI.7050**  
 Amount of Each Receipt this Period  
 150.00

**C.** Full Name (Last, First, Middle Initial)  
**Mary A Orange**  
 Mailing Address 4418 NE 179th St  
 City Vancouver State WA Zip Code 98686  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mary's Bookkeeping Service Occupation Accountant  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 650.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 14 / 2014  
**Transaction ID : SA11AI.7051**  
 Amount of Each Receipt this Period  
 150.00

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

1050.00



**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 17 OF 30
	<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)  
**BOB DINGETHAL FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Royce Pollard**

Mailing Address 1717 NW Sluman Rd

City Vancouver State WA Zip Code 98665

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : SA11AI.7080**

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
**Angela Pond**

Mailing Address 9011 NE 312 Ave

City Camas State WA Zip Code 98607

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

Name of Employer Dept of Veterans Affairs Occupation Audiologist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
550.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 09 / 2014

**Transaction ID : SA11AI.7019**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 3808 Clark Ave

City Vancouver State WA Zip Code 98661

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 03 / 2014

**Transaction ID : SA11AI.6952**

Amount of Each Receipt this Period  
250.00

**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: PAGE 18 OF 30  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**BOB DINGETHAL FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Geri Rowe**

Mailing Address 2010 SE 140th Ave

City Vancouver State WA Zip Code 98683

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **225.00**

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

**Transaction ID : SA11AI.7012**

Amount of Each Receipt this Period  
**125.00**

**B.** Full Name (Last, First, Middle Initial)  
**Robert Rowe**

Mailing Address 2010 SE 140th Ave

City Vancouver State WA Zip Code 98683

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **225.00**

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

**Transaction ID : SA11AI.7011**

Amount of Each Receipt this Period  
**125.00**

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

Mailing Address 2211 Kueffles Rd

City Skamania State WA Zip Code 98648

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

Name of Employer Self Occupation Potter

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **370.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : SA11AI.7073**

Amount of Each Receipt this Period  
**100.00**

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

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

**350.00**

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

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

FOR LINE NUMBER: PAGE 19 OF 30  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**BOB DINGETHAL FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Sam Siciliano**

Mailing Address 1505 NW 62nd St

City Vancouver State WA Zip Code 98663

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

Name of Employer None Occupation Retired

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  
 10 / 07 / 2014

**Transaction ID : SA11AI.7022**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 150.00

**B.** Full Name (Last, First, Middle Initial)  
**David Smith**

Mailing Address 6405 NW 170th Cir

City Ridgefield State WA Zip Code 98642

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

Name of Employer Compass Oncology Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 03 / 2014

**Transaction ID : SA11AI.6978**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**David A Smith**

Mailing Address 6405 NW 170th Cir

City Ridgefield State WA Zip Code 98642

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

Name of Employer Compas Oncology Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : SA11AI.7049**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00

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

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

\_\_\_\_\_ 1650.00

\_\_\_\_\_

**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 20 OF 30
	<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)  
**BOB DINGETHAL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Stefanos Vertopoulos</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 14 / 2014	
Mailing Address 18616 SE 14th Cir		<b>Transaction ID : SA11AI.7086</b>	
City Vancouver	State WA	Zip Code 98663	Amount of Each Receipt this Period _____ 200.00
FEC ID number of contributing federal political committee.		C	
Name of Employer Stefanos Vertopoulos & Assoc	Occupation Insurance		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 554.00		

Full Name (Last, First, Middle Initial) <b>B. Raymond Witter</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 03 / 2014	
Mailing Address 1407 SE 196th Ave		<b>Transaction ID : SA11AI.6988</b>	
City Camas	State WA	Zip Code 98607	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee.		C	
Name of Employer None	Occupation Retired		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 375.00		

Full Name (Last, First, Middle Initial) <b>C. Robert Zink</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 14 / 2014	
Mailing Address 17717 NW 56th Ave		<b>Transaction ID : SA11AI.7075</b>	
City Ridgefield	State WA	Zip Code 98642	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee.		C	
Name of Employer Hoffman Construction	Occupation Estimator		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 700.00
<b>TOTAL</b> This Period (last page this line number only).....	_____ 15419.00

**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 21 OF 30	
	<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)  
**BOB DINGETHAL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 7.95 <b>Transaction ID : SB17.7116</b>
City Phoenix	State AZ	
Zip Code 85072	Purpose of Disbursement CC Fee	Category/ Type 003
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: WA District: 03	

