

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

Example: If typing, type over the lines.

12FE4M5

BOB DINGETHAL FOR CONGRESS

ADDRESS (number and street)

PO Box 668

Check if different than previously reported. (ACC)

Vancouver

WA

98666

2. **FEC IDENTIFICATION NUMBER** ▼

C C00553818

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

WA

03

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

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y  
11 / 04 / 2014

in the State of

WA

5. Covering Period

M M / D D / Y Y Y Y  
10 / 16 / 2014

through

M M / D D / Y Y Y Y  
11 / 24 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Marsha Manning

Signature of Treasurer Marsha Manning

[Electronically Filed]

Date

M M / D D / Y Y Y Y  
12 / 02 / 2014

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**BOB DINGETHAL FOR CONGRESS**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	19235.74	200564.02
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	19235.74	200564.02
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	53684.58	197764.63
(b) Total Offsets to Operating Expenditures (from Line 14).....	742.28	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	52942.30	197764.63
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1296.69	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	875.95	

**For further information contact:**

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

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

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

**BOB DINGETHAL FOR CONGRESS**

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

**I. RECEIPTS**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of <input type="text" value="MM 11"/> / <input type="text" value="DD 04"/> / <input type="text" value="YYYY 2014"/> (date of general election)	COLUMN C Total for <input type="text" value="MM 11"/> / <input type="text" value="DD 05"/> / <input type="text" value="YYYY 2014"/> (date after general election)  through <input type="text" value="MM 11"/> / <input type="text" value="DD 24"/> / <input type="text" value="YYYY 2014"/> (last day of reporting period)
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other than Political Committees		
(i) Itemized (use Schedule A)	<input type="text" value="15467.98"/>	<input type="text" value="145361.22"/>
(ii) Unitemized	<input type="text" value="3291.00"/>	<input type="text" value="50694.43"/>
(iii) Total of contributions from individuals	<input type="text" value="18758.98"/>	<input type="text" value="196055.65"/>
(b) Political Party Committees	<input type="text" value="476.76"/>	<input type="text" value="607.43"/>
(c) Other Political Committees	<input type="text" value="0.00"/>	<input type="text" value="50.00"/>
	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

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COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	3850.94	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
19235.74	200564.02	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	2375.95	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	2375.95	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
742.28	0.00	742.28
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
19978.02	202939.97	742.28

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

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Write or Type Committee Name

**BOB DINGETHAL FOR CONGRESS**Report Covering the Period: From:  /  /  To:  /  / **II. DISBURSEMENTS**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
<b>17. OPERATING EXPENDITURES</b>		
<input type="text" value="53684.58"/>	<input type="text" value="197764.63"/>	<input type="text" value="3120.93"/>
<b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES</b>		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
<b>19. LOAN REPAYMENTS:</b>		
(a) Of Loans Made or Guaranteed by the Candidate		
<input type="text" value="1500.00"/>	<input type="text" value="0.00"/>	<input type="text" value="1500.00"/>
(b) Of All Other Loans		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
<input type="text" value="1500.00"/>	<input type="text" value="0.00"/>	<input type="text" value="1500.00"/>
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>		
(a) Individuals/Persons Other Than Political Committees		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Political Party Committees		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

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COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
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(c) Other Political Committees (such as PACs)

0.00	0.00	0.00
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(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

0.00	0.00	0.00
------	------	------

**21. OTHER DISBURSEMENTS**

0.00	0.00	0.00
------	------	------

**22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)**

55184.58	197764.63	4620.93
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**III. NET CONTRIBUTIONS (OTHER THAN LOANS)**

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

19235.74	200564.02	0.00
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**IV. NET OPERATING EXPENDITURES**

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

52942.30	197764.63	2378.65
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**V. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	36503.25
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	19978.02
25. SUBTOTAL (add Line 23 and Line 24).....	56481.27
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	55184.58
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	1296.69

**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 43
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**BOB DINGETHAL FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Edward Baxter**

Mailing Address 2217 NE 179th St, Unit 65

City: Ridgefield State: WA Zip Code: 98642

FEC ID number of contributing federal political committee: C

Name of Employer: None Occupation: Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 320.00

Date of Receipt: 11 / 03 / 2014

**Transaction ID : SA11AI.7157**

Amount of Each Receipt this Period: 70.00

**B.** Full Name (Last, First, Middle Initial)  
**Kristine Bockmier**

Mailing Address 10506 NE 27th Ave

City: Vancouver State: WA Zip Code: 98686-4384

FEC ID number of contributing federal political committee: C

Name of Employer: Administration Occupation: National Psoriasis Foundation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 350.00

Date of Receipt: 10 / 27 / 2014

**Transaction ID : SA11AI.7240**

Amount of Each Receipt this Period: 100.00

**C.** Full Name (Last, First, Middle Initial)  
**Candy Bonneville Jr.**

Mailing Address 308 NW 25th Pl

City: Battle Ground State: WA Zip Code: 98604

FEC ID number of contributing federal political committee: C

Name of Employer: None Occupation: Unemployed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 627.43

Date of Receipt: 10 / 18 / 2014

**Transaction ID : SA11AI.7367**

Amount of Each Receipt this Period: 12.98  
In-kind - Printer ink

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

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

182.98

**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 43
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BOB DINGETHAL FOR CONGRESS**

**A. Douglas Charters**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1655  
 City State Zip Code  
 White Salmon WA 98672  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 S-D-S Lumber Mechanic  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 20 / 2014  
**Transaction ID : SA11AI.7186**  
 Amount of Each Receipt this Period  
 150.00

