

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 ▼

C C00496877

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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 / / in the State of

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

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

Election on / / in the State of

5. Covering Period

/ /

through

/ /

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

/ /

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
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)).... | 4044.72 | 182723.47 |
| (b) Total Contribution Refunds (from Line 20(d)) | 43576.00 | 43576.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | -39531.28 | 139147.47 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 48631.82 | 131186.73 |
| (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))..... | 48631.82 | 131186.73 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 61402.13 | |
| 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)..... | 52600.00 | |

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)..... | 3576.76 | 162310.04 |
| (ii) Unitemized..... | 467.96 | 7234.52 |
| (iii) TOTAL of contributions from individuals ▶ | 4044.72 | 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)).. | 4044.72 | 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.) | 0.00 | 0.00 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.) | 327.80 | 653.92 |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶ | 4372.52 | 445977.39 |

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 48631.82 | 131186.73 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate..... | 200000.00 | 210000.00 |
| (b) Of All Other Loans | 0.00 | 0.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))..... | 200000.00 | 210000.00 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees | 43576.00 | 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))..... | 43576.00 | 43576.00 |
| 21. OTHER DISBURSEMENTS | 0.00 | 0.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ► | 292207.82 | 384762.73 |

III. CASH SUMMARY

| | |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 349237.43 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 4372.52 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 353609.95 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 292207.82 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 61402.13 |

**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 41 |
| | <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)
Anders for Congress

A. Full Name (Last, First, Middle Initial)
JON GALT BOWMAN

Mailing Address 1004 COMMERCIAL AVE. #270

City ANACORTES State WA Zip Code 98221-4117

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

Name of Employer SELF EMPLOYED Occupation INVESTMENTS

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 02 / 2012

Transaction ID : SA11.207

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

Mailing Address 1 S FAIRVIEW AVE

City GOLETA State CA Zip Code 93117-3364

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

Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 12 / 2012

Transaction ID : SA11.212

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CHARLES R. HOGAN

Mailing Address 5312 PACIFIC HWY E

City FIFE State WA Zip Code 98424-2602

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 22 / 2012

Transaction ID : SA11.216

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

2000.00

**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 41 |
| | <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)
Anders for Congress

A. Full Name (Last, First, Middle Initial)
MICHAEL JAMES KENNEDY

Mailing Address 63 BURNING TREE ROAD

City GREENWICH State CT Zip Code 06830-3505

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

Name of Employer DXTK AVIATION LLC Occupation PILOT/PRIVATE INVESTOR

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 09 / 2012

Transaction ID : SA11.210

Amount of Each Receipt this Period
 1076.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
BRIAN L. PEDERSON

Mailing Address PO BOX 30437

City BELLINGHAM State WA Zip Code 98228-2437

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

Name of Employer PEDERSON BROS., INC. Occupation BUSINESSMAN

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 03 / 2012

Transaction ID : SA11.209

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

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

Mailing Address 1954 SOUTH MAHONIA PLACE

City BELLINGHAM State WA Zip Code 98229-6938

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

Name of Employer N/A Occupation N/A

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 02 / 2012

Transaction ID : SA11.206

Amount of Each Receipt this Period
 250.76

CONTRIBUTION

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

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

1576.76

3576.76

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 41 |
| | <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)
Anders for Congress

A. Full Name (Last, First, Middle Initial)
GREGORY M ANDERS

Mailing Address 2950 NEWMARKET PL
#101-251

City BELLINGHAM State WA Zip Code 98226-3872

FEC ID number of contributing federal political committee. **C H2WA02169**

Name of Employer HERITAGE FLIGHT MUSEUM Occupation PILOT; MUSEUM DIRECTOR

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2573.88

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 07 / 2012

Transaction ID : SA11.236

Amount of Each Receipt this Period
73.88

In-kind donation OFFICE MAX (TranID SB17.1187)

[MEMO ITEM]

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).....

0.00

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 8 OF 41 |
| | <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

