

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

RECEIVED

2014 JUL 14 AM 11:10

Office Use Only

FEDERAL MAIL CENTER
12FE4M5

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines.

The Committee to Elect Robert J. Sutherland

ADDRESS (number and street)

P.O. Box 1945

Check if different than previously reported. (ACC)

Granite Falls

WA

98052

2. FEC IDENTIFICATION NUMBER

C00561878

3. IS THIS REPORT NEW OR AMENDED
CITY STATE ZIP CODE STATE DISTRICT
WA 01

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 MM/DD/YYYY in the State of

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

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

Election on MM/DD/YYYY in the State of

5. Covering Period

04 / 01 / 2014 through 06 / 30 / 2014

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

Type or Print Name of Treasurer Donna M. Sutherland

Signature of Treasurer

Donna M Sutherland

Date

07 / 05 / 2014

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

Table with 10 columns and 1 row for Office Use Only.

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

The Committee to Elect Robert J. Sutherland

Report Covering the Period:

From:

04 / 01 / 2014

To:

06 / 30 / 2014

COLUMN A
This Period

COLUMN B
Election Cycle-to-Date

6. Net Contributions (other than loans)

(a) Total Contributions
(other than loans) (from Line 11(e))

1,230.00

1,230.00

(b) Total Contribution Refunds
(from Line 20(d))

0.00

0.00

(c) Net Contributions (other than loans)
(subtract Line 6(b) from Line 6(a))

1,230.00

1,230.00

7. Net Operating Expenditures

(a) Total Operating Expenditures
(from Line 17)

3,437.87

3,656.87

(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))

3,437.87

3,656.87

8. Cash on Hand at Close of
Reporting Period (from Line 27)

879.62

9. Debts and Obligations Owed TO
the Committee (Itemize all on
Schedule C and/or Schedule D)

0.00

10. Debts and Obligations Owed BY
the Committee (Itemize all on
Schedule C and/or Schedule D)

0.00

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

The Committee to Elect Robert J. Sutherland

Report Covering the Period: From: **04** / **01** / **2014** To: **06** / **30** / **2014**

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....	1,230.00	1,230.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals ▶	1,230.00	1,230.00

(b) Political Party Committees.....

0.00	0.00
------	------

(c) Other Political Committees (such as PACs).....

0.00	0.00
------	------

(d) The Candidate.....

0.00	0.00
------	------

(e) TOTAL CONTRIBUTIONS (other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))..	1,230.00	1,230.00
---	----------	----------

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00	0.00
------	------

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

2,306.49	3,306.49
----------	----------

(b) All Other Loans.....

0.00	0.00
------	------

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

2,306.49	3,306.49
----------	----------

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

0.00	0.00
------	------

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

0.00	0.00
------	------

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

3,536.49	4,536.49
----------	----------

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....

3 437 87

3 656 87

18. TRANSFERS TO OTHER
AUTHORIZED COMMITTEES

0 00

0 00

19. LOAN REPAYMENTS:
(a) Of Loans Made or Guaranteed
by the Candidate.....

0 00

0 00

(b) Of All Other Loans

0 00

0 00

(c) TOTAL LOAN REPAYMENTS
(add Lines 19(a) and (b)).....

0 00

0 00

20. REFUNDS OF CONTRIBUTIONS TO:
(a) Individuals/Persons Other
Than Political Committees

0 00

0 00

(b) Political Party Committees.....

0 00

0 00

(c) Other Political Committees
(such as PACs)

0 00

0 00

(d) TOTAL CONTRIBUTION REFUNDS
(add Lines 20(a), (b), and (c)).....

0 00

0 00

21. OTHER DISBURSEMENTS

0 00

0 00

22. TOTAL DISBURSEMENTS
(add Lines 17, 18, 19(c), 20(d), and 21) ►

3 437 87

3 656 87

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

781 00

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....

3 536 49

25. SUBTOTAL (add Line 23 and Line 24).....

4 317 49

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

3 437 87

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD
(subtract Line 26 from Line 25).....