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 7.95 <b>Transaction ID : SB17.7118</b>
City Phoenix	State AZ	
Zip Code 85072	Purpose of Disbursement CC Fees	Category/ Type 003
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: WA District: 03	

Full Name (Last, First, Middle Initial) <b>c. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 4.49 <b>Transaction ID : SB17.7133</b>
City Phoenix	State AZ	
Zip Code 85072	Purpose of Disbursement CC Fees	Category/ Type 003
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: WA District: 03	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	20.39
<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 30	
	<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)  
**BOB DINGETHAL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. BiCoastal Media</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2014
Mailing Address 1130 14th Ave		Amount of Each Disbursement this Period 3000.00 <b>Transaction ID : SB17.7120</b>
City State Zip Code Longview WA 98632	Purpose of Disbursement Radio advertising	
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>		Category/Type 004
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 03	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Bolt Media Group</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2014
Mailing Address 2007 Heartland Circle		Amount of Each Disbursement this Period 3000.00 <b>Transaction ID : SB17.7127</b>
City State Zip Code Valrico FL 33594	Purpose of Disbursement Online advertising	
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>		Category/Type 004
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 03	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Candy Bonneville Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 308 NW 25th PI		Amount of Each Disbursement this Period 750.00 <b>Transaction ID : SB17.7129</b>
City State Zip Code Battle Ground WA 98604	Purpose of Disbursement Staff	
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>		Category/Type 001
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 03	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6750.00
<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 30	
	<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)  
**BOB DINGETHAL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. City of Longview</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 13 / 2014
Mailing Address 1525 Broadway		Amount of Each Disbursement this Period 185.68 <b>Transaction ID : SB17.7137</b>
City Longview	State WA	
Zip Code 98632	Purpose of Disbursement Utilities - Cowlitz office	Category/ Type 001
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: WA District: 03	

Full Name (Last, First, Middle Initial) <b>B. Clark Public Utilities</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 13 / 2014
Mailing Address PO Box 8989		Amount of Each Disbursement this Period 58.88 <b>Transaction ID : SB17.7136</b>
City Vancouver	State WA	
Zip Code 98668	Purpose of Disbursement Utilities - Vanc office	Category/ Type 001
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: WA District: 03	

Full Name (Last, First, Middle Initial) <b>c. Comcast</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address PO Box 34227		Amount of Each Disbursement this Period 303.01 <b>Transaction ID : SB17.7126</b>
City Seattle	State WA	
Zip Code 98124	Purpose of Disbursement Internet/phones	Category/ Type 001
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: WA District: 03	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	547.57
<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 30	
	<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)  
**BOB DINGETHAL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Cowlitz PUD</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 961 12th		Amount of Each Disbursement this Period 184.06 <b>Transaction ID : SB17.7124</b>
City Longview	State WA	
Zip Code 98632	Purpose of Disbursement Utilities - Cowlitz office	Category/ Type 001
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: WA District: 03	

Full Name (Last, First, Middle Initial) <b>B. Tom Desmond</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 10506 NE 37th Ave		Amount of Each Disbursement this Period 750.00 <b>Transaction ID : SB17.7130</b>
City Vancouver	State WA	
Zip Code 98686	Purpose of Disbursement Staff	Category/ Type 001
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: WA District: 03	

Full Name (Last, First, Middle Initial) <b>C. BOB E DINGETHAL</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 17811 NW 56TH AVE		Amount of Each Disbursement this Period 313.60 <b>Transaction ID : SB17.7132</b>
City RIDGEFIELD	State WA	
Zip Code 98642	Purpose of Disbursement Mileage reimbursement	Category/ Type 002
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: WA District: 03	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1247.66
<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 25 OF 30	
	<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)  
**BOB DINGETHAL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. BOB E DINGETHAL</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 13 / 2014
Mailing Address 17811 NW 56TH AVE		Amount of Each Disbursement this Period 323.63 <b>Transaction ID : SB17.7135</b>
City RIDGEFIELD	State WA	
Zip Code 98642	Purpose of Disbursement Mileage reimbursement	Category/ Type 002
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: WA District: 03	