A. Full Name (Last, First, Middle Initial)
BUSINESS BANK

Mailing Address 2417 Meridian St

City BELLINGHAM State WA Zip Code 98226

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
 01 / 31 / 2012

Transaction ID : SA11.237

Amount of Each Receipt this Period
 125.11

INTEREST INCOME

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

Mailing Address 2417 Meridian St

City BELLINGHAM State WA Zip Code 98226

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
 02 / 29 / 2012

Transaction ID : SA11.238

Amount of Each Receipt this Period
 112.33

INTEREST INCOME

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

Mailing Address 2417 Meridian St

City BELLINGHAM State WA Zip Code 98226

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
 03 / 31 / 2012

Transaction ID : SA11.239

Amount of Each Receipt this Period
 90.36

INTEREST INCOME

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

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

327.80

327.80

**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 41 |
| | <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. JASON EASTON | | Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2012 |
| Mailing Address 424 W BAKERVIEW RD SUITE 105 | | Amount of Each Disbursement this Period 2750.00 Transaction ID : SB17.I205 |
| City BELLINGHAM State WA Zip Code 98226-8176 | Purpose of Disbursement POLITICAL STRATEGY CONSULTING 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 | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. JASON EASTON | | Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2012 |
| Mailing Address 424 W BAKERVIEW RD SUITE 105 | | Amount of Each Disbursement this Period 283.86 Transaction ID : SB17.I207 |
| City BELLINGHAM State WA Zip Code 98226-8176 | Purpose of Disbursement TRAVEL Candidate Name Category/Type 002 | |
| 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. CAPITOL PARKING | | Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2012 |
| Mailing Address 416 Snider Avenue | | Amount of Each Disbursement this Period 6.00 Transaction ID : SB17.I208 [MEMO ITEM] |
| City OLYMPIA State WA Zip Code 98501 | Purpose of Disbursement TRAVEL Candidate Name Category/Type 002 | |
| 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)..... | 3033.86 |
| 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 41 | | | |
| | <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. COSTCO | | Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2012 |
| Mailing Address 4299 MERIDIAN ST | | Amount of Each Disbursement this Period 6.70 |
| City BELLINGHAM State WA Zip Code 98226-6475 | Purpose of Disbursement TRAVEL Category/Type 002 | |
| Candidate Name | | Transaction ID : SB17.I210 [MEMO ITEM] |
| 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. MAX DALE'S STEAK AND CHOP HOUSE | | Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2012 |
| Mailing Address 2030 RIVERSIDE DR | | Amount of Each Disbursement this Period 34.92 |
| City MOUNT VERNON State WA Zip Code 98273-5408 | Purpose of Disbursement TRAVEL Category/Type 002 | |
| Candidate Name | | Transaction ID : SB17.I206 [MEMO ITEM] |
| 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. ROANOKE CONFERENCE | | Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2012 |
| Mailing Address 6947 COAL CREEK PKWY SE #139 | | Amount of Each Disbursement this Period 200.00 |
| City NEWCASTLE State WA Zip Code 98059-3136 | Purpose of Disbursement REGISTRATION FEE Category/Type 002 | |
| Candidate Name | | Transaction ID : SB17.I212 [MEMO ITEM] |
| 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)..... | 0.00 |
| 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 41 | | | |
| | <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. SHARI'S RESTAURANT | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2012 |
| Mailing Address 3904 MERIDIAN ST | | | Amount of Each Disbursement this Period 21.29 |
| City BELLINGHAM | State WA | Zip Code 98226-5519 | |
| Purpose of Disbursement TRAVEL | | Category/ Type 002 | Transaction ID : SB17.I209 [MEMO ITEM] |
| 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. SUBWAY | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2012 |
| Mailing Address 1317 W BAKERVIEW RD | | | Amount of Each Disbursement this Period 14.95 |
| City BELLINGHAM | State WA | Zip Code 98226-9087 | |
| Purpose of Disbursement TRAVEL | | Category/ Type 002 | Transaction ID : SB17.I211 [MEMO ITEM] |
| 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. JASON EASTON | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2012 |
| Mailing Address 424 W BAKERVIEW RD SUITE 105 | | | Amount of Each Disbursement this Period 2750.00 |
| City BELLINGHAM | State WA | Zip Code 98226-8176 | |
| Purpose of Disbursement POLITICAL STRATEGY CONSULTING | | Category/ Type 001 | Transaction ID : SB17.I213 |
| 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)..... | 2750.00 |
| 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 41 | |
| | <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. JASON EASTON | | Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2012 |
| Mailing Address 424 W BAKERVIEW RD SUITE 105 | | Amount of Each Disbursement this Period 2750.00 Transaction ID : SB17.I214 |
| City BELLINGHAM State WA Zip Code 98226-8176 | Purpose of Disbursement POLITICAL STRATEGY CONSULTING 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. JASON EASTON | | Date of Disbursement M M / D D / Y Y Y Y 02 / 29 / 2012 |
| Mailing Address 424 W BAKERVIEW RD SUITE 105 | | Amount of Each Disbursement this Period 2750.00 Transaction ID : SB17.I215 |
| City BELLINGHAM State WA Zip Code 98226-8176 | Purpose of Disbursement POLITICAL STRATEGY CONSULTING 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. JASON EASTON | | Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2012 |
| Mailing Address 424 W BAKERVIEW RD SUITE 105 | | Amount of Each Disbursement this Period 2750.00 Transaction ID : SB17.I216 |
| City BELLINGHAM State WA Zip Code 98226-8176 | Purpose of Disbursement POLITICAL STRATEGY CONSULTING 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 | | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 8250.00 |
| 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 41 | | | |
| | <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. JASON EASTON | | Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2012 |
| Mailing Address 424 W BAKERVIEW RD SUITE 105 | | Amount of Each Disbursement this Period 2750.00 Transaction ID : SB17.I217 |
| City BELLINGHAM State WA Zip Code 98226-8176 | Purpose of Disbursement POLITICAL STRATEGY CONSULTING 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 | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. MELISA NELSON | | Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2012 |
| Mailing Address 4304B FRANCES AVE | | Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.I221 |
| City BELLINGHAM State WA Zip Code 98226-8735 | Purpose of Disbursement SURVEY RESEARCH 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. MELISA NELSON | | Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2012 |
| Mailing Address 4304B FRANCES AVE | | Amount of Each Disbursement this Period 750.00 Transaction ID : SB17.I222 |
| City BELLINGHAM State WA Zip Code 98226-8735 | Purpose of Disbursement SURVEY RESEARCH 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 | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 3750.00 |
| 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 41 | |
| | <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. AMEX | | Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2012 |
| Mailing Address PO BOX 981540 | | Amount of Each Disbursement this Period 4.95 |
| City EL PASO State TX Zip Code 79998-1540 | 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 | Transaction ID : SB17.I172 |

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|--|---|---|
| Full Name (Last, First, Middle Initial) B. AMEX | | Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2012 |
| Mailing Address PO BOX 981540 | | Amount of Each Disbursement this Period 9.74 |
| City EL PASO State TX Zip Code 79998-1540 | 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 | Transaction ID : SB17.I173 |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. AMEX | | Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2012 |
| Mailing Address PO BOX 981540 | | Amount of Each Disbursement this Period 7.95 |
| City EL PASO State TX Zip Code 79998-1540 | 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 | Transaction ID : SB17.I174 |

