

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼

Example: If typing, type over the lines.

12FE4M5

BOB DINGETHAL FOR CONGRESS

ADDRESS (number and street) ▼

PO Box 668

Check if different than previously reported. (ACC)

Vancouver

WA

98666

2. **FEC IDENTIFICATION NUMBER** ▼

C C00553818

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

WA 03

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on 08 / 05 / 2014 in the State of WA

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

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

Election on / / in the State of

5. Covering Period

07 / 01 / 2014 through 07 / 16 / 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 Marsha Manning

Signature of Treasurer Marsha Manning

[Electronically Filed]

Date

11 / 30 / 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								
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

BOB DINGETHAL FOR CONGRESS

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	<input type="text" value="6652.96"/>	<input type="text" value="100990.36"/>
(b) Total Contribution Refunds (from Line 20(d))	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	<input type="text" value="6652.96"/>	<input type="text" value="100990.36"/>
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	<input type="text" value="8965.03"/>	<input type="text" value="83307.69"/>
(b) Total Offsets to Operating Expenditures (from Line 14).....	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	<input type="text" value="8965.03"/>	<input type="text" value="83307.69"/>
8. Cash on Hand at Close of Reporting Period (from Line 27).....	<input type="text" value="20058.62"/>	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="2375.95"/>	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

BOB DINGETHAL FOR CONGRESS

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

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).....	5400.00	71056.53
(ii) Unitemized	1135.00	26077.61
(iii) TOTAL of contributions from individuals	6535.00	97134.14
(b) Political Party Committees.....	0.00	130.67
(c) Other Political Committees (such as PACs).....	0.00	50.00
(d) The Candidate	117.96	3675.55
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	6652.96	100990.36
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	2375.95
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	2375.95
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).....	6652.96	103366.31

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	8965.03	83307.69
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) ▶	8965.03	83307.69

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	22370.69
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	6652.96
25. SUBTOTAL (add Line 23 and Line 24).....	29023.65
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	8965.03
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	20058.62

**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 5 OF 21
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BOB DINGETHAL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Norman Banks

Mailing Address 12214 NW 21st Ave

City Vancouver State WA Zip Code 98685

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

Name of Employer None Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 01 / 2014

Transaction ID : SA11AI.5897

Amount of Each Receipt this Period
 250.00

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

Mailing Address 6837 SE 36th Ave

City Portland State OR Zip Code 97202

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

Name of Employer NW Cancer Specialists Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 13 / 2014

Transaction ID : SA11AI.5918

Amount of Each Receipt this Period
 200.00

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

Mailing Address 1708 NW Gregory Dr

City Vancouver State WA Zip Code 98665

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

Name of Employer Omega Industries Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 15 / 2014

Transaction ID : SA11AI.5928

Amount of Each Receipt this Period
 500.00

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

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

950.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 21
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BOB DINGETHAL FOR CONGRESS

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

Mailing Address 1708 NW Gregory Dr

City Vancouver State WA Zip Code 98665-6004

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

Name of Employer Maria's Properties Occupation Real Estate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1600.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 15 / 2014

Transaction ID : SA11AI.5929

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Labroers' Political League Seattle

Mailing Address 905 16th St NW

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C C00270413**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 14 / 2014

Transaction ID : SA11AI.5925

Amount of Each Receipt this Period
2500.00

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

Mailing Address 17700 NW 56th Ave

City Ridgefield State WA Zip Code 98642

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

Name of Employer None Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
527.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 15 / 2014

Transaction ID : SA11AI.5930

Amount of Each Receipt this Period
500.00

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

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

3500.00

**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 21
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BOB DINGETHAL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Plumbing & Pipefitting Industry

Mailing Address 20210 SW Teton Ave

City Tualatin State OR Zip Code 97062

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 09 / 2014

Transaction ID : SA11A1.5908

Amount of Each Receipt this Period
 950.00

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).....

950.00

5400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 21
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BOB DINGETHAL FOR CONGRESS

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

Mailing Address **17811 NW 56TH AVE**

City **RIDGEFIELD** State **WA** Zip Code **98642**

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

Name of Employer **None** Occupation **Candidate**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3675.55

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : SA11D.6947

Amount of Each Receipt this Period
117.96

In-kind - Bob - July mtg exp

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).....