879 62

**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 1 OF 8	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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)
The Committee to Elect Robert J. Sutherland

Full Name (Last, First, Middle Initial) A. Young, Peter		Date of Receipt MM / DD / YYYY 05 / 02 / 2014
Mailing Address 1 Maiden Lane		Amount of Each Receipt this Period 500.00
City Matawan	State Zip Code NJ 07747	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Musculoskeletal Transplant	Occupation Manager	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) B. Hail, Steven		Date of Receipt MM / DD / YYYY 05 / 07 / 2014
Mailing Address 848 N Rainbow Blvd. PMB 198		Amount of Each Receipt this Period 20.00
City Las Vegas	State Zip Code NV 89107	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Eric Daly Law Office	Occupation Paralegal	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 20.00	

Full Name (Last, First, Middle Initial) C. Ervin, James		Date of Receipt MM / DD / YYYY 05 / 24 / 2014
Mailing Address 12802 E Willow Crest Lane		Amount of Each Receipt this Period 200.00
City Spokane Valley	State Zip Code WA 99216	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Retired	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 200.00	

SUBTOTAL of Receipts This Page (optional).....	720.00
TOTAL This Period (last page this line number only).....	

NONDISCRIMINATION

**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 2 OF 8
	<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)
The Committee to Elect Robert J. Sutherland

Full Name (Last, First, Middle Initial)
A. Kolbo, Joel

Mailing Address
8421 206th St. SE

City **Snohomish** State **WA** Zip Code **98296**

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

Name of Employer **Micronics, Inc.** Occupation **QA/OC Associate**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **50 00**

Date of Receipt **05 / 30 / 2014**

Amount of Each Receipt this Period **50 00**

Full Name (Last, First, Middle Initial)
B. Sutherland, Barbara M.

Mailing Address
561 E Orange Grove St., Apt. A

City **Burbank** State **CA** Zip Code **91501**

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

Name of Employer **Unemployed** Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **10 00**

Date of Receipt **06 / 02 / 2014**

Amount of Each Receipt this Period **10 00**

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

Mailing Address
320 Harvard St., Apt. 412

City **Burbank** State **CA** Zip Code **91502**

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

Name of Employer **Retired** Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **10 00**

Date of Receipt **06 / 02 / 2014**

Amount of Each Receipt this Period **10 00**

SUBTOTAL of Receipts This Page (optional)..... **70 00**

TOTAL 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: PAGE 3 OF 8	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
The Committee to Elect Robert J. Sutherland

Full Name (Last, First, Middle Initial)

A. Sumpter, Jeannette

Mailing Address
17321 31st Dr. SE

City State Zip Code
Bothell WA 98012

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

Name of Employer Occupation
Retired

Receipt For: Primary General
 Other (specify)

Election Cycle-to-Date
100 00

Date of Receipt
06 / 04 / 2014

Amount of Each Receipt this Period
100 00

Full Name (Last, First, Middle Initial)

B. Murphy, Andrew

Mailing Address
620 Asilo

City State Zip Code
Arroyo Grande CA 93420

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

Name of Employer Occupation
Vons Grocery Clerk

Receipt For: Primary General
 Other (specify)

Election Cycle-to-Date
50 00

Date of Receipt
06 / 04 / 2014

Amount of Each Receipt this Period
50 00

Full Name (Last, First, Middle Initial)

C. Charity, Tony

Mailing Address
632 97th Ave SE

City State Zip Code
Lake Stevens WA 98258

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

Name of Employer Occupation
Amazon.com Manager

Receipt For: Primary General
 Other (specify)

Election Cycle-to-Date
10 00

Date of Receipt
06 / 04 / 2014

Amount of Each Receipt this Period
10 00

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

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

160 00

140411110041

**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 4 OF 8
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
The Committee to Elect Robert J. Sutherland

Full Name (Last, First, Middle Initial)
A. Forrest, Michael

Mailing Address
7018 55th Ave NE

City **Marysville** State **WA** Zip Code

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

Name of Employer **US Naval Reserve** Occupation **Hospital Corpsman**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **15 00**

Date of Receipt
06 / 05 / 2014

Amount of Each Receipt this Period
15 00

Full Name (Last, First, Middle Initial)
B. Ross, Jeffrey

Mailing Address
13725 Broadway Ave.

