

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL People for Derek Kilmer			
ADDRESS (number and street) PO Box 1381			
CITY, STATE, and ZIP CODE Tacoma WA 98402			
2. NAME OF CANDIDATE Derek Kilmer	3. OFFICE SOUGHT (State and District) House WA 06		4. FEC IDENTIFICATION NUMBER C00514893
5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____			
A. FULL NAME, MAILING ADDRESS AND ZIP CODE American Dental PAC 1111 14th St NW Ste 1100 Washington DC 20005-5627	Name of Employer Self Transaction ID : C8933635 Occupation Dentist	Date (month, day, year) 07/21/2014	Amount 1000.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE Dr. Garry A. Fields-Rayant 1902 Green St San Francisco CA 94123-4811	Name of Employer Self Transaction ID : C8933633 Occupation Dentist	Date (month, day, year) 07/21/2014	Amount 1000.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE Dr. Kathy A. Fields-Rayant 1902 Green St San Francisco CA 94123-4811	Name of Employer Self Transaction ID : C8933631 Occupation Physician	Date (month, day, year) 07/21/2014	Amount 1000.00
D. FULL NAME, MAILING ADDRESS AND ZIP CODE John Freidenrich 300 Hamilton Ave Fl 4 Palo Alto CA 94301-2581	Name of Employer Bay Partners Transaction ID : C8933709 Occupation Partner	Date (month, day, year) 07/21/2014	Amount 2500.00
E. FULL NAME, MAILING ADDRESS AND ZIP CODE Robert T. Hale Jr. 8 Olmsted Dr Hingham MA 02043-2651	Name of Employer Granite Communications Transaction ID : C8933654A Occupation CEO	Date (month, day, year) 07/21/2014	Amount 2600.00
SIGNATURE (optional) Philip Lloyd <i>[Electronically Filed]</i>		DATE 07/22/2014	For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100

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Any information copied from reports and statements filed under the Federal Election Campaign Act 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.

FEC FORM 6

(Revised 07/2011)

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE JOE PAC 50 E ST, SE SUITE 1 WASHINGTON DC 20003	Name of Employer Transaction ID : C8933718A Occupation	Date (month, day, year) 07/21/2014	Amount 1000.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE LOFGREN FOR CONGRESS 123 E San Carlos St # 531 San Jose CA 95112-3680	Name of Employer Transaction ID : C8933711 Occupation	Date (month, day, year) 07/21/2014	Amount 1000.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE BOB MATSUI FOR CONGRESS COMMITTEE 6380 Wilshire Blvd Ste 1612 Los Angeles CA 90048-5018	Name of Employer Transaction ID : C8933727A Occupation	Date (month, day, year) 07/21/2014	Amount 1000.00
D. FULL NAME, MAILING ADDRESS AND ZIP CODE MIKE THOMPSON FOR CONGRESS 5429 Madison Ave Sacramento CA 95841-3111	Name of Employer Transaction ID : C8933741A Occupation	Date (month, day, year) 07/21/2014	Amount 2000.00
E. FULL NAME, MAILING ADDRESS AND ZIP CODE Marvin I. Moskowitz 7 Via Paraiso W Belvedere Tiburon CA 94920-1574	Name of Employer None Transaction ID : C8933630 Occupation Retired	Date (month, day, year) 07/21/2014	Amount 1000.00

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount
SYNERGY PAC 6849 Old Dominion Dr Ste 222 McLean VA 22101-3705	Name of Employer Health Net Transaction ID : C8933714A Occupation COO	07/21/2014	2000.00
THE KEYSTONE FUND 700 13TH STREET, NW SUITE 600 WASHINGTON DC 20005	Name of Employer Health Net Transaction ID : C8933724A Occupation COO	07/21/2014	1000.00
James E. Woys PO Box 269 Fair Oaks CA 95628-0269	Name of Employer Health Net Transaction ID : C8933708A Occupation COO	07/21/2014	2600.00
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount