

# 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  /  /  in the State of

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

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

Election on  /  /  in the State of

5. Covering Period

/  /  through  /  /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Marsha Manning

Signature of Treasurer Marsha Manning

*[Electronically Filed]*

Date

/  /

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

Office Use Only								
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**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**BOB DINGETHAL FOR CONGRESS**

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

	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))....	46619.60	94337.40
(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)).....	46619.60	94337.40
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	36319.37	74342.66
(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)).....	36319.37	74342.66
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	22370.69	
<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).....	32109.78	65656.53
(ii) Unitemized.....	13519.00	24942.61
(iii) TOTAL of contributions from individuals ▶	45628.78	90599.14
(b) Political Party Committees.....	130.67	130.67
(c) Other Political Committees (such as PACs).....	0.00	50.00
(d) The Candidate.....	860.15	3557.59
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	46619.60	94337.40
<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>	46619.60	96713.35

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	36319.37	74342.66
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) ►	36319.37	74342.66

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	12070.46
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	46619.60
25. SUBTOTAL (add Line 23 and Line 24).....	58690.06
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	36319.37
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	22370.69

**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 54
	<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)  
**20th Leg Dist Democratic Committee**

Mailing Address 1516 Sunset Way

City Centralia State WA Zip Code 98531

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 12 / 2014

**Transaction ID : SA11AI.5284**

Amount of Each Receipt this Period  
 800.00

**B.** Full Name (Last, First, Middle Initial)  
**BCTGM International Union PAC**

Mailing Address 10401 Connecticut Ave

City Kensington State MD Zip Code 20895

FEC ID number of contributing federal political committee. **C C00127621**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.5070**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 3210 SE 154th Ave

City Vancouver State WA Zip Code 98683

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

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 16 / 2014

**Transaction ID : SA11AI.5080**

Amount of Each Receipt this Period  
 100.00

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

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

1900.00

**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 54
	<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)  
**David Beckley**

Mailing Address 3210 SE 154th 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  
252.00

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

**Transaction ID : SA11AI.5246**

Amount of Each Receipt this Period  
27.00

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

Mailing Address 5900 Buena Vista Dr

City Vancouver State WA Zip Code 98661

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

Name of Employer Rebound Orthopedics Occupation Management

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  
 06 / 30 / 2014

**Transaction ID : SA11AI.5382**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 51 Commerce St

City Springfield State NJ Zip Code 07081

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

Name of Employer Aztec Software Occupation Educational Software

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : SA11AI.5133**

Amount of Each Receipt this Period  
500.00

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

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

777.00

**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 54
	<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)  
**Betty Jo Brewer**

Mailing Address 1240 Sycamore Place

City Longview State WA Zip Code 98632

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.4922**

Amount of Each Receipt this Period  
 500.00

**B.** 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

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 12 / 2014

**Transaction ID : SA11AI.5279**

Amount of Each Receipt this Period  
 50.00

**C.** Full Name (Last, First, Middle Initial)  
**Matthew 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 Boeing Occupation Engineer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 12 / 2014

**Transaction ID : SA11AI.5278**

Amount of Each Receipt this Period  
 50.00

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

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

600.00

**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 54
	<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)  
**Steven Busick**

Mailing Address 415 Cedar St

City Vancouver State WA Zip Code 98661

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

Name of Employer Self Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 08 / 2014

**Transaction ID : SA11AI.5058**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Ed Cote**

Mailing Address 4608 NW Olive 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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA11AI.5375**

Amount of Each Receipt this Period  
 100.00

**C.** Full Name (Last, First, Middle Initial)  
**Cowlitz County Democratic Womens Club**

Mailing Address 106 NW 8TH AVE

City Kelson State WA Zip Code 98636

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.5236**

Amount of Each Receipt this Period  
 500.00

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

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

1100.00



**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 54
	<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. Dona Dingethal</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 14 / 2014	
Mailing Address 17811 NW 56th Ave		<b>Transaction ID : SA11AI.6428</b>	
City Ridgefield	State WA	Zip Code 98642	Amount of Each Receipt this Period _____ 275.78 In-kind - food for volunteer event
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer Korab USA LLC	Occupation Customer Service		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 305.78		

Full Name (Last, First, Middle Initial) <b>B. Morris Foutch</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 11 / 2014	
Mailing Address 12513 NW 20th Ave		<b>Transaction ID : SA11AI.5263</b>	
City Vancouver	State WA	Zip Code 98685	Amount of Each Receipt this Period _____ 600.00
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer None	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 625.00		

Full Name (Last, First, Middle Initial) <b>C. Jim Gizzi</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 29 / 2014	
Mailing Address 6804 NE 209th St		<b>Transaction ID : SA11AI.5109</b>	
City Battle Ground	State WA	Zip Code 98604	Amount of Each Receipt this Period _____ 500.00
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer Self	Occupation Realtor		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 1375.78
<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 10 OF 54
	<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)  
**BOB DINGETHAL FOR CONGRESS**

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

Mailing Address 10006 NE 36th Ct

City Vancouver State WA Zip Code 98686

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

Name of Employer Self Occupation Writer-Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA11AI.5483**

Amount of Each Receipt this Period  
 50.00

**B.** Full Name (Last, First, Middle Initial)  
**Peter Harrison**

Mailing Address 10006 NE 36th Ct

City Vancouver State WA Zip Code 98686

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

Name of Employer Self Occupation Writer-Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA11AI.5542**

Amount of Each Receipt this Period  
 1400.00  
 In-kind - research & writing

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

Mailing Address 10008 NE 144th Ave

City Vancouver State WA Zip Code 98682

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

Name of Employer UL LLC Occupation Mgr

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 16 / 2014

**Transaction ID : SA11AI.5083**

Amount of Each Receipt this Period  
 250.00

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

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

1700.00

**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 54
	<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)  
**IBEW PAC Voluntary Fund**