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|---|-------|
| SUBTOTAL of Disbursements This Page (optional)..... | 22.64 |
| 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 41 | | | |
| | <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. AMEX | | Date of Disbursement MM / DD / YYYY 02 / 06 / 2012 |
| Mailing Address PO BOX 981540 | | Amount of Each Disbursement this Period 46.32 |
| City EL PASO State TX Zip Code 79998-1540 | Purpose of Disbursement BANK FEE | |
| Candidate Name | Category/Type 003 | Transaction ID : SB17.I175 |
| 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. AXIOM STRATEGIES, LLC | | Date of Disbursement MM / DD / YYYY 01 / 01 / 2012 |
| Mailing Address 1251 NW BRIARCLIFF PKWY SUITE 85 | | Amount of Each Disbursement this Period 5000.00 |
| City KANSAS CITY State MO Zip Code 64116-1786 | Purpose of Disbursement POLITICAL STRATEGY CONSULTING | |
| Candidate Name | Category/Type 001 | Transaction ID : SB17.I171 |
| 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. BALAM AND ASSOCIATES | | Date of Disbursement MM / DD / YYYY 01 / 01 / 2012 |
| Mailing Address 2524 MERIDIAN ST | | Amount of Each Disbursement this Period 750.00 |
| City BELLINGHAM State WA Zip Code 98225-2407 | Purpose of Disbursement POLITICAL STRATEGY CONSULTING | |
| Candidate Name | Category/Type 001 | Transaction ID : SB17.I176 |
| 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 | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 5796.32 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 16 OF 41 | | | |
| | <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. BALAM AND ASSOCIATES | | Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2012 |
| Mailing Address 2524 MERIDIAN ST | | Amount of Each Disbursement this Period 750.00 Transaction ID : SB17.I177 |
| City BELLINGHAM State WA Zip Code 98225-2407 | Purpose of Disbursement POLITICAL STRATEGY CONSULTING 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 | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. BUSINESS BANK | | Date of Disbursement M M / D D / Y Y Y Y 02 / 29 / 2012 |
| Mailing Address 2417 MERIDIAN ST | | Amount of Each Disbursement this Period 40.00 Transaction ID : SB17.I178 |
| City BELLINGHAM State WA Zip Code 98225-2426 | Purpose of Disbursement BANK FEE 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 | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. BUSINESS BANK | | Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2012 |
| Mailing Address 2417 MERIDIAN ST | | Amount of Each Disbursement this Period 40.00 Transaction ID : SB17.I218 |
| City BELLINGHAM State WA Zip Code 98225-2426 | Purpose of Disbursement BANK FEE 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 | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 830.00 |
| 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 41 | | | |
| | <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. CENTURYLINK | | Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2012 |
| Mailing Address PO BOX 91155 | | Amount of Each Disbursement this Period 79.38 |
| City SEATTLE State WA Zip Code 98111-9255 | Purpose of Disbursement PHONE SVC Candidate Name Category/Type 001 | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 01 | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : SB17.I179 |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. CENTURYLINK | | Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2012 |
| Mailing Address PO BOX 91155 | | Amount of Each Disbursement this Period 81.60 |
| City SEATTLE State WA Zip Code 98111-9255 | Purpose of Disbursement PHONE EXPENSE Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : SB17.I180 |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. CICCHITTI'S PIZZA | | Date of Disbursement M M / D D / Y Y Y Y 01 / 24 / 2012 |
| Mailing Address 1427 RAILROAD AVE | | Amount of Each Disbursement this Period 32.22 |
| City BELLINGHAM State WA Zip Code 98225-4526 | Purpose of Disbursement FOOD/BEVERAGE Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : SB17.I181 |

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| SUBTOTAL of Disbursements This Page (optional)..... | 193.20 |
| 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 41 | | | |
| | <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. CLEARWIRE | | Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2012 |
| Mailing Address DEPT CH 14365 | | Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.I182 |
| City PALATINE State IL Zip Code 60055 | Purpose of Disbursement UTILITIES 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. CLEARWIRE | | Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2012 |
| Mailing Address DEPT CH 14365 | | Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.I183 |
| City PALATINE State IL Zip Code 60055 | Purpose of Disbursement UTILITIES 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 | | |

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|--|--|---|
| Full Name (Last, First, Middle Initial) C. CLEARWIRE | | Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2012 |
| Mailing Address DEPT CH 14365 | | Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.I184 |
| City PALATINE State IL Zip Code 60055 | Purpose of Disbursement UTILITIES 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 | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 150.00 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 19 OF 41 | | | |
| | <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. CMDI | | <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>01</td> <td></td> <td>03</td> <td></td> <td>2012</td> </tr> </table> | | M M | / | D D | / | Y Y Y Y | 01 | | 03 | | 2012 |
| M M | / | D D | / | Y Y Y Y | | | | | | | | | |
| 01 | | 03 | | 2012 | | | | | | | | | |
| Mailing Address 7704 LEESBURG PIKE | | Amount of Each Disbursement this Period | | | | | | | | | | | |
| City State Zip Code FALLS CHURCH VA 22043-2625 | | <table border="1"> <tr> <td>32.23</td> </tr> </table> | | 32.23 | | | | | | | | | |
| 32.23 | | | | | | | | | | | | | |
| Purpose of Disbursement BANK FEE | | Transaction ID : SB17.I185 | | | | | | | | | | | |
| Candidate Name | | Category/Type 003 | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2012 | | | | | | | | | | | |
| State: District: 00 | | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | | | | | | | | |

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|--|---|--|---|---------|---|-----|---|---------|----|--|----|--|------|
| Full Name (Last, First, Middle Initial) | | Date of Disbursement | | | | | | | | | | | |
| B. CMDI | | <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>01</td> <td></td> <td>09</td> <td></td> <td>2012</td> </tr> </table> | | M M | / | D D | / | Y Y Y Y | 01 | | 09 | | 2012 |
| M M | / | D D | / | Y Y Y Y | | | | | | | | | |
| 01 | | 09 | | 2012 | | | | | | | | | |
| Mailing Address 7704 LEESBURG PIKE | | Amount of Each Disbursement this Period | | | | | | | | | | | |
| City State Zip Code FALLS CHURCH VA 22043-2625 | | <table border="1"> <tr> <td>18.77</td> </tr> </table> | | 18.77 | | | | | | | | | |
| 18.77 | | | | | | | | | | | | | |
| Purpose of Disbursement BANK FEE | | Transaction ID : SB17.I186 | | | | | | | | | | | |
| Candidate Name | | Category/Type 003 | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2012 | | | | | | | | | | | |
| State: District: 00 | | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | | | | | | | | |

