

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

My Committee

ADDRESS (number and street)

1085 A St SE

Check if different than previously reported. (ACC)

Ephrata

WA

98823

2. FEC IDENTIFICATION NUMBER ▼

C C00552828

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

WA

04

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

M M /

D D /

Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

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 GAVIN DAVID SEIM

Signature of Treasurer GAVIN DAVID SEIM

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

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)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

My Committee

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))....	7676.00	7676.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	7676.00	7676.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	1461.66	1461.66
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	1461.66	1461.66
8. Cash on Hand at Close of Reporting Period (from Line 27).....	6214.34	
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

My Committee

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).....	3870.00	3870.00
(ii) Unitemized.....	3790.00	3790.00
(iii) TOTAL of contributions from individuals ▶	7660.00	7660.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	16.00	16.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	7676.00	7676.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
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)..... ▶	7676.00	7676.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	1461.66	1461.66
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) ►	1461.66	1461.66

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	7676.00
25. SUBTOTAL (add Line 23 and Line 24).....	7676.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	1461.66
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	6214.34

**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 9
	<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)
My Committee

A. Full Name (Last, First, Middle Initial)
Jim Bell

Mailing Address 315 N 3rd St

City State Zip Code
Yakima WA 98908

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

Name of Employer Occupation
Bell & Upton Surveyor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 13 / 2014

Transaction ID : SA11AI.4187

Amount of Each Receipt this Period
 1300.00

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

Mailing Address 2335 Rd P NW

City State Zip Code
Quincy WA 98848

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

Name of Employer Occupation
Self Agri-business

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 13 / 2014

Transaction ID : SA11AI.4189

Amount of Each Receipt this Period
 450.00

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

Mailing Address 1545 Rd 3 NE

City State Zip Code
Coulee City WA 99115

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

Name of Employer Occupation
Self Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 05 / 2014

Transaction ID : SA11AI.4106

Amount of Each Receipt this Period
 1000.00

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

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

2750.00

**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 9
	<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)
My Committee

A. Full Name (Last, First, Middle Initial)
Stacia Taylor

Mailing Address 29523 154th Av SE

City Kent State WA Zip Code 98042

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

Name of Employer none Occupation none

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 26 / 2014

Transaction ID : SA11AI.4248

Amount of Each Receipt this Period
 120.00

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

Mailing Address 4702 Bluff Dr NE

City Moses Lake State WA Zip Code 98837

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

Name of Employer Self Occupation Author

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 02 / 2014

Transaction ID : SA11AI.4100

Amount of Each Receipt this Period
 1000.00

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).....

1120.00

3870.00

**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 7 OF 9
	<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)
My Committee

Full Name (Last, First, Middle Initial) GAVIN DAVID SEIM		Date of Receipt M M / D D / Y Y Y Y 02 / 18 / 2014
Mailing Address 810 L ST SE		Transaction ID : SA11D.4276
City EPHRATA	State WA	Zip Code 98823
FEC ID number of contributing federal political committee. C H4WA04070	Amount of Each Receipt this Period 5.00	
Name of Employer	Occupation	testing system
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	5.00

Full Name (Last, First, Middle Initial) GAVIN DAVID SEIM		Date of Receipt M M / D D / Y Y Y Y 02 / 21 / 2014
Mailing Address 810 L ST SE		Transaction ID : SA11D.4277
City EPHRATA	State WA	Zip Code 98823
FEC ID number of contributing federal political committee. C H4WA04070	Amount of Each Receipt this Period 2.00	
Name of Employer	Occupation	testing system
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	7.00

Full Name (Last, First, Middle Initial) GAVIN DAVID SEIM		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2014
Mailing Address 810 L ST SE		Transaction ID : SA11D.4273
City EPHRATA	State WA	Zip Code 98823
FEC ID number of contributing federal political committee. C H4WA04070	Amount of Each Receipt this Period 6.00	
Name of Employer	Occupation	testing system
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	13.00

SUBTOTAL of Receipts This Page (optional).....	13.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 9
	<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)
My Committee

A. Full Name (Last, First, Middle Initial)
GAVIN DAVID SEIM

Mailing Address 810 L ST SE

City EPHRATA State WA Zip Code 98823

FEC ID number of contributing federal political committee. **C** H4WA04070

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 15.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 14 / 2014

Transaction ID : SA11D.4274

Amount of Each Receipt this Period
 2.00
 testing system

B. Full Name (Last, First, Middle Initial)
GAVIN DAVID SEIM

Mailing Address 810 L ST SE

City EPHRATA State WA Zip Code 98823

FEC ID number of contributing federal political committee. **C** H4WA04070

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 16.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 15 / 2014

Transaction ID : SA11D.4275

Amount of Each Receipt this Period
 1.00
 testing system

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).....

3.00

16.00

**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 9 OF 9	
	<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)
My Committee

Full Name (Last, First, Middle Initial) A. GAVIN DAVID SEIM		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address 810 L ST SE		Amount of Each Disbursement this Period 305.70 Transaction ID : SB17.4288
City EPHRATA State WA Zip Code 98823	Purpose of Disbursement reimbursement for miles <input type="text" value="002"/> Category/Type	
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 04	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

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	<input type="text"/> 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)		

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	<input type="text"/> 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).....	305.70
TOTAL This Period (last page this line number only).....	305.70