Mailing Address 900 Seventh St NW

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00027342

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 18 / 2014

**Transaction ID : SA11AI.4932**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**IBEW PAC Voluntary Fund**

Mailing Address 900 Seventh St NW

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00027342

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 18 / 2014

**Transaction ID : SA11AI.5343**

Amount of Each Receipt this Period  
 1500.00

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

Mailing Address 16516 NE 27th Court

City Ridgefield State WA Zip Code 98642

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

Name of Employer Occupation  
 ManorCare RN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.5130**

Amount of Each Receipt this Period  
 100.00

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

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

2600.00

**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 54
	<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)  
**BOB DINGETHAL FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Maria Joell**

Mailing Address 16516 NE 27th Court

City State Zip Code  
Ridgefield WA 98642

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

Name of Employer Occupation  
ManorCare RN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**308.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 23 / 2014**

**Transaction ID : SA11AI.5354**

Amount of Each Receipt this Period  
**58.00**

**B.** Full Name (Last, First, Middle Initial)  
**Wesley Johnson**

Mailing Address 2 Alpine Pl

City State Zip Code  
Longview WA 98632

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

Name of Employer Occupation  
Self Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 25 / 2014**

**Transaction ID : SA11AI.5368**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address 208 Via La Circula

City State Zip Code  
Redondo Beach CA 90277

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

Name of Employer Occupation  
David Kaufman Painting & Decor Painter

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**750.00**

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

**Transaction ID : SA11AI.5124**

Amount of Each Receipt this Period  
**250.00**

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

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

**808.00**

**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 54  
(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)  
**Suzanne Kendall**

Mailing Address 3808 SE 142nd Ct

City Vancouver State WA Zip Code 98683

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

Name of Employer Self Occupation Attorney

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 18 / 2014

**Transaction ID : SA11AI.5336**

Amount of Each Receipt this Period  
 2400.00

**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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 18 / 2014

**Transaction ID : SA11AI.5338**

Amount of Each Receipt this Period  
 125.00

**C.** 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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA11AI.5424**

Amount of Each Receipt this Period  
 250.00

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

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

2775.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 54
	<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)  
**BOB DINGETHAL FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**James Lee**

Mailing Address 14516 NW 20th Ave

City Vancouver State WA Zip Code 98685

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

Name of Employer Automated Data Processing Occupation Systems Engineer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **520.00**

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

**Transaction ID : SA11AI.5258**

Amount of Each Receipt this Period  
**270.00**

**B.** Full Name (Last, First, Middle Initial)  
**Lewis County Democratic Central Committee**

Mailing Address 417 N Pearl St, Ste 9

City Centralia State WA Zip Code 98531

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

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 Y Y  
 06 / 12 / 2014

**Transaction ID : SA11AI.5267**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address PO Box 463

City Yacolt State WA Zip Code 98675

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

Name of Employer IND Ilc Occupation Engineer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 16 / 2014

**Transaction ID : SA11AI.5318**

Amount of Each Receipt this Period  
**250.00**

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

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

**1520.00**

**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 54
	<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. Marsha Manning</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 30 / 2014	
Mailing Address 3801 NE 172nd Ave		<b>Transaction ID : SA11AI.5011</b>	
City Vancouver	State WA	Zip Code 98682	Amount of Each Receipt this Period _____ 400.00 In-kind - accounting
FEC ID number of contributing federal political committee.		C	
Name of Employer Self	Occupation Accounting & Consulting		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1300.00		

Full Name (Last, First, Middle Initial) <b>B. Marsha Manning</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 30 / 2014	
Mailing Address 3801 NE 172nd Ave		<b>Transaction ID : SA11AI.5146</b>	
City Vancouver	State WA	Zip Code 98682	Amount of Each Receipt this Period _____ 400.00 In-kind - Accounting
FEC ID number of contributing federal political committee.		C	
Name of Employer Self	Occupation Accounting & Consulting		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1700.00		

Full Name (Last, First, Middle Initial) <b>C. Marsha Manning</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 3801 NE 172nd Ave		<b>Transaction ID : SA11AI.5551</b>	
City Vancouver	State WA	Zip Code 98682	Amount of Each Receipt this Period _____ 400.00 In-kind - Accounting
FEC ID number of contributing federal political committee.		C	
Name of Employer Self	Occupation Accounting & Consulting		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2100.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 1200.00
<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 16 OF 54
	<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)  
**Maria's Properties**

Mailing Address 10013 Hwy 99

City Vancouver State WA Zip Code 98665

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.5544**

Amount of Each Receipt this Period  
 600.00

In-kind - Office Rent

**B.** Full Name (Last, First, Middle Initial)  
**Maria's Properties**

Mailing Address 10013 Hwy 99

City Vancouver State WA Zip Code 98665

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.5546**

Amount of Each Receipt this Period  
 600.00

In-kind - Office rent

**C.** Full Name (Last, First, Middle Initial)  
**Maria's Properties**

Mailing Address 10013 Hwy 99

City Vancouver State WA Zip Code 98665

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA11AI.5547**

Amount of Each Receipt this Period  
 600.00

In-kind - Office rent

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

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

1800.00



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

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

FOR LINE NUMBER: PAGE 17 OF 54  
(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)  
**Linda McLain**

Mailing Address 7410 NW 16th Ave

City Vancouver State WA Zip Code 98665

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

Name of Employer Currie & McLain P.S. Occupation CPA

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 27 / 2014**

**Transaction ID : SA11AI.5102**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Betty Sue Morris**

Mailing Address 12633 NW 19th Loop

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 **225.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : SA11AI.5383**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address 2698 N L St

City Washougal State WA Zip Code 98671

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

Name of Employer Self Occupation Counselor

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **550.00**

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

**Transaction ID : SA11AI.5044**

Amount of Each Receipt this Period  
**500.00**

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

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

**850.00**

**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 18 OF 54
	<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. Dan Ogden</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 14 / 2014	
Mailing Address 2916 NE 88th Ct		<b>Transaction ID : SA11AI.5072</b>	
City Vancouver	State WA	Zip Code 98662	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer None	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>B. Ann Palenshus</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 15 / 2014	
Mailing Address 17111 NW 69th Ave		<b>Transaction ID : SA11AI.5076</b>	
City Ridgefield	State WA	Zip Code 98642	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00	
Name of Employer Bubba Blue BBQ	Occupation Owner		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1250.00		