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|--|---|--|---|---------|---|-----|---|---------|----|--|----|--|------|
| Full Name (Last, First, Middle Initial) | | Date of Disbursement | | | | | | | | | | | |
| C. CMDI | | <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>01</td> <td></td> <td>17</td> <td></td> <td>2012</td> </tr> </table> | | M M | / | D D | / | Y Y Y Y | 01 | | 17 | | 2012 |
| M M | / | D D | / | Y Y Y Y | | | | | | | | | |
| 01 | | 17 | | 2012 | | | | | | | | | |
| Mailing Address 7704 LEESBURG PIKE | | Amount of Each Disbursement this Period | | | | | | | | | | | |
| City State Zip Code FALLS CHURCH VA 22043-2625 | | <table border="1"> <tr> <td>27.34</td> </tr> </table> | | 27.34 | | | | | | | | | |
| 27.34 | | | | | | | | | | | | | |
| Purpose of Disbursement BANK FEE | | Transaction ID : SB17.I188 | | | | | | | | | | | |
| Candidate Name | | Category/Type 003 | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2012 | | | | | | | | | | | |
| State: District: 00 | | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | | | | | | | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 78.34 |
| 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 20 OF 41 | | |
| | <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. CMDI | | <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>01</td> <td></td> <td>19</td> <td></td> <td>2012</td> </tr> </table> | M M | / | D D | / | Y Y Y Y | 01 | | 19 | | 2012 |
| M M | / | D D | / | Y Y Y Y | | | | | | | | |
| 01 | | 19 | | 2012 | | | | | | | | |
| Mailing Address 7704 LEESBURG PIKE | | Amount of Each Disbursement this Period | | | | | | | | | | |
| City | State | | | | | | | | | | | |
| FALLS CHURCH | VA | <table border="1"> <tr> <td>825.00</td> </tr> </table> | 825.00 | | | | | | | | | |
| 825.00 | | | | | | | | | | | | |
| Purpose of Disbursement | Zip Code | Transaction ID : SB17.I189 | | | | | | | | | | |
| WEB SERVICE | 22043-2625 | | | | | | | | | | | |
| 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 | | | | | | | | | | | | |

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|---|--|--|------|---------|-----|---|---------|----|--|----|--|------|
| Full Name (Last, First, Middle Initial) | | Date of Disbursement | | | | | | | | | | |
| B. CMDI | | <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>01</td> <td></td> <td>30</td> <td></td> <td>2012</td> </tr> </table> | M M | / | D D | / | Y Y Y Y | 01 | | 30 | | 2012 |
| M M | / | D D | / | Y Y Y Y | | | | | | | | |
| 01 | | 30 | | 2012 | | | | | | | | |
| Mailing Address 7704 LEESBURG PIKE | | Amount of Each Disbursement this Period | | | | | | | | | | |
| City | State | | | | | | | | | | | |
| FALLS CHURCH | VA | <table border="1"> <tr> <td>8.88</td> </tr> </table> | 8.88 | | | | | | | | | |
| 8.88 | | | | | | | | | | | | |
| Purpose of Disbursement | Zip Code | Transaction ID : SB17.I190 | | | | | | | | | | |
| BANK FEE | 22043-2625 | | | | | | | | | | | |
| 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 | | | | | | | | | | | | |

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|---|--|--|---------|---------|-----|---|---------|----|--|----|--|------|
| Full Name (Last, First, Middle Initial) | | Date of Disbursement | | | | | | | | | | |
| C. CMDI | | <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>02</td> <td></td> <td>21</td> <td></td> <td>2012</td> </tr> </table> | M M | / | D D | / | Y Y Y Y | 02 | | 21 | | 2012 |
| M M | / | D D | / | Y Y Y Y | | | | | | | | |
| 02 | | 21 | | 2012 | | | | | | | | |
| Mailing Address 7704 LEESBURG PIKE | | Amount of Each Disbursement this Period | | | | | | | | | | |
| City | State | | | | | | | | | | | |
| FALLS CHURCH | VA | <table border="1"> <tr> <td>1200.00</td> </tr> </table> | 1200.00 | | | | | | | | | |
| 1200.00 | | | | | | | | | | | | |
| Purpose of Disbursement | Zip Code | Transaction ID : SB17.I191 | | | | | | | | | | |
| WEB SERVICE | 22043-2625 | | | | | | | | | | | |
| 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 | | | | | | | | | | | | |

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|---|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | <table border="1"> <tr> <td>2033.88</td> </tr> </table> | 2033.88 |
| 2033.88 | | |
| TOTAL This Period (last page this line number only)..... | <table border="1"> <tr> <td></td> </tr> </table> | |
| | | |

