

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

Anders for Congress

ADDRESS (number and street)

2950 NEWMARKET PL #101-203

Check if different than previously reported. (ACC)

BELLINGHAM

WA

98226

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C C00496877

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

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

MM / DD / YYYY 07 / 01 / 2012

through

MM / DD / YYYY 09 / 30 / 2012

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 MARTIN MOSKOWITZ

Signature of Treasurer MARTIN MOSKOWITZ

[Electronically Filed]

Date

MM / DD / YYYY 09 / 30 / 2012

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
Anders for Congress

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	0.00	182723.47
(b) Total Contribution Refunds (from Line 20(d))	0.00	43576.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	0.00	139147.47
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	1447.31	133527.73
(b) Total Offsets to Operating Expenditures (from Line 14).....	41.79	41.79
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	1405.52	133485.94
8. Cash on Hand at Close of Reporting Period (from Line 27).....	0.00	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Anders for Congress

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	162310.04
(ii) Unitemized.....	0.00	7234.52
(iii) TOTAL of contributions from individuals ▶	0.00	169544.56
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	8178.91
(d) The Candidate.....	0.00	5000.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	182723.47
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	262600.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	262600.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	41.79	41.79
15. OTHER RECEIPTS (Dividends, Interest, etc.)	35.83	2686.14
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	77.62	448051.40

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	1447.31	133527.73
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	52600.00	262600.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	52600.00	262600.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	43576.00
(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	43576.00
21. OTHER DISBURSEMENTS	8570.97	8570.97
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	62618.28	448274.70

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	62540.66
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	77.62
25. SUBTOTAL (add Line 23 and Line 24).....	62618.28
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	62618.28
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	0.00

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

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)
Anders for Congress

A. Full Name (Last, First, Middle Initial)
CENTURYLINK

Mailing Address **PO Box 91155**

City **SEATTLE** State **WA** Zip Code **98111**

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **0.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 29 / 2012

Transaction ID : SA11.201

Amount of Each Receipt this Period
41.79
 PHONE EXPENSE REIMBURSE

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

41.79

41.79

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

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NAME OF COMMITTEE (In Full)
Anders for Congress

Full Name (Last, First, Middle Initial) BUSINESS BANK		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 29 / 2001
Mailing Address 2417 Meridian Street		Transaction ID : SA11.200
City Bellingham	State WA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.83
Name of Employer	Occupation	Interest Income
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 0.00	

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M M / D D / Y Y Y Y Y Y
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	

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M M / D D / Y Y Y Y Y Y
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).....	35.83
TOTAL This Period (last page this line number only).....	35.83

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

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NAME OF COMMITTEE (In Full)
Anders for Congress

Full Name (Last, First, Middle Initial) A. ELAVON		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012
Mailing Address 1 CONCOURSE PKWY NE SUITE 300		Amount of Each Disbursement this Period 220.00 Transaction ID : SB17.I250
City ATLANTA State GA Zip Code 30328-5564	Purpose of Disbursement BANK FEE Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

Full Name (Last, First, Middle Initial) B. ELAVON		Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2012
Mailing Address 1 CONCOURSE PKWY NE SUITE 300		Amount of Each Disbursement this Period 45.00 Transaction ID : SB17.I251
City ATLANTA State GA Zip Code 30328-5564	Purpose of Disbursement BANK FEE Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

Full Name (Last, First, Middle Initial) C. LITZIA LLC		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2012
Mailing Address 314 E HOLLY ST SUITE 205		Amount of Each Disbursement this Period 32.61 Transaction ID : SB17.I256
City BELLINGHAM State WA Zip Code 98225-4736	Purpose of Disbursement WEB SERVICE Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

SUBTOTAL of Disbursements This Page (optional).....	297.61
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 15			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Anders for Congress

Full Name (Last, First, Middle Initial) A. PAKMAIL		Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2012
Mailing Address 2950 NEWMARKET ST		Amount of Each Disbursement this Period 135.00 Transaction ID : SB17.I252
City BELLINGHAM State WA Zip Code 98226-3872	Purpose of Disbursement POSTAGE 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) B. QUICKBOOKS		Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2012
Mailing Address 2632 MARINE WAY		Amount of Each Disbursement this Period 23.44 Transaction ID : SB17.I253
City MOUNTAIN VIEW State CA Zip Code 94043-1126	Purpose of Disbursement WEB SERVICE 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) C. QUICKBOOKS		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2012
Mailing Address 2632 MARINE WAY		Amount of Each Disbursement this Period 33.91 Transaction ID : SB17.I254
City MOUNTAIN VIEW State CA Zip Code 94043-1126	Purpose of Disbursement WEB SERVICE 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	192.35
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 9 OF 15			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Anders for Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement											
A. QUICKBOOKS		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>09</td> <td></td> <td>2012</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	08		09		2012
M M	/	D D	/	Y Y Y Y									
08		09		2012									
Mailing Address 2632 MARINE WAY		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>MOUNTAIN VIEW</td> <td>CA</td> <td>94043-1126</td> </tr> </table>		City	State	Zip Code	MOUNTAIN VIEW	CA	94043-1126	<table border="1"> <tr> <td>957.35</td> </tr> </table>		957.35			
City	State	Zip Code											
MOUNTAIN VIEW	CA	94043-1126											
957.35													
Purpose of Disbursement WEB SERVICE		Transaction ID : SB17.I255											
Candidate Name		Category/Type											
Office Sought:		Disbursement For: 2012											
<input 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: District: 00													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
B. WHATCOM AERO SERVICES		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>29</td> <td></td> <td>2012</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	09		29		2012
M M	/	D D	/	Y Y Y Y									
09		29		2012									
Mailing Address 1980 W BAKERVIEW RD		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>BELLINGHAM</td> <td>WA</td> <td>98226-9133</td> </tr> </table>		City	State	Zip Code	BELLINGHAM	WA	98226-9133	<table border="1"> <tr> <td>900.00</td> </tr> </table>		900.00			
City	State	Zip Code											
BELLINGHAM	WA	98226-9133											
900.00													
Purpose of Disbursement RENT		Transaction ID : SB17.I257											
Candidate Name		Category/Type											
Office Sought:		Disbursement For: 2012											
<input 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: District: 00													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
C.		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		M M	/	D D	/	Y Y Y Y					
M M	/	D D	/	Y Y Y Y									
Mailing Address		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>		City	State	Zip Code				<table border="1"> <tr> <td></td> </tr> </table>					
City	State	Zip Code											
Purpose of Disbursement		Category/Type											
Candidate Name													
Office Sought:		Disbursement For:											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:													