City **Snohomish** State **WA** Zip Code **98296**

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

Name of Employer **US Dept of Justice** Occupation **Regional Director**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **15 00**

Date of Receipt
04 / 25 / 2014

Amount of Each Receipt this Period
15 00

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

Mailing Address
905 1st St.

City **Snohomish** State **WA** Zip Code **98290**

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

Name of Employer **Legands Clocks & Antiques** Occupation **Owner**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **10 00**

Date of Receipt
05 / 02 / 2014

Amount of Each Receipt this Period
10 00

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

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

40 00

1700445UN1-1-10-07

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 5 OF 8		
	(check only one)	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
The Committee to Elect Robert J. Sutherland

Full Name (Last, First, Middle Initial) A. Manuel, Thomas		Date of Receipt MM / DD / YYYY 05 / 19 / 2014
Mailing Address 32 D Heritage Village		Amount of Each Receipt this Period 100.00
City Southbury	State Zip Code CT 06488	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Retired	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 100.00	

Full Name (Last, First, Middle Initial) B. Bouffiou, Celeste		Date of Receipt MM / DD / YYYY 05 / 19 / 2014
Mailing Address 19021 Lago Place NE		Amount of Each Receipt this Period 20.00
City Lake Forest Park	State Zip Code WA 98155	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Retired	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 20.00	

Full Name (Last, First, Middle Initial) C. Wilson, Chandler		Date of Receipt MM / DD / YYYY 06 / 11 / 2014
Mailing Address 312 150th St. SE		Amount of Each Receipt this Period 20.00
City Lynnwood	State Zip Code WA 98087	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Worlds Tastiest Frozen Yogurt	Occupation Server	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 20.00	

SUBTOTAL of Receipts This Page (optional).....	140.00
TOTAL 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 6 OF 8	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
The Committee to Elect Robert J. Sutherland

Full Name (Last, First, Middle Initial) A. Sutherland, Jason		Date of Receipt 06 08 2014
Mailing Address 12109 Andrew Sater Rd.		Amount of Each Receipt this Period 10 00
City Everett	State Zip Code WA 98208	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10 00
Name of Employer Not disclosed	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary General Other (specify)	Election Cycle-to-Date 10 00	
Full Name (Last, First, Middle Initial) B. Nguyen, Tuan		Date of Receipt 06 24 2014
Mailing Address 328 36th St. #4		Amount of Each Receipt this Period 10 00
City Bellingham	State Zip Code WA 98225	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10 00
Name of Employer T&T Nails	Occupation Owner	
Receipt For: <input checked="" type="checkbox"/> Primary General Other (specify)	Election Cycle-to-Date 10 00	
Full Name (Last, First, Middle Initial) C. Master Builders Association		Date of Receipt 06 17 2014
Mailing Address 335 116th Ave SE		Amount of Each Receipt this Period 60 00
City Bellevue	State Zip Code WA 98055	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60 00
Name of Employer Contribution in kind - Candidate Training	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary General Other (specify)	Election Cycle-to-Date	
SUBTOTAL of Receipts This Page (optional).....		80 00
TOTAL This Period (last page this line number only).....		