Full Name (Last, First, Middle Initial) <b>C. David Palenshus</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 15 / 2014	
Mailing Address 17111 NW 69th Ave		<b>Transaction ID : SA11AI.5077</b>	
City Ridgefield	State WA	Zip Code 98642	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00	
Name of Employer Bubba Blue BBQ	Occupation Owner		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1350.00		

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

**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 19 OF 54
	<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>Paradise Truck Stop</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 18 / 2014	
Mailing Address 2814 319th St NW		<b>Transaction ID : SA11AI.5325</b>	
City Ridgefield	State WA	Zip Code 98642	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>Angela Pond</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 9011 NE 312 Ave		<b>Transaction ID : SA11AI.5392</b>	
City Camas	State WA	Zip Code 98607	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00	
Name of Employer Dept of Veterans Affairs Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Audiologist Election Cycle-to-Date 300.00		

Full Name (Last, First, Middle Initial) <b>Katherine Radeka</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address PO Box 859		<b>Transaction ID : SA11AI.5422</b>	
City Camas	State WA	Zip Code 98607	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Whittier Consulting Group Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Owner Election Cycle-to-Date 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	950.00
<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 20 OF 54
	<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)  
**Ernest Santner**

Mailing Address 14609 NE 7th St

City Vancouver State WA Zip Code 98684

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 14 / 2014

**Transaction ID : SA11AI.4951**

Amount of Each Receipt this Period  
 250.00

**B.** 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

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA11AI.5484**

Amount of Each Receipt this Period  
 100.00

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

Mailing Address 11100 NE 11th Ave

City Vancouver State WA Zip Code 98685

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

Name of Employer Self Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 25 / 2014

**Transaction ID : SA11AI.5359**

Amount of Each Receipt this Period  
 700.00

**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 21 OF 54
	<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)  
**Michael Turnauer**

Mailing Address 18809 SE 17th St

City Vancouver State WA Zip Code 98683

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

Name of Employer Daimler Trucks North America 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  
**06 / 30 / 2014**

**Transaction ID : SA11AI.5505**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**Suzanne Turnauer**

Mailing Address 18809 SE 17th St

City Vancouver State WA Zip Code 98683

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 **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : SA11AI.5506**

Amount of Each Receipt this Period  
**100.00**

**C.** Full Name (Last, First, Middle Initial)  
**UA Political Education Committee**

Mailing Address 3 Park Place

City Annapolis State MD Zip Code 21401

FEC ID number of contributing federal political committee. **C C00012476**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 14 / 2014**

**Transaction ID : SA11AI.4930**

Amount of Each Receipt this Period  
**2500.00**

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

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

**2700.00**

**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 22 OF 54
	<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)  
**United Food and Commercial Workers International Union Active Ballot Club**

Mailing Address 1775 K STREET N.W.

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00002766

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 25 / 2014

**Transaction ID : SA11AI.5357**

Amount of Each Receipt this Period  
 5000.00

**B.** Full Name (Last, First, Middle Initial)  
**Stefanos Vertopoulos**

Mailing Address 18616 SE 14th Cir

City Vancouver State WA Zip Code 98663

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

Name of Employer Occupation  
Stefanos Vertopoulos & Assoc Insurance

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.5245**

Amount of Each Receipt this Period  
 54.00

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

Mailing Address 18616 SE 14th Cir

City Vancouver State WA Zip Code 98663

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

Name of Employer Occupation  
Stefanos Vertopoulos & Assoc Insurance

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA11AI.5492**

Amount of Each Receipt this Period  
 50.00

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

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

5104.00

**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 23 OF 54
	<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)  
**Robert Volker**

Mailing Address 226 Canyon Woods Way  
Apt A

City San Ramon State CA Zip Code 94582

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

Name of Employer Praxis Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 17 / 2014

**Transaction ID : SA11AI.5322**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Jerry Wallace**

Mailing Address 110 Krestview Lane

City Woodland State WA Zip Code 98674

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

Name of Employer WTB, Inc Occupation Construction

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
550.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 12 / 2014

**Transaction ID : SA11AI.5264**

Amount of Each Receipt this Period  
50.00

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

Mailing Address PO Box 160

City Naselle State WA Zip Code 98638

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

Name of Employer Univ of Washington Occupation Dir Research Program

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 12 / 2014

**Transaction ID : SA11AI.5286**

Amount of Each Receipt this Period  
250.00

**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 24 OF 54
	<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. Julie Anne Williams</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 27 / 2014	
Mailing Address 2716 NW 104th St		<b>Transaction ID : SA11AI.5373</b>	
City Vancouver	State WA	Zip Code 98685	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 250.00	
Name of Employer Self		Occupation Senior Care	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00	

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

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y	
Mailing Address		Amount of Each Receipt this Period	
City	State	Zip Code	
FEC ID number of contributing federal political committee.		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	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.00
<b>TOTAL</b> This Period (last page this line number only).....	32109.78



**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 25 OF 54
	<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)  
**BOB DINGETHAL FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Robert E Dingethal**