117.96

117.96

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

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NAME OF COMMITTEE (In Full)
BOB DINGETHAL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Cash & Carry		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2014
Mailing Address 10611 NE 53rd St		Amount of Each Disbursement this Period 224.27
City Vancouver	State WA	
Zip Code 98662		
Purpose of Disbursement Parade candy		Category/ Type 007
Candidate Name BOB DINGETHAL FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WA	District: 03	

Full Name (Last, First, Middle Initial) B. Clark Public Utilities		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2014
Mailing Address PO Box 8989		Amount of Each Disbursement this Period 121.61
City Vancouver	State WA	
Zip Code 98668		
Purpose of Disbursement Utilities for office - Electric		Category/ Type 001
Candidate Name BOB DINGETHAL FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WA	District: 03	

Full Name (Last, First, Middle Initial) c. Comcast		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address PO Box 34227		Amount of Each Disbursement this Period 173.24
City Seattle	State WA	
Zip Code 98124		
Purpose of Disbursement Internet service		Category/ Type 001
Candidate Name BOB DINGETHAL FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WA	District: 03	

SUBTOTAL of Disbursements This Page (optional).....	519.12
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 10 OF 21	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BOB DINGETHAL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Tom Desmond		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 10506 NE 37th Ave		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.5867
City Vancouver	State WA	
Purpose of Disbursement Staff		Category/ Type 001
Candidate Name BOB DINGETHAL FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WA District: 03		

Full Name (Last, First, Middle Initial) B. Tom Desmond		Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2014
Mailing Address 10506 NE 37th Ave		Amount of Each Disbursement this Period 44.55 Transaction ID : SB17.5879
City Vancouver	State WA	
Purpose of Disbursement Mileage reimbursement		Category/ Type 002
Candidate Name BOB DINGETHAL FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WA District: 03		

Full Name (Last, First, Middle Initial) C. BOB E DINGETHAL		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2014
Mailing Address 17811 NW 56TH AVE		Amount of Each Disbursement this Period 700.70 Transaction ID : SB17.5877
City RIDGEFIELD	State WA	
Purpose of Disbursement Mileage reimbursement		Category/ Type 002
Candidate Name BOB DINGETHAL FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WA District: 03		

SUBTOTAL of Disbursements This Page (optional).....	1245.25
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 11 OF 21	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BOB DINGETHAL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Robert E Dingethal		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2014
Mailing Address 17811 NW 56TH AVE		Amount of Each Disbursement this Period 117.96 Transaction ID : SB17.6948
City RIDGEFIELD	State WA	
Zip Code 98642	Purpose of Disbursement In-kind - Bob - July mtg exp	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WA	District: 03	

Full Name (Last, First, Middle Initial) B. Fred Meyer - Longview		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2014
Mailing Address 3184 Ocean Beach Hwy		Amount of Each Disbursement this Period 4.99 Transaction ID : SB17.6441
City Longview	State WA	
Zip Code 98632	Purpose of Disbursement Bob In-kind Jul mtg exp - travel food	Category/ Type
Candidate Name BOB DINGETHAL FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WA	District: 03	

Full Name (Last, First, Middle Initial) c. Gotta Hava Java		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014
Mailing Address 371 SW Hwy 14		Amount of Each Disbursement this Period 5.71 Transaction ID : SB17.6445
City Stevenson	State WA	
Zip Code 98648	Purpose of Disbursement Bob In-kind Jul mtg exp - travel food	Category/ Type
Candidate Name BOB DINGETHAL FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WA	District: 03	

SUBTOTAL of Disbursements This Page (optional).....	117.96
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 21	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BOB DINGETHAL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Peter Harrison		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014
Mailing Address 10006 NE 36th Ct		Amount of Each Disbursement this Period 53.76 Transaction ID : SB17.5886
City Vancouver	State WA	
Zip Code 98686	Purpose of Disbursement Reimburse web name auction	Category/ Type 001
Candidate Name BOB DINGETHAL FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WA	District: 03	

Full Name (Last, First, Middle Initial) B. Higgins Restaurant & Bar		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2014
Mailing Address 1239 SW Broadway		Amount of Each Disbursement this Period 42.75 Transaction ID : SB17.6443 [MEMO ITEM]
City Portland	State OR	
Zip Code 97205	Purpose of Disbursement Bob In-kind Jul mtg exp - fundraising dinner	Category/ Type 003
Candidate Name BOB DINGETHAL FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WA	District: 03	

