

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

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1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

Bruce Anderson for Congress

ADDRESS (number and street)

2921 Waverley St

Check if different than previously reported. (ACC)

Palo Alto

CA

94306-1241

2. FEC IDENTIFICATION NUMBER

C00559377

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

CA

18

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 08 03 2014

in the State of CA

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

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

Election on

in the State of

5. Covering Period

04 01 2014

through

05 19 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 Bruce G. Anderson

Signature of Treasurer

Bruce Anderson

Date

05 19 2014

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

14031241742

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Bruce Anderson for Congress

Report Covering the Period: From:

MM '04 DD '04 YY '04

To:

MM '08 DD '08 YY '08

	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))	00	1009406
(b) Total Contribution Refunds (from Line 20(d))		
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	00	1009406
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)		
(b) Total Offsets to Operating Expenditures (from Line 14)		
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))		
8. Cash on Hand at Close of Reporting Period (from Line 27)	1000-	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		

For further information contact:

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

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

14031241743

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....		
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....		
(b) Of All Other Loans		
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		
(d) TOTAL CONTRIBUTION REFUNDS. (add Lines 20(a), (b), and (c)).....		
21. OTHER DISBURSEMENTS	00	9094.06
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	00	9094.06

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1000.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	00
25. SUBTOTAL (add Line 23 and Line 24).....	1000.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	000
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1000.00

14031241745

None this period

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 1

<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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)

Bruce Anderson for Congress

Full Name (Last, First, Middle Initial)

A.

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

MM / DD / YYYY

Amount of Each Receipt this Period

00

B.

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

MM / DD / YYYY

Amount of Each Receipt this Period

C.

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

MM / DD / YYYY

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

000

14031241746

None this period

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 / OF

Grid for line numbers: 17, 18, 19a, 19b, 20a, 20b, 20c, 21

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NAME OF COMMITTEE (In Full)

Bruce Anderson for Congress

Full Name (Last, First, Middle Initial)

A.

Date of Disbursement

MM / DD / YYYY grid

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Amount grid

Purpose of Disbursement

Category/Type grid

Candidate Name

Category/Type

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

MM / DD / YYYY grid

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Amount grid

Purpose of Disbursement

Category/Type grid

Candidate Name

Category/Type

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

MM / DD / YYYY grid

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Amount grid

Purpose of Disbursement

Category/Type grid

Candidate Name

Category/Type

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

Subtotal grid

Total grid

14031241747

SCHEDULE C (FEC Form 3)

LOANS

None this period

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

PAGE 1 OF 1

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Bruce Anderson for Congress

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

[Empty box for Original Amount of Loan]

[Empty box for Cumulative Payment To Date]

[Empty box for Balance Outstanding at Close of This Period]

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

[MM] / [DD] / [YYYY]

[MM] / [DD] / [YYYY]

[MM] / [DD] / [YYYY]

[MM] / [DD] / [YYYY]

[MM] / [DD] / [YYYY]

[] % (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)

[Empty box for Subtotals]

TOTALS This Period (last page in this line only)

[Empty box for Totals]

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

14031241748

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

None

Supplementary for
 Information found on
 Page ___ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) <i>Bruce Anderson for Congress</i>	FEC IDENTIFICATION NUMBER <i>C 00559377</i>
---	--

LENDING INSTITUTION (LENDER) Full Name	Amount of Loan	Interest Rate (APR) %
Mailing Address	Date Incurred or Established	
City State Zip Code	Date Due	

A. Has loan been restructured? No Yes If yes, date originally incurred

B. If line of credit,
 Amount of this Draw: Total Outstanding Balance:

C. Are other parties secondarily liable for the debt incurred?
 No 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?
 No Yes If yes, specify:
 What is the value of this collateral?
 Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No Yes If yes, specify:
 What is the estimated value?

A depository account must be established pursuant to 11 CFR 106.82(e)(2) and 100.142(e)(2).
 Location of account:
 Address:
 Date account established:
 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

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
Title	

14031241749

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

None

(Use separate schedule(s) for each numbered line)	PAGE <u>1</u> OF <u>1</u>
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Bruce Anderson for Congress

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)	00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	00

14031241750

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) <i>Bruce Anderson for Congress</i>	Report Covering Period: From: 04 - 01 - 2014	To: 05 - 19 - 2014
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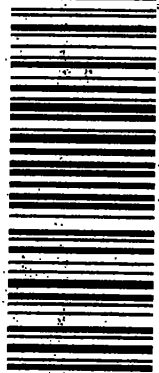
Committee Name				(a) Line No. 11(a) Total Contributions From Indiv./Persons Other Than Political Committees	(b) Line No. 11(b) Total Contributions From Political Party Committees	
A	<i>None</i>					
B	Column Total Last Page Only.....					
	(c) Line No. 11(c) Total Contributions From Other Political 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						

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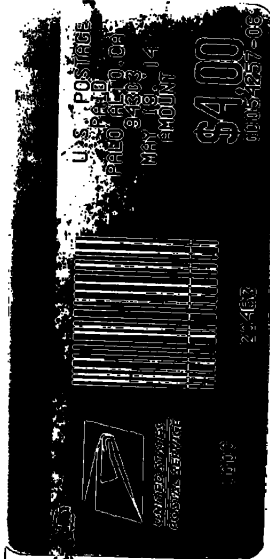
JP Anderson
2921 Waverley St
Palo Alto, CA 94306

CERTIFIED MAIL



PAUL FRANCIS
940
MAY '14
41

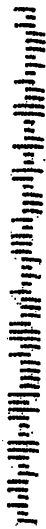
7012 0470 0000 5524 3734



Federal Election Commission
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Washington, D.C. 20463

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Federal Election Commission
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<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery	<input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

JED
 PREPARER
 (8/2013)

5/23/14
 DATE PREPARED

14031241753