Mailing Address 17811 NW 56TH AVE

City: RIDGEFIELD    State: WA    Zip Code: 98642

FEC ID number of contributing federal political committee: **C H4WA03114**

Name of Employer: None    Occupation: Candidate

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date: 2815.40

Date of Receipt: 04 / 15 / 2014

**Transaction ID : SA11D.6945**

Amount of Each Receipt this Period: 117.96

In-kind - Bob - July mtg exp

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

Mailing Address 17811 NW 56TH AVE

City: RIDGEFIELD    State: WA    Zip Code: 98642

FEC ID number of contributing federal political committee: **C H4WA03114**

Name of Employer: None    Occupation: Candidate

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date: 3557.59

Date of Receipt: 06 / 30 / 2014

**Transaction ID : SA11D.6943**

Amount of Each Receipt this Period: 742.19

In-kind - Bob - travel & mtgs - 2nd Qtr

**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

Amount of Each Receipt this Period

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

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

860.15

860.15

**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 54		
	<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. ADCO</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 353 Grand Blvd		Amount of Each Disbursement this Period 298.11 <b>Transaction ID : SB17.5150</b>
City Vancouver	State WA	
Zip Code 98661	Purpose of Disbursement Printing - flyers	Category/ Type 006
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: WA District: 03	

Full Name (Last, First, Middle Initial) <b>B. Brickhouse Bar &amp; Grill</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address 109 W 15th St		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.6418</b> <b>[MEMO ITEM]</b>
City Vancouver	State WA	
Zip Code 98660	Purpose of Disbursement Bob In-kind 2nd Qtr - food for event	Category/ Type 007
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: WA District: 03	

Full Name (Last, First, Middle Initial) <b>c. Bubba Blue BBQ</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address 17111 NW 69th Ave		Amount of Each Disbursement this Period 1110.60 <b>Transaction ID : SB17.4974</b>
City Ridgefield	State WA	
Zip Code 98642	Purpose of Disbursement Food/catering	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1408.71
<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 54	
	<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. Burgerville</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2014
Mailing Address 600 W Main St		Amount of Each Disbursement this Period 18.28
City Kelso State WA Zip Code 98626	Purpose of Disbursement Bob In-kind 2nd Qtr - food in Kelso	
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>		Transaction ID : SB17.6406 <b>[MEMO ITEM]</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 03	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Category/Type 002		

Full Name (Last, First, Middle Initial) <b>B. Burnt Bridge Cellars</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2014
Mailing Address 1500 Broadway		Amount of Each Disbursement this Period 95.39
City Vancouver State WA Zip Code 98663	Purpose of Disbursement Dona In-kind vol event - wine	
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>		Transaction ID : SB17.6434 <b>[MEMO ITEM]</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 03	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Category/Type 007		

Full Name (Last, First, Middle Initial) <b>c. Butler Garage</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2014
Mailing Address 114 James St		Amount of Each Disbursement this Period 12.00
City Seattle State WA Zip Code 98104	Purpose of Disbursement Bob In-kind 2nd Qtr - parking	
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>		Transaction ID : SB17.6404 <b>[MEMO ITEM]</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 03	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Category/Type 002		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 28 OF 54	
	<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. Carousel Cleaners</b>		Date of Disbursement MM / DD / YYYY 06 / 10 / 2014
Mailing Address 13023 NE Hwy 99 #9		Amount of Each Disbursement this Period 15.01
City Vancouver	State WA	
Zip Code 98686	Purpose of Disbursement Bob In-kind 2nd Qtr - dry cleaning	Transaction ID : SB17.6420 <b>[MEMO ITEM]</b>
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>	Category/Type 003	
Office Sought: <input checked="" 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: WA	District: 03	

Full Name (Last, First, Middle Initial) <b>B. Carousel Cleaners</b>		Date of Disbursement MM / DD / YYYY 06 / 13 / 2014
Mailing Address 13023 NE Hwy 99 #9		Amount of Each Disbursement this Period 30.46
City Vancouver	State WA	
Zip Code 98686	Purpose of Disbursement Bob In-kind 2nd Qtr - dry cleaning	Transaction ID : SB17.6422 <b>[MEMO ITEM]</b>
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>	Category/Type 003	
Office Sought: <input checked="" 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: WA	District: 03	

Full Name (Last, First, Middle Initial) <b>c. Carousel Cleaners</b>		Date of Disbursement MM / DD / YYYY 06 / 13 / 2014
Mailing Address 13023 NE Hwy 99 #9		Amount of Each Disbursement this Period 6.99
City Vancouver	State WA	
Zip Code 98686	Purpose of Disbursement Bob In-kind 2nd Qtr - dry cleaning	Transaction ID : SB17.6423 <b>[MEMO ITEM]</b>
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>	Category/Type 003	
Office Sought: <input checked="" 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: WA	District: 03	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 29 OF 54	
	<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. Cash &amp; Carry</b>		Date of Disbursement MM / DD / YYYY 06 / 20 / 2014
Mailing Address 10611 NE 53rd St		Amount of Each Disbursement this Period 78.76
City Vancouver	State WA	
Zip Code 98662	Purpose of Disbursement Parade candy	Transaction ID : SB17.5529
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	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WA District: 03		

Full Name (Last, First, Middle Initial) <b>B. Chevron</b>		Date of Disbursement MM / DD / YYYY 05 / 22 / 2014
Mailing Address 12105 N Jantzen Beach Ave		Amount of Each Disbursement this Period 46.15
City Portland	State OR	
Zip Code 97217	Purpose of Disbursement Bob In-kind 2nd Qtr - gas	Transaction ID : SB17.6412
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>	Category/Type 002	
Office Sought: <input checked="" 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)	[MEMO ITEM]
State: WA District: 03		

Full Name (Last, First, Middle Initial) <b>c. City of Portland</b>		Date of Disbursement MM / DD / YYYY 05 / 18 / 2014
Mailing Address 1120 SW Fifth Ave, Ste 800		Amount of Each Disbursement this Period 1.60
City Portland	State OR	
Zip Code 97204	Purpose of Disbursement Bob In-kind 2nd Qtr - parking	Transaction ID : SB17.6411
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>	Category/Type 002	
Office Sought: <input checked="" 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)	[MEMO ITEM]
State: WA District: 03		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	78.76
<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 30 OF 54	
	<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 Vancouver</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2014
Mailing Address 415 W 6th St		Amount of Each Disbursement this Period 1.00
City Vancouver	State WA	
Zip Code 98660	Purpose of Disbursement Bob In-kind 2nd Qtr - parking	Transaction ID : SB17.6424
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>	Category/Type 002	
Office Sought: <input checked="" 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)	[MEMO ITEM]
State: WA	District: 03	