Full Name (Last, First, Middle Initial) c. Home Depot		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2014
Mailing Address 8601 NE Andresen Rd		Amount of Each Disbursement this Period 21.29 Transaction ID : SB17.5888
City Vancouver	State WA	
Zip Code 98665	Purpose of Disbursement Sign erection materials	Category/ Type 001
Candidate Name BOB DINGETHAL FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WA	District: 03	

SUBTOTAL of Disbursements This Page (optional).....	75.05
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 13 OF 21		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BOB DINGETHAL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MailChimp		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2014
Mailing Address 512 Means St, Ste 404		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.5887
City Atlanta State GA Zip Code 30318	Purpose of Disbursement Internet software 001 Category/Type	
Candidate Name BOB DINGETHAL FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WA District: 03		

Full Name (Last, First, Middle Initial) B. Markon!		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address 12209-A NE Fourth Plain Rd		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.5866
City Vancouver State WA Zip Code 98682	Purpose of Disbursement Signs - deposit 001 Category/Type	
Candidate Name BOB DINGETHAL FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WA District: 03		

Full Name (Last, First, Middle Initial) c. Markon!		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2014
Mailing Address 12209-A NE Fourth Plain Rd		Amount of Each Disbursement this Period 1162.58 Transaction ID : SB17.5881
City Vancouver State WA Zip Code 98682	Purpose of Disbursement Signs 004 Category/Type	
Candidate Name BOB DINGETHAL FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WA District: 03		

SUBTOTAL of Disbursements This Page (optional).....	2212.58
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 14 OF 21			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
BOB DINGETHAL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Norma's Kitchen		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2014
Mailing Address 12010 N Jantzen Dr		Amount of Each Disbursement this Period 25.00
City Portland	State OR	
Zip Code 97217	Purpose of Disbursement Bob In-kind Jul mtg exp - lunch mtg	Transaction ID : SB17.6440
Candidate Name BOB DINGETHAL FOR CONGRESS	Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: WA District: 03		

Full Name (Last, First, Middle Initial) B. Office Depot		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2014
Mailing Address 8812 NE 5th Ave		Amount of Each Disbursement this Period 115.33
City Vancouver	State WA	
Zip Code 98665	Purpose of Disbursement Postage & paper	Transaction ID : SB17.5874
Candidate Name BOB DINGETHAL FOR CONGRESS	Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WA District: 03		

Full Name (Last, First, Middle Initial) c. Office Depot		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 8812 NE 5th Ave		Amount of Each Disbursement this Period 82.33
City Vancouver	State WA	
Zip Code 98665	Purpose of Disbursement Misc office supplies and paper	Transaction ID : SB17.5937
Candidate Name BOB DINGETHAL FOR CONGRESS	Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WA District: 03		

SUBTOTAL of Disbursements This Page (optional).....	197.66
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 15 OF 21	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BOB DINGETHAL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Rapid Refill		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2014
Mailing Address 308 E Mill Plain Blvd		Amount of Each Disbursement this Period 14.08 Transaction ID : SB17.5868
City Vancouver	State WA	
Zip Code 98660	Purpose of Disbursement Ink	Category/ Type 001
Candidate Name BOB DINGETHAL FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WA	District: 03	

Full Name (Last, First, Middle Initial) B. Shur-Way Building Center		Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2014
Mailing Address 7124 NE St Johns Rd		Amount of Each Disbursement this Period 143.38 Transaction ID : SB17.5876
City Vancouver	State WA	
Zip Code 98665	Purpose of Disbursement Materials for sign erection	Category/ Type 001
Candidate Name BOB DINGETHAL FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WA	District: 03	

Full Name (Last, First, Middle Initial) c. Shur-Way Building Center		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2014
Mailing Address 7124 NE St Johns Rd		Amount of Each Disbursement this Period 224.91 Transaction ID : SB17.5878
City Vancouver	State WA	
Zip Code 98665	Purpose of Disbursement Sign stakes	Category/ Type 001
Candidate Name BOB DINGETHAL FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WA	District: 03	

SUBTOTAL of Disbursements This Page (optional).....	382.37
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 16 OF 21	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BOB DINGETHAL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Shur-Way Building Center		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2014
Mailing Address 7124 NE St Johns Rd		Amount of Each Disbursement this Period 40.63 Transaction ID : SB17.5882
City Vancouver	State WA	
Zip Code 98665	Purpose of Disbursement Sign erection materials	Category/ Type 001
Candidate Name BOB DINGETHAL FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: WA District: 03	