**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 21 OF 41 | |
| | <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. COLE MEDIAWORKS, LLC | | Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2012 |
| Mailing Address 1326A PEARL LOOP | | Amount of Each Disbursement this Period 2357.10 Transaction ID : SB17.I192 |
| City LYNDEN State WA Zip Code 98264-9196 | Purpose of Disbursement AUDIO/VISUAL SVC Category/Type 006 | |
| 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. COMMAND AVIATION | | Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2012 |
| Mailing Address 2010 W BAKERVIEW RD | | Amount of Each Disbursement this Period 60.91 Transaction ID : SB17.I193 |
| City BELLINGHAM State WA Zip Code 98226-9197 | Purpose of Disbursement AUDIO/VISUAL SVC Category/Type 006 | |
| 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. ELAVON | | Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2012 |
| Mailing Address 1 CONCOURSE PKWY NE SUITE 300 | | Amount of Each Disbursement this Period 100.30 Transaction ID : SB17.I194 |
| City ATLANTA State GA Zip Code 30328-5564 | Purpose of Disbursement BANK FEE Category/Type 003 | |
| 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 | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 2518.31 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 22 OF 41 | |
| | <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 03 / 02 / 2012 |
| Mailing Address 1 CONCOURSE PKWY NE SUITE 300 | | Amount of Each Disbursement this Period 45.00 |
| City ATLANTA State GA Zip Code 30328-5564 | Purpose of Disbursement BANK FEE 003 Category/Type | |
| Candidate Name | | Transaction ID : SB17.I195 |
| 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. GOOGLE APPS | | Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2012 |
| Mailing Address 1600 AMPHITHEATRE PKWY | | Amount of Each Disbursement this Period 33.54 |
| City MOUNTAIN VIEW State CA Zip Code 94043-1351 | Purpose of Disbursement WEB SERVICE 001 Category/Type | |
| Candidate Name | | Transaction ID : SB17.I196 |
| 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. GOOGLE APPS | | Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2012 |
| Mailing Address 1600 AMPHITHEATRE PKWY | | Amount of Each Disbursement this Period 50.00 |
| City MOUNTAIN VIEW State CA Zip Code 94043-1351 | Purpose of Disbursement WEB SERVICE 001 Category/Type | |
| Candidate Name | | Transaction ID : SB17.I197 |
| 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 | |

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|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 128.54 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 23 OF 41 | | | |
| | <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. GOOGLE APPS | | Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2012 |
| Mailing Address 1600 AMPHITHEATRE PKWY | | Amount of Each Disbursement this Period 7.75 |
| City MOUNTAIN VIEW State CA Zip Code 94043-1351 | Purpose of Disbursement WEB SERVICE Category/Type 001 | |
| Candidate Name | | Transaction ID : SB17.I198 |
| 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 | | |

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|--|--|--|
| Full Name (Last, First, Middle Initial) B. IMAGINE DESIGN STUDIO | | Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2012 |
| Mailing Address 424 W BAKERVIEW RD | | Amount of Each Disbursement this Period 382.00 |
| City BELLINGHAM State WA Zip Code 98226-8176 | Purpose of Disbursement WEB SERVICE Category/Type 001 | |
| Candidate Name | | Transaction ID : SB17.I199 |
| 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. IMAGINE DESIGN STUDIO | | Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2012 |
| Mailing Address 424 W BAKERVIEW RD | | Amount of Each Disbursement this Period 136.00 |
| City BELLINGHAM State WA Zip Code 98226-8176 | Purpose of Disbursement WEB SERVICE Category/Type 001 | |
| Candidate Name | | Transaction ID : SB17.I200 |
| 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 | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 525.75 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 24 OF 41 | | | |
| | <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. IMAGINE DESIGN STUDIO | | Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2012 |
| Mailing Address 424 W BAKERVIEW RD | | Amount of Each Disbursement this Period 60.60 |
| City BELLINGHAM | State WA Zip Code 98226-8176 | |
| Purpose of Disbursement WEB SERVICE | 001 | Transaction ID : SB17.I201 |
| Candidate Name | Category/Type | |
| 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 | | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) B. LITZIA LLC | | Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2012 |
| Mailing Address 314 E HOLLY ST SUITE 205 | | Amount of Each Disbursement this Period 1284.02 |
| City BELLINGHAM | State WA Zip Code 98225-4736 | |
| Purpose of Disbursement COMPUTER SUPPORT | 001 | Transaction ID : SB17.I219 |
| Candidate Name | Category/Type | |
| 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 | | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) C. LITZIA LLC | | Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2012 |
| Mailing Address 314 E HOLLY ST SUITE 205 | | Amount of Each Disbursement this Period 67.83 |
| City BELLINGHAM | State WA Zip Code 98225-4736 | |
| Purpose of Disbursement COMPUTER SUPPORT | 001 | Transaction ID : SB17.I220 |
| Candidate Name | Category/Type | |
| 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 | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 1412.45 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|---------------|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 25 OF 41 | | |
| | <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. MOORE INFORMATION, INC. | | Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2012 |
| Mailing Address 2130 SW JEFFERSON ST | | Amount of Each Disbursement this Period 6925.00 Transaction ID : SB17.I203 |
| City PORTLAND | State OR | |
| Zip Code 97201-7709 | Purpose of Disbursement POLITICAL STRATEGY CONSULTING | Category/ Type 005 |
| 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. MOORE INFORMATION, INC. | | Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2012 |
| Mailing Address 2130 SW JEFFERSON ST | | Amount of Each Disbursement this Period 6925.00 Transaction ID : SB17.I204 |
| City PORTLAND | State OR | |
| Zip Code 97201-7709 | Purpose of Disbursement POLITICAL STRATEGY CONSULTING | Category/ Type 005 |
| 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. OFFICE MAX | | Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2012 |
| Mailing Address 1055 E SUNSET DR | | Amount of Each Disbursement this Period 73.88 Transaction ID : SB17.I187 |
| City BELLINGHAM | State WA | |
| Zip Code 98226-3510 | Purpose of Disbursement OFFICE SUPPLIES | Category/ Type 001 |
| 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 | |

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|---|----------|
| SUBTOTAL of Disbursements This Page (optional)..... | 13923.88 |
| 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 26 OF 41 | |
| | <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 01 / 31 / 2012 |
| Mailing Address 2950 NEWMARKET ST | | Amount of Each Disbursement this Period 42.00 Transaction ID : SB17.I223 |
| City BELLINGHAM State WA Zip Code 98226-3872 | Purpose of Disbursement MAIL BOX RENTAL 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 | |