Full Name (Last, First, Middle Initial) <b>B. Comcast</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014
Mailing Address PO Box 34227		Amount of Each Disbursement this Period 686.67
City Seattle	State WA	
Zip Code 98124	Purpose of Disbursement Phone & Internet	Transaction ID : SB17.4963
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	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input 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 06 / 04 / 2014
Mailing Address PO Box 34227		Amount of Each Disbursement this Period 296.22
City Seattle	State WA	
Zip Code 98124	Purpose of Disbursement Internet service	Transaction ID : SB17.5520
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	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WA	District: 03	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	982.89
<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 54	
	<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. Tom Desmond</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 10506 NE 37th Ave		Amount of Each Disbursement this Period 420.00 <b>Transaction ID : SB17.5159</b>
City Vancouver	State WA	
Zip Code 98686	Purpose of Disbursement Contract fee	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 checked="" type="checkbox"/> Primary <input 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 06 / 03 / 2014
Mailing Address 10506 NE 37th Ave		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.5519</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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WA	District: 03	

Full Name (Last, First, Middle Initial) <b>c. Tom Desmond</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2014
Mailing Address 10506 NE 37th Ave		Amount of Each Disbursement this Period 117.54 <b>Transaction ID : SB17.5535</b>
City Vancouver	State WA	
Zip Code 98686	Purpose of Disbursement Travel expense	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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WA	District: 03	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1037.54
<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 32 OF 54	
	<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. Dona Dingethal</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2014
Mailing Address 17811 NW 56th Ave		Amount of Each Disbursement this Period 275.78 <b>Transaction ID : SB17.6429</b>
City Ridgefield	State WA	
Zip Code 98642	Purpose of Disbursement In-kind - food for volunteer event	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>B. Robert E Dingethal</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 17811 NW 56TH AVE		Amount of Each Disbursement this Period 117.96 <b>Transaction ID : SB17.6946</b>
City RIDGEFIELD	State WA	
Zip Code 98642	Purpose of Disbursement In-kind - Bob - July mtg exp	Category/ Type
Candidate Name	Office Sought: <input checked="" 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: WA District: 03	

Full Name (Last, First, Middle Initial) <b>c. Robert E Dingethal</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 17811 NW 56TH AVE		Amount of Each Disbursement this Period 742.19 <b>Transaction ID : SB17.6944</b>
City RIDGEFIELD	State WA	
Zip Code 98642	Purpose of Disbursement In-kind - Bob - travel & mtgs - 2nd Qtr	Category/ Type
Candidate Name	Office Sought: <input checked="" 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: WA District: 03	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1135.93
<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 54	
	<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. Einstein Bros Bagels</b>		Date of Disbursement MM / DD / YYYY 04 / 08 / 2014
Mailing Address 224 Broadway East		Amount of Each Disbursement this Period 6.06
City Portland	State OR	
Zip Code 97211	Purpose of Disbursement Bob In-kind 2nd Qtr - travel food	Transaction ID : SB17.6405 <b>[MEMO ITEM]</b>
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>	Category/Type 002	
Office Sought: <input checked="" 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: WA District: 03		

Full Name (Last, First, Middle Initial) <b>B. Fred Meyer - Hazel Dell</b>		Date of Disbursement MM / DD / YYYY 06 / 12 / 2014
Mailing Address 7700 Hwy 99		Amount of Each Disbursement this Period 7.47
City Vancouver	State WA	
Zip Code 98665	Purpose of Disbursement Dona In-kind vol event - paper products	Transaction ID : SB17.6431 <b>[MEMO ITEM]</b>
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>	Category/Type 007	
Office Sought: <input checked="" 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: WA District: 03		

Full Name (Last, First, Middle Initial) <b>c. Fred Meyer - Hazel Dell</b>		Date of Disbursement MM / DD / YYYY 06 / 14 / 2014
Mailing Address 7700 Hwy 99		Amount of Each Disbursement this Period 29.94
City Vancouver	State WA	
Zip Code 98665	Purpose of Disbursement Dona In-kind vol event - food	Transaction ID : SB17.6430 <b>[MEMO ITEM]</b>
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>	Category/Type 007	
Office Sought: <input checked="" 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: WA District: 03		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 34 OF 54			
	<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. Fred Meyer - Tumwater</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 555 Trosper Rd SW		Amount of Each Disbursement this Period 48.96
City Tumwater	State WA	
Purpose of Disbursement Bob In-kind 2nd Qtr - gas	Category/ Type 002	<b>Transaction ID : SB17.6416</b>  <b>[MEMO ITEM]</b>
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 03	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Peter Harrison</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 10006 NE 36th Ct		Amount of Each Disbursement this Period 1400.00
City Vancouver	State WA	
Purpose of Disbursement In-kind - research & writing	Category/ Type	<b>Transaction ID : SB17.5543</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Home Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2014
Mailing Address 8601 NE Andresen Rd		Amount of Each Disbursement this Period 85.89
City Vancouver	State WA	
Purpose of Disbursement Sign materials	Category/ Type 004	<b>Transaction ID : SB17.5181</b>
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 03	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1485.89
<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 54	
	<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. Home Depot</b>		Date of Disbursement MM / DD / YYYY 05 / 30 / 2014
Mailing Address 8601 NE Andresen Rd		Amount of Each Disbursement this Period 129.30
City Vancouver	State WA	
Zip Code 98665	Purpose of Disbursement Sign materials	Transaction ID : SB17.5182
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	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WA	District: 03	

Full Name (Last, First, Middle Initial) <b>B. LatteDa Coffee</b>		Date of Disbursement MM / DD / YYYY 06 / 20 / 2014
Mailing Address 205 E 39th St		Amount of Each Disbursement this Period 3.24
City Vancouver	State WA	
Zip Code 98663	Purpose of Disbursement Bob In-kind 2nd Qtr - coffee mtg	Transaction ID : SB17.6425
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>	Category/Type 003	
Office Sought: <input checked="" 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)	[MEMO ITEM]
State: WA	District: 03	

Full Name (Last, First, Middle Initial) <b>c. MailChimp</b>		Date of Disbursement MM / DD / YYYY 05 / 13 / 2014
Mailing Address 512 Means St, Ste 404		Amount of Each Disbursement this Period 50.00
City Atlanta	State GA	
Zip Code 30318	Purpose of Disbursement Internet software	Transaction ID : SB17.5167
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	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WA	District: 03	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	179.30
<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 36 OF 54			
	<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. MailChimp</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2014
Mailing Address 512 Means St, Ste 404		Amount of Each Disbursement this Period 50.00 <b>Transaction ID : SB17.5541</b>
City Atlanta State GA Zip Code 30318	Purpose of Disbursement Email 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WA District: 03		

Full Name (Last, First, Middle Initial) <b>B. Marsha Manning</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 3801 NE 172nd Ave		Amount of Each Disbursement this Period 400.00 <b>Transaction ID : SB17.5012</b>
City Vancouver State WA Zip Code 98682	Purpose of Disbursement In-kind - accounting 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>c. Marsha Manning</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 3801 NE 172nd Ave		Amount of Each Disbursement this Period 400.00 <b>Transaction ID : SB17.5149</b>
City Vancouver State WA Zip Code 98682	Purpose of Disbursement In-kind - Accounting 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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	850.00
<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 37 OF 54		
	<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. Marsha Manning</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 3801 NE 172nd Ave		Amount of Each Disbursement this Period 400.00 <b>Transaction ID : SB17.5552</b>
City Vancouver	State WA	
Zip Code 98682	Purpose of Disbursement In-kind - Accounting	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>B. Maria's Properties</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 10013 Hwy 99		Amount of Each Disbursement this Period 600.00 <b>Transaction ID : SB17.5550</b>
City Vancouver	State WA	
Zip Code 98665	Purpose of Disbursement In-kind - Office Rent	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>c. Maria's Properties</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 10013 Hwy 99		Amount of Each Disbursement this Period 600.00 <b>Transaction ID : SB17.5549</b>
City Vancouver	State WA	
Zip Code 98665	Purpose of Disbursement In-kind - Office rent	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1600.00
<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 38 OF 54		
	<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. Maria's Properties</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 10013 Hwy 99		Amount of Each Disbursement this Period 600.00 <b>Transaction ID : SB17.5548</b>
City Vancouver	State WA	
Zip Code 98665	Purpose of Disbursement In-kind - Office rent	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>B. Markon!</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014
Mailing Address 12209-A NE Fourth Plain Rd		Amount of Each Disbursement this Period 3059.59 <b>Transaction ID : SB17.5162</b>
City Vancouver	State WA	
Zip Code 98682	Purpose of Disbursement Signs	Category/ Type
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: WA District: 03	

Full Name (Last, First, Middle Initial) <b>c. Markon!</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014
Mailing Address 12209-A NE Fourth Plain Rd		Amount of Each Disbursement this Period 3059.59 <b>Transaction ID : SB17.5187</b>
City Vancouver	State WA	
Zip Code 98682	Purpose of Disbursement Signs	Category/ Type
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: WA District: 03	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6719.18
<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 39 OF 54		
	<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. McDonalds</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address 100 Willapa PLace		Amount of Each Disbursement this Period 4.52
City Raymond	State WA	
Zip Code 98577	Purpose of Disbursement Bob In-kind 2nd Qtr - travel food	Transaction ID : SB17.6419 <b>[MEMO ITEM]</b>
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>	Category/Type 002	
Office Sought: <input checked="" 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: WA District: 03		

Full Name (Last, First, Middle Initial) <b>B. McMenamins East</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2014
Mailing Address 1900 NE 162nd Ave, Ste B107		Amount of Each Disbursement this Period 11.00
City Vancouver	State WA	
Zip Code 98684	Purpose of Disbursement Bob In-kind 2nd Qtr - lunch mtg	Transaction ID : SB17.6427 <b>[MEMO ITEM]</b>
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	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WA District: 03		

Full Name (Last, First, Middle Initial) <b>c. MOD Pizza</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address 1302 Sixth Ave		Amount of Each Disbursement this Period 23.52
City Seattle	State WA	
Zip Code 98101	Purpose of Disbursement Bob In-kind - 2nd Qtr - food for staff mtg	Transaction ID : SB17.6403 <b>[MEMO ITEM]</b>
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	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WA District: 03		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 40 OF 54			
	<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
Mailing Address 8812 NE 5th Ave		M M / D D / Y Y Y Y 04 / 24 / 2014
City Vancouver	State WA	Zip Code 98665
Purpose of Disbursement Misc office supplies	Category/ Type 001	Amount of Each Disbursement this Period 23.83
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>	Transaction ID : SB17.4986	
Office Sought: <input checked="" 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: WA District: 03		

Full Name (Last, First, Middle Initial) <b>B. Office Depot</b>		Date of Disbursement
Mailing Address 8812 NE 5th Ave		M M / D D / Y Y Y Y 05 / 06 / 2014
City Vancouver	State WA	Zip Code 98665
Purpose of Disbursement Misc office supplies	Category/ Type 001	Amount of Each Disbursement this Period 15.59
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>	Transaction ID : SB17.5161	
Office Sought: <input checked="" 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: WA District: 03		