NON-INDUSTRIAL

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 7 OF 8	
	(check only one)			
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full) The Committee to Elect Robert J. Sutherland

000000000000

Full Name (Last, First, Middle Initial) A. Phillips, Todd		Date of Receipt	
Mailing Address 7915 72nd Dr. NE		04 25 2014	
City Marysville	State WA	Zip Code 98270	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period	
Name of Employer Demand Media		5 00	
Occupation Technical Writer			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)		Election Cycle-to-Date 5 00	

Full Name (Last, First, Middle Initial) B. Bothell/North King Republican Woman's Club		Date of Receipt	
Mailing Address 17121 Bothell Way NE		05 19 2014	
City Bothell	State WA	Zip Code 98011	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period	
Name of Employer Contribution in Kind - Luncheon		15 00	
Occupation			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)		Election Cycle-to-Date	

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

SUBTOTAL of Receipts This Page (optional).....	20 00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 8
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
The Committee to Elect Robert J. Sutherland

Full Name (Last, First, Middle Initial) A. Sutherland, Robert		Date of Receipt MM / DD / YYYY 05 / 15 / 2014
Mailing Address 6410 221st Ave NE		Amount of Each Receipt this Period 1 740.00
City Granite Falls	State Zip Code WA 98252	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2 740.00
Name of Employer N/A	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) B. Robert Sutherland		Date of Receipt MM / DD / YYYY 04 / 03 / 2014
Mailing Address 6410 221st Ave NE		Amount of Each Receipt this Period 566.49
City Granite Falls	State Zip Code WA 98252	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 3 306.49
Name of Employer N/A	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

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

SUBTOTAL of Receipts This Page (optional).....	2 306.49
TOTAL This Period (last page this line number only).....	3 536.49

**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)

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

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NAME OF COMMITTEE (In Full)
The Committee to Elect Robert J. Sutherland

A. Secretary of State

Full Name (Last, First, Middle Initial)

Mailing Address
P.O. Box 40234

City **Olympia** State **WA** Zip Code **98507**

Purpose of Disbursement
Amended LLC Registration Certificate

Candidate Name
Robert J. Sutherland

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: **WA** District: **01**

Date of Disbursement
MM / DD / YYYY
04 / 13 / 2014

Amount of Each Disbursement this Period
.....**30 00**.....

Category/Type
001

B. US Postmaster

Full Name (Last, First, Middle Initial)

Mailing Address
205 E. Stanley St.

City **Granite Falls** State **WA** Zip Code **98252**

Purpose of Disbursement
Certified Mail - FEC Forms 1-3

Candidate Name
Robert J. Sutherland

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: **WA** District: **01**

Date of Disbursement
MM / DD / YYYY
04 / 14 / 2014

Amount of Each Disbursement this Period
.....**9 22**.....

Category/Type
001

C. Whidbey Island Bank

Full Name (Last, First, Middle Initial)

Mailing Address
629 SR 9 NE

City **Lake Stevens** State **WA** Zip Code **98258**

Purpose of Disbursement
Checks/Bank Fee

Candidate Name
Robert J. Sutherland

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: **WA** District: **1**

Date of Disbursement
MM / DD / YYYY
04 / 30 / 2014

Amount of Each Disbursement this Period
.....**37 60**.....

Category/Type
001

SUBTOTAL of Disbursements This Page (optional).....**76 82**.....

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

2014-11-11 10:11:11

**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)

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

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NAME OF COMMITTEE (In Full)
The Committee to Elect Robert J. Sutherland

A. Jill Hatcher

Full Name (Last, First, Middle Initial)

Mailing Address
1010 Second Street

City **Snohomish** State **WA** Zip Code **98290**

Purpose of Disbursement
Campaign Banner 006 Category/Type

Candidate Name
Robert J. Sutherland

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

State: **WA** District: **01**

Date of Disbursement
MM / DD / YYYY
04 / 27 / 2014

Amount of Each Disbursement this Period
103.36

B. Minuteman Press

Full Name (Last, First, Middle Initial)

Mailing Address
3201 Rucker Ave, Ste B

City **Everett** State **WA** Zip Code **98201**

Purpose of Disbursement
Business Cards - Envelopes 006 Category/Type

Candidate Name
Robert J. Sutherland

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

State: **WA** District: **01**

Date of Disbursement
MM / DD / YYYY
05 / 07 / 2014

Amount of Each Disbursement this Period
206.20

C. Minuteman Press

Full Name (Last, First, Middle Initial)