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|--|--|--|
| Full Name (Last, First, Middle Initial) B. POGOZONE INTERNET SERVICES | | Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2012 |
| Mailing Address PO BOX 974 | | Amount of Each Disbursement this Period 174.10 Transaction ID : SB17.I224 |
| City LYNDEN State WA Zip Code 98264-0974 | 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 | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. POGOZONE INTERNET SERVICES | | Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2012 |
| Mailing Address PO BOX 974 | | Amount of Each Disbursement this Period 174.10 Transaction ID : SB17.I225 |
| City LYNDEN State WA Zip Code 98264-0974 | 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 | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 390.20 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 27 OF 41 | |
| | <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. POGOZONE INTERNET SERVICES | | Date of Disbursement MM / DD / YYYY 02 / 24 / 2012 |
| Mailing Address PO BOX 974 | | Amount of Each Disbursement this Period 174.10 Transaction ID : SB17.I226 |
| City LYNDEN | State WA | |
| Zip Code 98264-0974 | Purpose of Disbursement WEB SERVICE | Category/ Type 001 |
| 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. POGOZONE INTERNET SERVICES | | Date of Disbursement MM / DD / YYYY 03 / 26 / 2012 |
| Mailing Address PO BOX 974 | | Amount of Each Disbursement this Period 174.10 Transaction ID : SB17.I227 |
| City LYNDEN | State WA | |
| Zip Code 98264-0974 | Purpose of Disbursement WEB SERVICE | Category/ Type 001 |
| 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 | |

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|--|---|---|
| Full Name (Last, First, Middle Initial) C. PRINT & COPY | | Date of Disbursement MM / DD / YYYY 01 / 27 / 2012 |
| Mailing Address 4055 IRONGATE RD | | Amount of Each Disbursement this Period 25.82 Transaction ID : SB17.I228 |
| City BELLINGHAM | State WA | |
| Zip Code 98226-8028 | Purpose of Disbursement PRINTING | Category/ Type 001 |
| 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 | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 374.02 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 28 OF 41 | | | |
| | <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. QUICKBOOKS | | Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2012 |
| Mailing Address 2632 MARINE WAY | | Amount of Each Disbursement this Period 21.70 Transaction ID : SB17.I229 |
| City MOUNTAIN VIEW State CA Zip Code 94043-1126 | 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 | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. QUICKBOOKS | | Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2012 |
| Mailing Address 2632 MARINE WAY | | Amount of Each Disbursement this Period 27.18 Transaction ID : SB17.I230 |
| City MOUNTAIN VIEW State CA Zip Code 94043-1126 | 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 | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. QUICKBOOKS | | Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2012 |
| Mailing Address 2632 MARINE WAY | | Amount of Each Disbursement this Period 33.91 Transaction ID : SB17.I231 |
| City MOUNTAIN VIEW State CA Zip Code 94043-1126 | 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 | |

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|---|-------|
| SUBTOTAL of Disbursements This Page (optional)..... | 82.79 |
| 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 29 OF 41 | | | |
| | <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 | | M M / D D / Y Y Y Y 02 / 09 / 2012 | |
| Mailing Address 2632 MARINE WAY | | Amount of Each Disbursement this Period | |
| City MOUNTAIN VIEW State CA Zip Code 94043-1126 | | 21.70 | |
| Purpose of Disbursement WEB SERVICE | | Transaction ID : SB17.I232 | |
| Candidate Name | | Category/Type 001 | |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> | Disbursement For: 2012 | |
| State: | District: 00 | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) | | Date of Disbursement | |
| B. QUICKBOOKS | | M M / D D / Y Y Y Y 03 / 01 / 2012 | |
| Mailing Address 2632 MARINE WAY | | Amount of Each Disbursement this Period | |
| City MOUNTAIN VIEW State CA Zip Code 94043-1126 | | 33.91 | |
| Purpose of Disbursement WEB SERVICE | | Transaction ID : SB17.I233 | |
| Candidate Name | | Category/Type 001 | |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> | Disbursement For: 2012 | |
| State: | District: 00 | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) | | Date of Disbursement | |
| C. QUICKBOOKS | | M M / D D / Y Y Y Y 03 / 08 / 2012 | |
| Mailing Address 2632 MARINE WAY | | Amount of Each Disbursement this Period | |
| City MOUNTAIN VIEW State CA Zip Code 94043-1126 | | 21.70 | |
| Purpose of Disbursement WEB SERVICE | | Transaction ID : SB17.I234 | |
| Candidate Name | | Category/Type 001 | |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> | Disbursement For: 2012 | |
| State: | District: 00 | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |

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|---|-------|
| SUBTOTAL of Disbursements This Page (optional)..... | 77.31 |
| 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 30 OF 41 | | | |
| | <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. QUICKBOOKS | | Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2012 |
| Mailing Address 2632 MARINE WAY | | Amount of Each Disbursement this Period 33.91 Transaction ID : SB17.I235 |
| City MOUNTAIN VIEW State CA Zip Code 94043-1126 | 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 | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. SANITARY SERVICE CO, INC. | | Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2012 |
| Mailing Address PO BOX 35008 | | Amount of Each Disbursement this Period 26.42 Transaction ID : SB17.I236 |
| City SEATTLE State WA Zip Code 98124-3408 | Purpose of Disbursement UTILITIES 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 | |

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|--|---|---|
| Full Name (Last, First, Middle Initial) C. WHATCOM AERO SERVICES | | Date of Disbursement M M / D D / Y Y Y Y 02 / 22 / 2012 |
| Mailing Address 1980 W BAKERVIEW RD | | Amount of Each Disbursement this Period 2250.00 Transaction ID : SB17.I237 |
| City BELLINGHAM State WA Zip Code 98226-9133 | Purpose of Disbursement RENT 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 | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 2310.33 |
| TOTAL This Period (last page this line number only)..... | 48631.82 |

**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 31 OF 41 | |
| | <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 03 / 26 / 2012 |
| Mailing Address 2950 Newmarket Place, #101-251 | | Amount of Each Disbursement this Period 200000.00 Transaction ID : SB19A.I100 |
| City BELLINGHAM State WA Zip Code 98226-3872 | Purpose of Disbursement LOAN REPAYMENT <input type="checkbox"/> 009 Category/Type | |
| 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: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 200000.00 |
| TOTAL This Period (last page this line number only)..... | 200000.00 |