Full Name (Last, First, Middle Initial) <b>c. Office Depot</b>		Date of Disbursement
Mailing Address 8812 NE 5th Ave		M M / D D / Y Y Y Y 05 / 14 / 2014
City Vancouver	State WA	Zip Code 98665
Purpose of Disbursement Misc office supplies	Category/ Type 001	Amount of Each Disbursement this Period 18.95
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>	Transaction ID : SB17.5166	
Office Sought: <input checked="" 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: WA District: 03		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	58.37
<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 41 OF 54	
	<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 MM / DD / YYYY 06 / 02 / 2014
Mailing Address 8812 NE 5th Ave		Amount of Each Disbursement this Period 49.00
City Vancouver State WA Zip Code 98665	Purpose of Disbursement Postage 003	
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>		<b>Transaction ID : SB17.5536</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 03	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Office Depot</b>		Date of Disbursement MM / DD / YYYY 06 / 16 / 2014
Mailing Address 8812 NE 5th Ave		Amount of Each Disbursement this Period 102.76
City Vancouver State WA Zip Code 98665	Purpose of Disbursement Postage and misc 003	
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>		<b>Transaction ID : SB17.5527</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 03	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Old Spaghetti Factory</b>		Date of Disbursement MM / DD / YYYY 06 / 12 / 2014
Mailing Address 0715 SW Bancroft St		Amount of Each Disbursement this Period 22.49
City Portland State OR Zip Code 97239	Purpose of Disbursement Bob In-kind 2nd Qtr - lunch mtg 003	
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>		<b>Transaction ID : SB17.6421</b> <b>[MEMO ITEM]</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 03	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	151.76
<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 42 OF 54	
	<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. Oriental Trading</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 5455 S 90th St		Amount of Each Disbursement this Period 41.50
City Omaha State NE Zip Code 68127	Purpose of Disbursement Bob In-kind - 2nd Qtr - event materials	
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>		Transaction ID : SB17.6402 <b>[MEMO ITEM]</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 03	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Category/Type 007		

Full Name (Last, First, Middle Initial) <b>B. Panda Express</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address 500 Triangle Shopping Ctr		Amount of Each Disbursement this Period 15.51
City Longview State WA Zip Code 98632	Purpose of Disbursement Bob In-kind 2nd Qtr - travel food	
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>		Transaction ID : SB17.6414 <b>[MEMO ITEM]</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 03	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Category/Type 002		

Full Name (Last, First, Middle Initial) <b>c. Peking Garden</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014
Mailing Address 2101 Main St		Amount of Each Disbursement this Period 40.04
City Vancouver State WA Zip Code 98660	Purpose of Disbursement Bob In-kind 2nd Qtr - fundraising mtg	
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>		Transaction ID : SB17.6407 <b>[MEMO ITEM]</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 03	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Category/Type 003		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 43 OF 54	
	<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. Rapid Refill</b>		Date of Disbursement MM / DD / YYYY 05 / 30 / 2014
Mailing Address 308 E Mill Plain Blvd		Amount of Each Disbursement this Period 117.03
City Vancouver	State WA	
Zip Code 98660	Purpose of Disbursement Ink	Transaction ID : SB17.5183
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	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WA	District: 03	

Full Name (Last, First, Middle Initial) <b>B. Safeway</b>		Date of Disbursement MM / DD / YYYY 04 / 18 / 2014
Mailing Address 13023 NE Hwy 99		Amount of Each Disbursement this Period 5.95
City Vancouver	State WA	
Zip Code 98686	Purpose of Disbursement Bob In-kind 2nd Qtr - travel food	Transaction ID : SB17.6408
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>	Category/Type 002	
Office Sought: <input checked="" 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)	[MEMO ITEM]
State: WA	District: 03	

Full Name (Last, First, Middle Initial) <b>c. Safeway</b>		Date of Disbursement MM / DD / YYYY 05 / 05 / 2014
Mailing Address 13023 NE Hwy 99		Amount of Each Disbursement this Period 48.41
City Vancouver	State WA	
Zip Code 98686	Purpose of Disbursement Bob In-kind 2nd Qtr - gas	Transaction ID : SB17.6409
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>	Category/Type 002	
Office Sought: <input checked="" 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)	[MEMO ITEM]
State: WA	District: 03	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	117.03
<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 44 OF 54			
	<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. Safeway-Longview</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 08 / 2014
Mailing Address 2930 Ocean Beach Hwy		Amount of Each Disbursement this Period 44.86
City Longview	State WA Zip Code 98632	
Purpose of Disbursement Bob In-kind 2nd Qtr - gas	Category/Type 002	Transaction ID : SB17.6417 <b>[MEMO ITEM]</b>
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WA District: 03		

Full Name (Last, First, Middle Initial) <b>B. Safeway-Woodland</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2014
Mailing Address 725 Pacific Ave		Amount of Each Disbursement this Period 51.83
City Woodland	State WA Zip Code 98674	
Purpose of Disbursement Bob In-kind 2nd Qtr - gas	Category/Type 002	Transaction ID : SB17.6410 <b>[MEMO ITEM]</b>
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WA District: 03		

Full Name (Last, First, Middle Initial) <b>c. Seasons &amp; Regions</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2014
Mailing Address 6660 SW Capitol Hwy		Amount of Each Disbursement this Period 36.00
City Portland	State OR Zip Code 97219	
Purpose of Disbursement Bob In-kind 2nd Qtr - fundraising mtg	Category/Type 003	Transaction ID : SB17.6426 <b>[MEMO ITEM]</b>
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WA District: 03		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 45 OF 54			
	<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. Secretary of State</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address 416 Sid Snyder Ave SW		Amount of Each Disbursement this Period 1740.00 <b>Transaction ID : SB17.5164</b>
City Olympia State WA Zip Code 98504	Purpose of Disbursement Filing Fee 001 Category/Type	
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WA District: 03		

Full Name (Last, First, Middle Initial) <b>B. Shell</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 12604 NW 36th Ave		Amount of Each Disbursement this Period 50.94 <b>Transaction ID : SB17.6413</b>
City Vancouver State WA Zip Code 98685	Purpose of Disbursement Bob In-kind 2nd Qtr - gas 002 Category/Type	
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b>
State: WA District: 03		