Mailing Address
3021 Rucker Ave, Ste B

City **Everett** State **WA** Zip Code **98201**

Purpose of Disbursement
Printing Cards 006 Category/Type

Candidate Name
Robert J. Sutherland

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

State: **WA** District: **1**

Date of Disbursement
MM / DD / YYYY
05 / 23 / 2014

Amount of Each Disbursement this Period
198.47

SUBTOTAL of Disbursements This Page (optional)..... 508.03

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

1001001001

**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)

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

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NAME OF COMMITTEE (In Full)
The Committee to Elect Robert J. Sutherland

A. Minuteman Press

Date of Disbursement: **06 / 12 / 2014**

Mailing Address: **3201 Rucker Ave., Ste B**

City: **Everett** State: **WA** Zip Code: **98201**

Purpose of Disbursement: **Slim Jims** Category/Type: **006**

Candidate Name: **Robert J. Sutherland**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: **WA** District: **01**

Amount of Each Disbursement this Period: **424.09**

B. Paypal

Date of Disbursement: **04 / 25 / 2014**

Mailing Address:

City: State: Zip Code:

Purpose of Disbursement: **Transfer Fee** Category/Type: **001**

Candidate Name: **Robert J. Sutherland**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: **WA** District: **01**

Amount of Each Disbursement this Period: **45**

C. Bothell/North King Republican Woman's Club

Date of Disbursement: **05 / 19 / 2014**

Mailing Address: **17121 Bothell Way NE**

City: **Bothell** State: **WA** Zip Code: **98011**

Purpose of Disbursement: **Contribution in Kind - Luncheon** Category/Type: **010**

Candidate Name: **Robert J. Sutherland**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Amount of Each Disbursement this Period: **15.00**

SUBTOTAL of Disbursements This Page (optional).....	439.54
TOTAL This Period (last page this line number only).....	

1705746014-1-1

**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 4 OF 8
	<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)
The Committee to Elect Robert J. Sutherland

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. Paypal		MM / DD / YYYY 05 / 02 / 2014
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code		
Purpose of Disbursement	Category/Type	
Transfer Fee		
Candidate Name		
Robert J. Sutherland		
Office Sought:	Disbursement For:	
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WA District: 01		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Paypal		MM / DD / YYYY 05 / 07 / 2014
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code		
Purpose of Disbursement	Category/Type	
Transfer Fee		
Candidate Name		
Robert J. Sutherland		
Office Sought:	Disbursement For:	
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WA District: 01		

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. Paypal		MM / DD / YYYY 05 / 24 / 2014
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code		
Purpose of Disbursement	Category/Type	
Transfer Fee		
Candidate Name		
Robert J. Sutherland		
Office Sought:	Disbursement For:	
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WA District: 1		

SUBTOTAL of Disbursements This Page (optional).....	21 78
TOTAL This Period (last page this line number only).....	

UNIVERSITY MICROFILMS

**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 5 OF 8	
	<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)
The Committee to Elect Robert J. Sutherland

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. Paypal		<input type="text" value="05"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code		
Purpose of Disbursement	<input type="text" value="001"/> Category/Type	<input type="text" value="1.75"/>
Transfer Fee		
Candidate Name	Robert J. Sutherland	
Office Sought:	Disbursement For:	
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WA District: 01		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Paypal		<input type="text" value="06"/> / <input type="text" value="02"/> / <input type="text" value="2014"/>
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code		
Purpose of Disbursement	<input type="text" value="001"/> Category/Type	<input type="text" value="1.18"/>
Transfer Fee		
Candidate Name	Robert J. Sutherland	
Office Sought:	Disbursement For:	
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WA District: 01		