SUBTOTAL of Disbursements This Page (optional).....	957.35
TOTAL This Period (last page this line number only).....	1447.31

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 15	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Anders for Congress

Full Name (Last, First, Middle Initial) A. GREG ANDERS		Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2012
Mailing Address 2950 Newmarket Place, #101-251		Amount of Each Disbursement this Period 52600.00 Transaction ID : SB19A.100
City BELLINGHAM State WA Zip Code 98226-3872	Purpose of Disbursement LOAN REPAYMENT Category/Type 009	
Candidate Name GREG ANDERS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WA District: 01		

Full Name (Last, First, Middle Initial) 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 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

SUBTOTAL of Disbursements This Page (optional).....	52600.00
TOTAL This Period (last page this line number only).....	52600.00

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

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

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NAME OF COMMITTEE (In Full)
Anders for Congress

Full Name (Last, First, Middle Initial) A. DAN MATTHEWS FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2012
Mailing Address PO BOX 12457		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB21.I101
City EVERETT	State WA	
Zip Code 98206-2457	Purpose of Disbursement CAMPAIGN CONTRIBUTION	Category/ Type 011
Candidate Name DAN MATTHEWS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: WA District: 02	

Full Name (Last, First, Middle Initial) B. FRIENDS OF BILL DRISCOLL		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2012
Mailing Address PO BOX 1432		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB21.I100
City TACOMA	State WA	
Zip Code 98401-1432	Purpose of Disbursement CAMPAIGN CONTRIBUTION	Category/ Type 011
Candidate Name BILL DRISCOLL	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: WA District: 06	

Full Name (Last, First, Middle Initial) C. COMBAT VETERANS FOR CONGRESS PAC		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2012
Mailing Address 2307 FENTON PKWY SUITE 107-184		Amount of Each Disbursement this Period 3570.97 Transaction ID : SB21.I104
City SAN DIEGO	State CA	
Zip Code 92108	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type 011
Candidate Name COMBAT VETERANS FOR CONGRESS PAC	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	6570.97
TOTAL This Period (last page this line number only).....	

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

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

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NAME OF COMMITTEE (In Full)
Anders for Congress

Full Name (Last, First, Middle Initial) A. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2012
Mailing Address 320 FIRST STREET SE.		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB21.I103
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement POLITICAL CONTRIBUTION Category/Type 011	
Candidate Name NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. WASHINGTON STATE REPUBLICAN PARTY		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2012
Mailing Address 11811 NE 1ST STREET SUITE A306		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB21.I102
City BELLEVUE State WA Zip Code 98005	Purpose of Disbursement POLITICAL CONTRIBUTION Category/Type 011	
Candidate Name WASHINGTON STATE REPUBLICAN PARTY	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <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 M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	8570.97

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)
Anders for Congress

Transaction ID : 1

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

Greg Anders

[PERSONAL FUNDS]

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address

2950 Newmarket Place, #101-251

City

State

ZIP Code

Bellingham

WA

98226

Original Amount of Loan

10000.00

Cumulative Payment To Date

10000.00

Balance Outstanding at Close of This Period

0.00

TERMS

Date Incurred

M 06 / D 30 / Y 2011

Date Due

M / D / Y 7/1/2012

Interest Rate

6.00 % (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)..... ▶

0.00

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)
Anders for Congress

Transaction ID : 2

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

[PERSONAL FUNDS]

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
2950 NEWMARKET ST, #101-251

City State ZIP Code
BELLINGHAM WA 98226-3872

Original Amount of Loan 177600.00	Cumulative Payment To Date 177600.00	Balance Outstanding at Close of This Period 0.00
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TERMS

Date Incurred: M 09 / D 30 / Y 2011
Date Due: M / D / Y 7/1/2012
Interest Rate: 8.00 % (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)..... ▶ [] 0.00

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)
Anders for Congress

Transaction ID : 3

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

[PERSONAL FUNDS]

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
2950 NEWMARKET ST, #101-251

City State ZIP Code
BELLINGHAM WA 98226-3872

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
75000.00 75000.00 0.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 12 / D 30 / Y 2011 M M / D D / Y 7/1/2012 8.00 % (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)..... ▶ [] 0.00
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.