

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

COMMITTEE TO ELECT MICHAEL DELAVAR

ADDRESS (number and street)

PO BOX 1255

Check if different than previously reported. (ACC)

WASHOUGAL

WA

98671-0927

2. FEC IDENTIFICATION NUMBER ▼

C C00551762

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

WA

03

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y
07 / 17 / 2014

through

M M / D D / Y Y Y Y
09 / 30 / 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 Michael Justin Cummins

Signature of Treasurer Michael Justin Cummins

[Electronically Filed]

Date

M M / D D / Y Y Y Y
10 / 01 / 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

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

COMMITTEE TO ELECT MICHAEL DELAVAR

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	2490.00	19779.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	2490.00	19779.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	6479.78	18177.71
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	12.40
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	6479.78	18165.31
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1613.69	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

COMMITTEE TO ELECT MICHAEL DELAVAR

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	225.00	11351.00
(ii) Unitemized.....	765.00	6927.00
(iii) TOTAL of contributions from individuals ▶	990.00	18278.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	1500.00	1501.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	2490.00	19779.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		
	0.00	12.40
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	2490.00	19791.40

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	6479.78	18177.71
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	6479.78	18177.71

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	5603.47
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	2490.00
25. SUBTOTAL (add Line 23 and Line 24).....	8093.47
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	6479.78
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1613.69

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

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

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

Mailing Address 315 Hollyberry St.

City Woodland State WA Zip Code 98674

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

Name of Employer None Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 21 / 2014

Transaction ID : SA11AI.4751

Amount of Each Receipt this Period
100.00

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

Mailing Address 4002 NE 272nd Ave.

City Camas State WA Zip Code 98607

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

Name of Employer Mercury Plastics Occupation Maintenance Mechanic

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 31 / 2014

Transaction ID : SA11AI.4779

Amount of Each Receipt this Period
43.01

Gas - Sign Placement
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Arne Mortensen

Mailing Address 210 Bella Vista Rd

City Kelso State WA Zip Code 98626

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 **192.22**

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 15 / 2014

Transaction ID : SA11AI.4784

Amount of Each Receipt this Period
72.13

Post-election picnic materials
[MEMO ITEM]

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

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

100.00

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.4779

In-kind - Advance

Form/Schedule: SA11AI

Transaction ID: SA11AI.4784

In-kind - Advance

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

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

Full Name (Last, First, Middle Initial) A. Scott Whittington		Date of Receipt MM / DD / YYYY 07 / 28 / 2014
Mailing Address PO BOX 2147		Transaction ID : SA11AI.4770
City WOODLAND	State WA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer Seismic Support Services	Occupation Self-Employed	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 465.00	

Full Name (Last, First, Middle Initial) B. Scott Whittington		Date of Receipt MM / DD / YYYY 08 / 15 / 2014
Mailing Address PO BOX 2147		Transaction ID : SA11AI.4799
City WOODLAND	State WA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 23.37
Name of Employer Seismic Support Services	Occupation Self-Employed	Post-election picnic materials
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 465.00	[MEMO ITEM]

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

SUBTOTAL of Receipts This Page (optional).....	125.00
TOTAL This Period (last page this line number only).....	225.00

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.4799

In-kind - Advance

Form/Schedule:

Transaction ID:

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

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

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

A. Full Name (Last, First, Middle Initial)
MICHAEL ROBERT DELAVAR

Mailing Address 2149 39TH ST

City WASHOUGAL State WA Zip Code 98671

FEC ID number of contributing federal political committee. **C H8WA03156**

Name of Employer HORIZON AIRLINES Occupation PILOT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1501.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 27 / 2014

Transaction ID : SA11D.4801

Amount of Each Receipt this Period
1500.00

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 / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