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. Paypal		<input type="text" value="06"/> / <input type="text" value="04"/> / <input type="text" value="2014"/>
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code		
Purpose of Disbursement	<input type="text" value="001"/> Category/Type	<input type="text" value="5.54"/>
Transfer Fee		
Candidate Name	Robert J. Sutherland	
Office Sought:	Disbursement For:	
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WA District: 1		

SUBTOTAL of Disbursements This Page (optional).....	<input type="text" value="8.47"/>
TOTAL This Period (last page this line number only).....	<input type="text"/>

110101110110101

**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 6 OF 8	
	<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)
The Committee to Elect Robert J. Sutherland

A. Paypay

Full Name (Last, First, Middle Initial) _____

Date of Disbursement: MM/DD/YYYY **06/05/2014**

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement: **Transfer Fee** Category/Type: **001**

Candidate Name: **Robert J. Sutherland**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: **WA** District: **01**

Amount of Each Disbursement this Period: **74**

B. Secretary of State

Full Name (Last, First, Middle Initial) _____

Date of Disbursement: MM/DD/YYYY **05/15/2014**

Mailing Address: **P.O. Box 40229**

City: **Olympia** State: **WA** Zip Code: **98504**

Purpose of Disbursement: **Candidate Filing Fee** Category/Type: **001**

Candidate Name: **Robert J. Sutherland**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: **WA** District: **01**

Amount of Each Disbursement this Period: **1,740.00**

C. Whidbey Island Bank

Full Name (Last, First, Middle Initial) _____

Date of Disbursement: MM/DD/YYYY **05/30/2014**

Mailing Address: **629 SE 9 NE**

City: **Lake Stevens** State: **WA** Zip Code: **98258**

Purpose of Disbursement: **Bank Fee** Category/Type: **001**

Candidate Name: **Robert J. Sutherland**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: **WA** District: **01**

Amount of Each Disbursement this Period: **8.00**

SUBTOTAL of Disbursements This Page (optional) **1,748.74**

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 OF 8	
	<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)
The Committee to Elect Robert J. Sutherland

Full Name (Last, First, Middle Initial) A. Whidbey Island Bank		Date of Disbursement 06 / 30 / 2014
Mailing Address 629 SR 9 NE		Amount of Each Disbursement this Period 8.00
City Lake Stevens	State WA	
Zip Code 98258		Category/Type 001
Purpose of Disbursement Bank Fee		
Candidate Name Robert J. Sutherland		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: WA District: 01	

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

Full Name (Last, First, Middle Initial) C.		Date of Disbursement
Mailing Address		
City	State	Amount of Each Disbursement this Period
Zip Code		
Purpose of Disbursement		Category/Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	8.00
TOTAL This Period (last page this line number only).....	3 437 87

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)
The Committee to Elect Robert J. Sutherland

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

Election:

- Primary
- General
- Other (specify) ▼

Mailing Address

City State ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

% (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).....▶

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

_____ 0.00

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

12011111111111

SCHEDULE C-1 (FEC Form 3)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for
 Information found on
 Page ____ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER	
The Committee to Elect Robert J. Sutherland		C	
LENDING INSTITUTION (LENDER) Full Name	Amount of Loan	Interest Rate (APR)	
	_____	_____ %	
Mailing Address	Date Incurred or Established	M M / D D / Y Y Y Y Y Y	
City State Zip Code	Date Due	M M / D D / Y Y Y Y Y Y	
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, date originally incurred	
		M M / D D / Y Y Y Y Y Y	
B. If line of credit, Amount of this Draw: _____ 0.00		Total Outstanding Balance: _____ 0.00	
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the value of this collateral? _____ Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the estimated value? _____	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: M M / D D / Y Y Y Y Y Y		Location of account: Address: _____ City, State, Zip: _____	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.			
G. COMMITTEE TREASURER Typed Name _____ Signature _____		DATE M M / D D / Y Y Y Y Y Y	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name _____ Signature _____		DATE M M / D D / Y Y Y Y Y Y	
Title _____			

FROM INSTRUCTIONS

**SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans**

(Use separate
schedule(s)
for each
numbered line)