**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 32 OF 41 | | | |
| | <input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 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 MM / DD / YYYY 02 / 22 / 2012 |
| Mailing Address 2950 Newmarket Place, #101-251 | | Amount of Each Disbursement this Period 2500.00 Transaction ID : SB20A.I106 |
| City BELLINGHAM State WA Zip Code 98226-3872 | Purpose of Disbursement REFUND GENERAL CONTRIBUTION Category/Type 010 | |
| Candidate Name GREG ANDERS | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: WA District: 01 | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Alan Anders | | Date of Disbursement MM / DD / YYYY 02 / 22 / 2012 |
| Mailing Address 1156 Brighton Crest Dr | | Amount of Each Disbursement this Period 2500.00 Transaction ID : SB20A.I112 |
| City Bellingham State WA Zip Code 98229 | Purpose of Disbursement REFUND GENERAL CONTRIBUTION Category/Type 010 | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) c. Bill Anders | | Date of Disbursement MM / DD / YYYY 02 / 22 / 2012 |
| Mailing Address P.O. Box 184 | | Amount of Each Disbursement this Period 2500.00 Transaction ID : SB20A.I111 |
| City Deer Harbor State WA Zip Code 98243 | Purpose of Disbursement REFUND GENERAL CONTRIBUTION Category/Type 010 | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 7500.00 |
| 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 33 OF 41 | | | |
| | <input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21 | | | | |

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NAME OF COMMITTEE (In Full)
Anders for Congress

| | | | | | |
|---|--|--------------------------|--|--|--|
| Full Name (Last, First, Middle Initial) A. Diana Anders | | | Date of Disbursement MM / DD / YYYY 02 / 22 / 2012 | | |
| Mailing Address 775 Noe St | | | Amount of Each Disbursement this Period 2500.00 | | |
| City San Francisco | State CA | Zip Code 94114 | Transaction ID : SB20A.I110 | | |
| Purpose of Disbursement REFUND GENERAL CONTRIBUTION | | 010 Category/ Type | | | |
| Candidate Name | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | |
| State: District: | | | | | |

| | | | | | |
|---|--|--------------------------|--|--|--|
| Full Name (Last, First, Middle Initial) B. Elena Anders | | | Date of Disbursement MM / DD / YYYY 02 / 22 / 2012 | | |
| Mailing Address 1156 Brighton Crest Drive | | | Amount of Each Disbursement this Period 2500.00 | | |
| City Bellingham | State WA | Zip Code 98229 | Transaction ID : SB20A.I109 | | |
| Purpose of Disbursement REFUND GENERAL CONTRIBUTION | | 010 Category/ Type | | | |
| Candidate Name | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | |
| State: District: | | | | | |

| | | | | | |
|---|--|--------------------------|--|--|--|
| Full Name (Last, First, Middle Initial) C. Eric Anders | | | Date of Disbursement MM / DD / YYYY 02 / 22 / 2012 | | |
| Mailing Address 2880 Kinney Dr | | | Amount of Each Disbursement this Period 2500.00 | | |
| City Walnut Creek | State CA | Zip Code 94595 | Transaction ID : SB20A.I108 | | |
| Purpose of Disbursement REFUND GENERAL CONTRIBUTION | | 010 Category/ Type | | | |
| Candidate Name | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | |
| State: District: | | | | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 7500.00 |
| 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 34 OF 41 | | | |
| | <input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21 | | | | |

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NAME OF COMMITTEE (In Full)
Anders for Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Glen Anders | | Date of Disbursement MM / DD / YYYY 02 / 22 / 2012 |
| Mailing Address 3701 Mt Ashland Ski Rd | | Amount of Each Disbursement this Period 2500.00 Transaction ID : SB20A.I107 |
| City Ashland State OR Zip Code 97520 | Purpose of Disbursement REFUND GENERAL CONTRIBUTION Category/Type 010 | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Amount of Each Disbursement this Period 2500.00 Transaction ID : SB20A.I105 |
| State: District: | Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Judy Anders | | Date of Disbursement MM / DD / YYYY 02 / 22 / 2012 |
| Mailing Address 2950 Newmarket St | | Amount of Each Disbursement this Period 2500.00 Transaction ID : SB20A.I105 |
| City Bellingham State WA Zip Code 98226 | Purpose of Disbursement REFUND GENERAL CONTRIBUTION Category/Type 010 | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Amount of Each Disbursement this Period 2500.00 Transaction ID : SB20A.I100 |
| State: District: | Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. LORI ANDERS | | Date of Disbursement MM / DD / YYYY 02 / 22 / 2012 |
| Mailing Address 2880 Kinney Dr | | Amount of Each Disbursement this Period 2500.00 Transaction ID : SB20A.I100 |
| City Walnut Creek State CA Zip Code 94595 | Purpose of Disbursement REFUND GENERAL CONTRIBUTION Category/Type 010 | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Amount of Each Disbursement this Period 2500.00 Transaction ID : SB20A.I100 |
| State: District: | Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 7500.00 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|--|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 35 OF 41 | | | |
| | <input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21 | | | | |

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NAME OF COMMITTEE (In Full)
Anders for Congress

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. VALERIE ANDERS | | Date of Disbursement MM / DD / YYYY 02 / 22 / 2012 |
| Mailing Address P.O. Box 184 | | Amount of Each Disbursement this Period 2500.00 Transaction ID : SB20A.I101 |
| City Deer Harbor | State WA | |
| Zip Code 98243 | Purpose of Disbursement REFUND GENERAL CONTRIBUTION | Category/ Type 010 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. Debra Friedkin | | Date of Disbursement MM / DD / YYYY 02 / 22 / 2012 |
| Mailing Address 1375 Enclave Pkwy | | Amount of Each Disbursement this Period 2500.00 Transaction ID : SB20A.I104 |
| City Houston | State TX | |
| Zip Code 77077 | Purpose of Disbursement REFUND GENERAL CONTRIBUTION | Category/ Type 010 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) c. Thomas Dan Friedkin | | Date of Disbursement MM / DD / YYYY 02 / 22 / 2012 |
| Mailing Address 1375 Enclave Pkwy | | Amount of Each Disbursement this Period 2500.00 Transaction ID : SB20A.I116 |
| City Houston | State TX | |
| Zip Code 77077 | Purpose of Disbursement REFUND GENERAL CONTRIBUTION | Category/ Type 010 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 7500.00 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|--|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 36 OF 41 | | | |
| | <input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21 | | | | |