Full Name (Last, First, Middle Initial) <b>c. Shell</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 12604 NW 36th Ave		Amount of Each Disbursement this Period 55.87 <b>Transaction ID : SB17.6415</b>
City Vancouver State WA Zip Code 98685	Purpose of Disbursement Bob In-kind 2nd Qtr - gas 002 Category/Type	
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b>
State: WA District: 03		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1740.00
<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 46 OF 54			
	<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. Shur-Way Building Center</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2014
Mailing Address 7124 NE St Johns Rd		Amount of Each Disbursement this Period 54.18 <b>Transaction ID : SB17.5525</b>
City Vancouver State WA Zip Code 98665	Purpose of Disbursement Wood for signs 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WA District: 03		

Full Name (Last, First, Middle Initial) <b>B. Shur-Way Building Center</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address 7124 NE St Johns Rd		Amount of Each Disbursement this Period 119.00 <b>Transaction ID : SB17.5526</b>
City Vancouver State WA Zip Code 98665	Purpose of Disbursement Wood for signs 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WA District: 03		

Full Name (Last, First, Middle Initial) <b>c. Signs &amp; T-Shirt Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 10501 NE Hwy 99 #49		Amount of Each Disbursement this Period 385.90 <b>Transaction ID : SB17.5174</b>
City Vancouver State WA Zip Code 98686	Purpose of Disbursement T-shirts 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WA District: 03		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	559.08
<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 47 OF 54			
	<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. Signs &amp; T-Shirt Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2014
Mailing Address 10501 NE Hwy 99 #49		Amount of Each Disbursement this Period 130.08 <b>Transaction ID : SB17.5516</b>
City Vancouver	State WA	
Zip Code 98686	Purpose of Disbursement T-Shirts	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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: WA District: 03	

Full Name (Last, First, Middle Initial) <b>B. Signs &amp; T-Shirt Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 10501 NE Hwy 99 #49		Amount of Each Disbursement this Period 205.96 <b>Transaction ID : SB17.5538</b>
City Vancouver	State WA	
Zip Code 98686	Purpose of Disbursement T-shirts	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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: WA District: 03	

Full Name (Last, First, Middle Initial) <b>c. The Couve Group</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 601 Main St, Ste 209		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB17.4977</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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: WA District: 03	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2836.04
<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 48 OF 54			
	<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. The Couve Group</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2014
Mailing Address 601 Main St, Ste 209		Amount of Each Disbursement this Period 2650.00 <b>Transaction ID : SB17.4987</b>
City Vancouver	State WA	
Zip Code 98660	Purpose of Disbursement Staff and mileage	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 checked="" type="checkbox"/> Primary <input 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 M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 601 Main St, Ste 209		Amount of Each Disbursement this Period 2524.64 <b>Transaction ID : SB17.5163</b>
City Vancouver	State WA	
Zip Code 98660	Purpose of Disbursement Management fee	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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: WA District: 03	

Full Name (Last, First, Middle Initial) <b>c. The Couve Group</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 601 Main St, Ste 209		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB17.5521</b>
City Vancouver	State WA	
Zip Code 98660	Purpose of Disbursement Campaign Manager	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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: WA District: 03	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7674.64
<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 49 OF 54	
	<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. The Couve Group</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 601 Main St, Ste 209		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB17.5528</b>
City Vancouver State WA Zip Code 98660	Purpose of Disbursement Campaign Manager 001 Category/Type	
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB17.5533</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 03	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. The Couve Group</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2014
Mailing Address 601 Main St, Ste 209		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB17.5533</b>
City Vancouver State WA Zip Code 98660	Purpose of Disbursement Campaign Mgmnt 001 Category/Type	
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>		Amount of Each Disbursement this Period 78.02 <b>Transaction ID : SB17.4968</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 03	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Total Merchant Concepts, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 12300 NE Fourth Plain Blvd		Amount of Each Disbursement this Period 78.02 <b>Transaction ID : SB17.4968</b>
City Vancouver State WA Zip Code 98682	Purpose of Disbursement CC processing fees 001 Category/Type	
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>		Amount of Each Disbursement this Period 5078.02
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 03	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5078.02
<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 50 OF 54	
	<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. Total Merchant Concepts, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 12300 NE Fourth Plain Blvd		Amount of Each Disbursement this Period 91.73 <b>Transaction ID : SB17.5158</b>
City Vancouver	State WA	
Zip Code 98682	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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WA	District: 03	

Full Name (Last, First, Middle Initial) <b>B. Total Merchant Concepts, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 12300 NE Fourth Plain Blvd		Amount of Each Disbursement this Period 120.67 <b>Transaction ID : SB17.5518</b>
City Vancouver	State WA	
Zip Code 98682	Purpose of Disbursement CC Processing 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WA	District: 03	

Full Name (Last, First, Middle Initial) <b>c. Winco</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address 9700 NE Hwy 99		Amount of Each Disbursement this Period 92.64 <b>Transaction ID : SB17.6432</b> <b>[MEMO ITEM]</b>
City Vancouver	State WA	
Zip Code 98665	Purpose of Disbursement Dona In-kind vol event - food	Category/ Type 007
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WA	District: 03	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	212.40
<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 51 OF 54	
	<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. Winco</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address 9700 NE Hwy 99		Amount of Each Disbursement this Period \$ 50.34
City Vancouver State WA Zip Code 98665	Purpose of Disbursement Dona In-kind vol event - food	
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>		Transaction ID : SB17.6433 <b>[MEMO ITEM]</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 03	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	\$ 0.00
<b>TOTAL</b> This Period (last page this line number only).....	\$ 33905.54

**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/10.4131

**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

175.95

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

175.95

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

11<sup>M</sup>

14<sup>D</sup>

2013<sup>Y</sup>

11/1/2014<sup>Y</sup>

0.00

% (apr)

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

175.95

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

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

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

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

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**

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/10.4150

**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 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 M / D D / Y 11/1/2014 0.00 % (apr)  Yes  No

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

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

**SUBTOTALS** This Period This Page (optional)..... 200.00  
**TOTALS** 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.