PAGE 9 OF 10
FOR LINE NUMBER:
(check only one)

NAME OF COMMITTEE (In Full)
The Committee to Elect Robert J. Sutherland

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Nature of Debt (Purpose):
Mailing Address
City State Zip Code

Outstanding Balance Beginning This Period
Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Nature of Debt (Purpose):
Mailing Address
City State Zip Code

Outstanding Balance Beginning This Period
Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Nature of Debt (Purpose):
Mailing Address
City State Zip Code

Outstanding Balance Beginning This Period
Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)
2) TOTALS This Period (last page this line number only)
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

FEC FORM 3Z (File with Form 3)

CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS

(To Be Used By A Principal Campaign Committee)

Name of Principal Campaign Committee (In Full) The Committee to Elect Robert J. Sutherland	Report Covering Period: From: MM DD YYYY 04 / 01 / 2014	To: MM DD YYYY 06 / 30 / 2014
--	---	--

	Committee Name	(a) Line No. 11(a) Total Contributions From Indiv./Persons Other Than Political Committees	(b) Line No. 11(b) Total Contributions From Political Party Committees			
	N/A					
A						
B	Column Total Last Page Only.....					
	(c) Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate	(e) Line No. 11(e) Total Contributions	(f) Line No. 12 Total Transfers From Other Authorized Committees	(g) Line No. 13(a) Total Loans Made or Guaranteed by the Candidate	(h) Line No. 13(b) Total All Other Loans
A						
B						
	(i) Line No. 13(c) Total Loans	(j) Line No. 14 Total Offsets to Operating Expenditures	(k) Line No. 15 Total Other Receipts	(l) Line No. 16 Total Receipts	(m) Line No. 17 Total Operating Expenditures	(n) Line No. 18 Total Transfers to Other Authorized Committees
A						
B						
	(o) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by The Can- didate	(p) Line No. 19(b) Total Loan Repayments of All Other Loans	(q) Line No. 19(c) Total Loan Repayments	(r) Line No. 20(a) Total Contribution Refunds to Individuals/Persons	(s) Line No. 20(b) Total Contribution Refunds to Political Party Committees	(t) Line No. 20(c) Total Contribution Refunds to Other Political Committees
A						
B						
	(u) Line No. 20(d) Total Contribution Refunds	(v) Line No. 21 Total Other Disbursements	(w) Line No. 22 Total Disbursements	(x) Line No. 23 Cash on Hand Beginning of Reporting Period	(y) Line No. 27 Cash on Hand Close of Reporting Period	(z) Line No. 9 Debts & Obligations Owed TO the Committee
A						
B						
	(aa) Line No. 10 Debts & Obligations Owed BY the Committee	(bb) Line No. 6(c) Net Contributions	(cc) Line No. 7(c) Net Operating Expenditures			
A						
B						

110412011001

PRESS FIRMLY TO SEAL


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PRIORITY ★ MAIL ★

 DATE OF DELIVERY SPECIFIED*

 USPS TRACKING™ INCLUDED*

 INSURANCE INCLUDED*

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* Domestic only

WHEN USED INTERNATIONALLY,
A CUSTOMS DECLARATION
LABEL MAY BE REQUIRED.



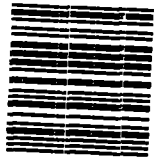
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EP14F July 2013
OD: 12.5 x 9.5

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20463

1004

FROM: Robert J. Sutherland
P.O. Box 1945
Granite Falls, WA. 98252

TO: Federal Election Comm.
999 E. Street N.W.
Washington DC 20485

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2014 JUL 14 AM 11:10
FEDERAL MAIL CENTER

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™



7013 2250 0001 8593 2585

Federal Election Commission
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The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

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USPS Priority Mail Postmarked
7/16/14

USPS Priority Mail Express Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

[Signature]
PREPARER
(8/2013)

7/14/14
DATE PREPARED

11-01-2013 11:11:11