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NAME OF COMMITTEE (In Full)
Anders for Congress

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. CARL NUFFER | | Date of Disbursement MM / DD / YYYY 02 / 22 / 2012 |
| Mailing Address 1127 Barcelona Dr | | Amount of Each Disbursement this Period 2500.00 Transaction ID : SB20A.I102 |
| City San Diego | State CA Zip Code 92107 | |
| Purpose of Disbursement REFUND GENERAL CONTRIBUTION | Category/Type 010 | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. GAYLE NUFFER | | Date of Disbursement MM / DD / YYYY 02 / 22 / 2012 |
| Mailing Address 1127 Barcelona Dr | | Amount of Each Disbursement this Period 2500.00 Transaction ID : SB20A.I103 |
| City San Diego | State CA Zip Code 92107 | |
| Purpose of Disbursement REFUND GENERAL CONTRIBUTION | Category/Type 010 | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) c. Mark R Petersen | | Date of Disbursement MM / DD / YYYY 02 / 22 / 2012 |
| Mailing Address 4420 Hillcrest Dr | | Amount of Each Disbursement this Period 2500.00 Transaction ID : SB20A.I114 |
| City Boise | State ID Zip Code 83705 | |
| Purpose of Disbursement REFUND GENERAL CONTRIBUTION | Category/Type 010 | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 7500.00 |
| 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 37 OF 41 | |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| | <input checked="" type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Anders for Congress

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. John Sessions | | Date of Disbursement MM / DD / YYYY 02 / 22 / 2012 |
| Mailing Address 1649 Federal Ave. E. | | Amount of Each Disbursement this Period 2500.00 Transaction ID : SB20A.I113 |
| City Seattle | State WA | |
| Zip Code 98102 | Purpose of Disbursement REFUND GENERAL CONTRIBUTION | Category/ Type 010 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2012 | <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | |
| State: District: | Other (specify) | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. Richard Sugden | | Date of Disbursement MM / DD / YYYY 02 / 22 / 2012 |
| Mailing Address P.O. Box 2468 | | Amount of Each Disbursement this Period 1076.00 Transaction ID : SB20A.I117 |
| City Jackson | State WY | |
| Zip Code 83001 | Purpose of Disbursement REFUND GENERAL CONTRIBUTION | Category/ Type 010 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2012 | <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | |
| State: District: | Other (specify) | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) C. Andrew Weiner | | Date of Disbursement MM / DD / YYYY 02 / 22 / 2012 |
| Mailing Address 775 Noe St | | Amount of Each Disbursement this Period 2500.00 Transaction ID : SB20A.I115 |
| City San Francisco | State CA | |
| Zip Code 94114 | Purpose of Disbursement REFUND GENERAL CONTRIBUTION | Category/ Type 010 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2012 | <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | |
| State: District: | Other (specify) | |

| | |
|---|----------|
| SUBTOTAL of Disbursements This Page (optional)..... | 6076.00 |
| TOTAL This Period (last page this line number only)..... | 43576.00 |

**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 38 OF 41 | |
| | <input type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input checked="" type="checkbox"/> 19b 21 |

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

| | | |
|--|------------------------------|---|
| Full Name (Last, First, Middle Initial) A. KOSTER FOR CONGRESS | | Date of Disbursement MM / DD / YYYY 02 / 10 / 2012 |
| Mailing Address PO BOX 231 | | Amount of Each Disbursement this Period \$ 2000.00 |
| City ARLINGTON | State WA Zip Code 98223-0231 | |
| Purpose of Disbursement IN-KIND CONTRIBUTION MOORE INFORMATION, INC. Voters Survey | Category/Type 011 | Transaction ID : SB21.I202 [MEMO ITEM] |
| 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. | | Date of Disbursement MM / DD / YYYY |
| 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 MM / DD / YYYY |
| 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)..... | \$ 0.00 |
| TOTAL This Period (last page this line number only)..... | \$ 0.00 |

**SCHEDULE C (FEC Form 3)
LOANS**

NAME OF COMMITTEE (In Full) **Anders for Congress** Transaction ID : 1

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]* Election: 2012
Greg Anders Primary
 Mailing Address 2950 Newmarket Place, #101-251 General
 Other (specify) ▼

City State ZIP Code
 Bellingham WA 98226

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 10000.00 | 10000.00 | 0.00 |

TERMS Date Incurred Date Due Interest Rate Secured:
 M M / D D / Y Y Y Y M M / D D / Y Y / 2012 6.00 % (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)..... ▶ []

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 : 2
Anders for Congress

| | | |
|--|-------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) GREG ANDERS | [PERSONAL FUNDS] | Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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 |
| 177600.00 | 177600.00 | 0.00 |

TERMS

| | | | |
|----------------|----------|---------------|---|
| Date Incurred | Date Due | Interest Rate | Secured: |
| 09 / 30 / 2011 | 7/1/2012 | 8.00 % (apr) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input style="width: 100%;" type="text"/> |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |

| | |
|--|--|
| SUBTOTALS This Period This Page (optional)..... | <input style="width: 100%;" type="text" value="0.00"/> |
| TOTALS This Period (last page in this line only)..... | <input style="width: 100%;" type="text"/> |

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) **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 75000.00 | Cumulative Payment To Date 22400.00 | Balance Outstanding at Close of This Period 52600.00 |
|-------------------------------------|--|---|

TERMS

Date Incurred: M 12 / 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)..... | 52600.00 |
| TOTALS This Period (last page in this line only)..... | 52600.00 |

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