Full Name (Last, First, Middle Initial) B. SmartPark		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2014
Mailing Address 720 NW Lovejoy Ct		Amount of Each Disbursement this Period 3.40 Transaction ID : SB17.6444
City Portland	State OR	
Zip Code 97201	Purpose of Disbursement Bob In-kind Jul mtg exp - parking	Category/ Type 003
Candidate Name BOB DINGETHAL FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: WA District: 03	[MEMO ITEM]

Full Name (Last, First, Middle Initial) c. Starbucks		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 7720 NE Hwy 99		Amount of Each Disbursement this Period 9.11 Transaction ID : SB17.6439
City Vancouver	State WA	
Zip Code 98665	Purpose of Disbursement Bob In-kind Jul mtg exp - staff hiring	Category/ Type 001
Candidate Name BOB DINGETHAL FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: WA District: 03	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	40.63
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 17 OF 21	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BOB DINGETHAL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Thai Orchid		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2014
Mailing Address 1004 Washington St		Amount of Each Disbursement this Period 27.00
City Vancouver State WA Zip Code 98660	Purpose of Disbursement Bob In-kind Jul mtg exp - support lunch	
Candidate Name BOB DINGETHAL FOR CONGRESS		Transaction ID : SB17.6442 [MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 03	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. The Couve Group		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2014
Mailing Address 601 Main St, Ste 209		Amount of Each Disbursement this Period 2716.25
City Vancouver State WA Zip Code 98660	Purpose of Disbursement Staff payroll and misc	
Candidate Name BOB DINGETHAL FOR CONGRESS		Transaction ID : SB17.5880
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 03	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Total Merchant Concepts, Inc		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 12300 NE Fourth Plain Blvd		Amount of Each Disbursement this Period 7.95
City Vancouver State WA Zip Code 98682	Purpose of Disbursement CC Fees	
Candidate Name BOB DINGETHAL FOR CONGRESS		Transaction ID : SB17.5853
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 03	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	2724.20
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 18 OF 21	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BOB DINGETHAL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Total Merchant Concepts, Inc		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address 12300 NE Fourth Plain Blvd		Amount of Each Disbursement this Period 148.09 Transaction ID : SB17.5856
City Vancouver State WA Zip Code 98682	Purpose of Disbursement CC Fees 003 Category/Type	
Candidate Name BOB DINGETHAL FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 03	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. UFCW 555		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2014
Mailing Address PO Box 23555		Amount of Each Disbursement this Period 712.50 Transaction ID : SB17.5870
City Tigard State OR Zip Code 97281	Purpose of Disbursement Printing 006 Category/Type	
Candidate Name BOB DINGETHAL FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 03	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) 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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	860.59
TOTAL This Period (last page this line number only).....	8375.41

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4131

BOB DINGETHAL FOR CONGRESS

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

[PERSONAL FUNDS]

Election: 2014

BOB E DINGETHAL

Primary
 General
 Other (specify) ▼

Mailing Address
17811 NW 56TH AVE

City State ZIP Code
RIDGEFIELD WA 98642

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
175.95 0.00 175.95

TERMS

Date Incurred Date Due Interest Rate Secured:
11/14/2013 11/1/2014 0.00 % (apr) Yes No

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

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

SUBTOTALS This Period This Page (optional)..... 175.95

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

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **BOB DINGETHAL FOR CONGRESS** Transaction ID : **SC/10.4130**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014
BOB E DINGETHAL Primary
 Mailing Address 17811 NW 56TH AVE General
 Other (specify) ▼

City State ZIP Code
 RIDGEFIELD WA 98642

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2000.00	0.00	2000.00

TERMS Date Incurred Date Due Interest Rate Secured:
 M 12 / D 02 / Y 2013 M M / D D / Y 11/1/2014 0.00 % (apr) Yes No

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

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

SUBTOTALS This Period This Page (optional)..... ▶ 2000.00
TOTALS This Period (last page in this line only)..... ▶ []
 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4150**
BOB DINGETHAL FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014
BOB E DINGETHAL Primary
 Mailing Address General
 17811 NW 56TH AVE Other (specify) ▼

City State ZIP Code
 RIDGEFIELD WA 98642

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
200.00	0.00	200.00

TERMS Date Incurred Date Due Interest Rate Secured:
 M 12 / D 20 / Y 2013 M M / D D / Y 11/1/2014 0.00 % (apr) Yes No

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

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

SUBTOTALS This Period This Page (optional).....	▶	200.00
TOTALS This Period (last page in this line only).....	▶	2375.95

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