1500.00

1500.00

**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 10 OF 15			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) A. Bicoastal Media		Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2014
Mailing Address 1130 14th Ave		Amount of Each Disbursement this Period 1344.00
City Longview	State WA	
Zip Code 98632	Purpose of Disbursement Advertising - radio/internet/TV/newspa	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) B. Bicoastal Media		Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2014
Mailing Address 1130 14th Ave		Amount of Each Disbursement this Period 1152.00
City Longview	State WA	
Zip Code 98632	Purpose of Disbursement Advertising - radio/internet/TV/newspa	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) C. Bicoastal Media		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2014
Mailing Address 1130 14th Ave		Amount of Each Disbursement this Period 2048.00
City Longview	State WA	
Zip Code 98632	Purpose of Disbursement Advertising - radio/internet/TV/newspa	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4544.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 15			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) A. Fermium Media		Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2014
Mailing Address 1308 NE 134th Street		Amount of Each Disbursement this Period 1100.00 Transaction ID : SB17.4764
City Vancouver State WA Zip Code 98685	Purpose of Disbursement Advertising - radio/internet/TV/newspa 004 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. David Knight		Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2014
Mailing Address 4002 NE 272nd Ave.		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.4787
City Camas State WA Zip Code 98607	Purpose of Disbursement Sign Takedown 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Arne Mortensen		Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2014
Mailing Address 210 Bella Vista Rd		Amount of Each Disbursement this Period 72.13 Transaction ID : SB17.4789
City Kelso State WA Zip Code 98626	Purpose of Disbursement Reimbursement of Advances 007 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1422.13
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 15			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) A. NationBuilder			Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2014		
Mailing Address 448 S Hill St. #200			Amount of Each Disbursement this Period 49.00		
City Los Angeles	State CA	Zip Code 90013	Transaction ID : SB17.4761		
Purpose of Disbursement Website Design/Maintenance		Category/ Type 001			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) B. NationBuilder			Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2014		
Mailing Address 448 S Hill St. #200			Amount of Each Disbursement this Period 49.00		
City Los Angeles	State CA	Zip Code 90013	Transaction ID : SB17.4802		
Purpose of Disbursement Website Design/Maintenance		Category/ Type 001			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) c. NationBuilder			Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2014		
Mailing Address 448 S Hill St. #200			Amount of Each Disbursement this Period 19.00		
City Los Angeles	State CA	Zip Code 90013	Transaction ID : SB17.4806		
Purpose of Disbursement Website Design/Maintenance		Category/ Type 001			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

SUBTOTAL of Disbursements This Page (optional).....	117.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 15
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) A. Paypal		Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period 6.10 Transaction ID : SB17.4759
City San Jose State CA Zip Code 95131	Purpose of Disbursement Transaction Fee 003 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Paypal		Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period 1.75 Transaction ID : SB17.4760
City San Jose State CA Zip Code 95131	Purpose of Disbursement Transaction Fee 003 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Paypal		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period 3.93 Transaction ID : SB17.4772
City San Jose State CA Zip Code 95131	Purpose of Disbursement Transaction Fee 003 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	11.78
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 14 OF 15			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) A. Paypal		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period 1.75
City San Jose State CA Zip Code 95131	Purpose of Disbursement Transaction Fee 003 Category/Type	
Candidate Name		Transaction ID : SB17.4773
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Paypal		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period 3.20
City San Jose State CA Zip Code 95131	Purpose of Disbursement Transaction Fee 003 Category/Type	
Candidate Name		Transaction ID : SB17.4774
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Paypal		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period 0.88
City San Jose State CA Zip Code 95131	Purpose of Disbursement Transaction Fee 003 Category/Type	
Candidate Name		Transaction ID : SB17.4805
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5.83
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 15 OF 15	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. Shell		Date of Disbursement MM / DD / YYYY 07 / 17 / 2014
Mailing Address 3191 D Street		Amount of Each Disbursement this Period 51.47
City Washougal	State WA Zip Code 98671	
Purpose of Disbursement Travel-Gas	Category/Type 002	Transaction ID : SB17.4730
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

SUBTOTAL of Disbursements This Page (optional).....	51.47
TOTAL This Period (last page this line number only).....	6152.21