Full Name (Last, First, Middle Initial) <b>B. MailChimp</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 13 / 2014
Mailing Address 512 Means St, Ste 404		Amount of Each Disbursement this Period 70.00 <b>Transaction ID : SB17.7140</b>
City Atlanta	State GA	
Zip Code 30318	Purpose of Disbursement Online software	Category/ Type 001
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: WA District: 03	

Full Name (Last, First, Middle Initial) <b>c. Mike McCarthy &amp; Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2014
Mailing Address 209 N 38th Place		Amount of Each Disbursement this Period 375.00 <b>Transaction ID : SB17.7134</b>
City Ridgefield	State WA	
Zip Code 98642	Purpose of Disbursement Video production	Category/ Type 004
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: WA District: 03	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	768.63
<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 30	
	<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)  
**BOB DINGETHAL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Office Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 12 / 2014
Mailing Address 8812 NE 5th Ave		Amount of Each Disbursement this Period 24.92
City Vancouver State WA Zip Code 98665	Purpose of Disbursement Name tags	
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>	Category/Type 001	<b>Transaction ID : SB17.7138</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: WA District: 03	

Full Name (Last, First, Middle Initial) <b>B. PayTrace</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 12409 E Mirabeau Parkway Suite 300		Amount of Each Disbursement this Period 31.35
City Spokane Valley State WA Zip Code 99216	Purpose of Disbursement CC Processing Fee	
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>	Category/Type 003	<b>Transaction ID : SB17.7123</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: WA District: 03	

Full Name (Last, First, Middle Initial) <b>c. PayTrace</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2014
Mailing Address 12409 E Mirabeau Parkway Suite 300		Amount of Each Disbursement this Period 210.49
City Spokane Valley State WA Zip Code 99216	Purpose of Disbursement CC Fees	
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>	Category/Type 003	<b>Transaction ID : SB17.7117</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: WA District: 03	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	266.76
<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 27 OF 30	
	<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)  
**BOB DINGETHAL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Powell Phones</b>		Date of Disbursement MM / DD / YYYY 10 / 01 / 2014
Mailing Address 607 NW 22nd Ave		Amount of Each Disbursement this Period 682.60 <b>Transaction ID : SB17.7125</b>
City Portland	State OR	
Zip Code 97210	Purpose of Disbursement Robo calls	Category/ Type 004
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: WA District: 03	

Full Name (Last, First, Middle Initial) <b>B. The Couve Group</b>		Date of Disbursement MM / DD / YYYY 10 / 06 / 2014
Mailing Address 601 Main St, Ste 209		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB17.7131</b>
City Vancouver	State WA	
Zip Code 98660	Purpose of Disbursement Staff	Category/ Type 001
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: WA District: 03	

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Date of Disbursement MM / DD / YYYY 10 / 15 / 2014
Mailing Address 1211 Daniels St		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.7142</b>
City Vancouver	State WA	
Zip Code 98666	Purpose of Disbursement Stamps	Category/ Type 003
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: WA District: 03	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3282.60
<b>TOTAL</b> This Period (last page this line number only).....	12883.61

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

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4131**  
**BOB DINGETHAL FOR CONGRESS**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014  
**BOB E DINGETHAL**  Primary  
 Mailing Address General  
 17811 NW 56TH AVE  Other (specify) ▼

City State ZIP Code  
 RIDGEFIELD WA 98642

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
175.95	0.00	175.95

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
11 / 14 / 2013	11/1/2014	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	175.95
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]

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

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

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4130

**BOB DINGETHAL FOR CONGRESS**

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

**[PERSONAL FUNDS]**

Election: 2014

**BOB E DINGETHAL**

Primary

General

Other (specify) ▼

Mailing Address

17811 NW 56TH AVE

City

State

ZIP Code

RIDGEFIELD

WA

98642

Original Amount of Loan

2000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2000.00

**TERMS**

Date Incurred

M 12 / D 02 / Y 2013

Date Due

M / D / Y 11/1/2014

Interest Rate

0.00 % (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)..... ▶

2000.00

**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) **Transaction ID : SC/10.4150**  
**BOB DINGETHAL FOR CONGRESS**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014  
**BOB E DINGETHAL**  Primary  
 Mailing Address General  
 17811 NW 56TH AVE  Other (specify) ▼

City State ZIP Code  
 RIDGEFIELD WA 98642

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
200.00	0.00	200.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 12 / D 20 / Y 2013	M / D / Y 11/1/2014	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....	200.00
<b>TOTALS</b> This Period (last page in this line only).....	2375.95

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