**B. Loretta DeKay**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1440 SW Brislawn Loop Rd  
 City State Zip Code  
 White Salmon WA 98672  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 None Retired  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 325.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 20 / 2014  
**Transaction ID : SA11AI.7185**  
 Amount of Each Receipt this Period  
 100.00

**C. Russell Freeland**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9212 NW 25th Ave  
 City State Zip Code  
 Vancouver WA 98665  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 None Retired  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 03 / 2014  
**Transaction ID : SA11AI.7144**  
 Amount of Each Receipt this Period  
 100.00

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

350.00



**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 9 OF 43
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BOB DINGETHAL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Philip Furno</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 20 / 2014	
Mailing Address 9303 NE 82nd Ct		<b>Transaction ID : SA11AI.7218</b>	
City Vancouver	State WA	Zip Code 98662	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer None	Occupation Retired		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00		

Full Name (Last, First, Middle Initial) <b>B. Isodoras Garifalakis</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 16 / 2014	
Mailing Address 1708 NW Gregory Dr		<b>Transaction ID : SA11AI.7170</b>	
City Vancouver	State WA	Zip Code 98665	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00	
Name of Employer Omega Industries	Occupation Owner		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1725.00		

Full Name (Last, First, Middle Initial) <b>C. Isodoras Garifalakis</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 27 / 2014	
Mailing Address 1708 NW Gregory Dr		<b>Transaction ID : SA11AI.7236</b>	
City Vancouver	State WA	Zip Code 98665	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00	
Name of Employer Omega Industries	Occupation Owner		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1875.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	375.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

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

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

FOR LINE NUMBER: PAGE 10 OF 43  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**BOB DINGETHAL FOR CONGRESS**

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

Mailing Address 1708 NW Gregory Dr

City State Zip Code  
Vancouver WA 98665-6004

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

Name of Employer Occupation  
Maria's Properties Real Estate

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1725.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 16 / 2014

**Transaction ID : SA11A1.7171**

Amount of Each Receipt this Period  
125.00

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

Mailing Address 1708 NW Gregory Dr

City State Zip Code  
Vancouver WA 98665-6004

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

Name of Employer Occupation  
Maria's Properties Real Estate

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1875.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : SA11A1.7237**

Amount of Each Receipt this Period  
150.00

**C.** Full Name (Last, First, Middle Initial)  
**Jim Gizzi**

Mailing Address 6804 NE 209th St

City State Zip Code  
Battle Ground WA 98604

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

Name of Employer Occupation  
Self Realtor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : SA11A1.7238**

Amount of Each Receipt this Period  
250.00

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

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

525.00

**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 11 OF 43
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BOB DINGETHAL FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Kelli Gizzi**

Mailing Address 6804 NE 209th St

City State Zip Code  
Battle Ground WA 98604

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

Name of Employer Occupation  
Intel Corp Engineer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 27 / 2014

**Transaction ID : SA11AI.7239**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Elizabeth Harrington**

Mailing Address 805 SE 101st Ave

City State Zip Code  
Vancouver WA 98664

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

Name of Employer Occupation  
Self Filmmaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
225.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 16 / 2014

**Transaction ID : SA11AI.7166**

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
**Maria Joell**

Mailing Address 16516 NE 27th Court

City State Zip Code  
Ridgefield WA 98642

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

Name of Employer Occupation  
ManorCare RN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
508.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 27 / 2014

**Transaction ID : SA11AI.7256**

Amount of Each Receipt this Period  
100.00

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

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

400.00

**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 12 OF 43
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BOB DINGETHAL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>Walt Jones</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 116 Ridgecrest Dr		<b>Transaction ID : SA11AI.7251</b>
City Longview	State WA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer None	Occupation Retired	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>Walt Jones</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 116 Ridgecrest Dr		<b>Transaction ID : SA11AI.7265</b>
City Longview	State WA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer None	Occupation Retired	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 600.00	

Full Name (Last, First, Middle Initial) <b>Jane T Kleiner</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 305 E 27th St		<b>Transaction ID : SA11AI.7156</b>
City Vancouver	State WA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Clark County	Occupation Environmental Services	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 230.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	220.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 43
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**BOB DINGETHAL FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Kathleen Lawrence**

Mailing Address 6522 Jordan Way

City Vancouver State WA Zip Code 98665

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 17 / 2014

**Transaction ID : SA11A1.7177**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Marsha Manning**

Mailing Address 3801 NE 172nd Ave

City Vancouver State WA Zip Code 98682

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

Name of Employer Self Occupation Accounting & Consulting

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 31 / 2014

**Transaction ID : SA11A1.7381**

Amount of Each Receipt this Period  
500.00

In-kind - accounting Oct

**C.** Full Name (Last, First, Middle Initial)  
**Marsha Manning**

Mailing Address 3801 NE 172nd Ave

City Vancouver State WA Zip Code 98682

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

Name of Employer Self Occupation Accounting & Consulting

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4015.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 04 / 2014

**Transaction ID : SA11A1.7360**

Amount of Each Receipt this Period  
15.00

In-kind - FEC Webinar fee

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

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

765.00

**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 14 OF 43
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BOB DINGETHAL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Marsha Manning</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 3801 NE 172nd Ave		<b>Transaction ID : SA11AI.7385</b>
City Vancouver	State WA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00 In-kind - accounting Nov
Name of Employer Self	Occupation Accounting & Consulting	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4515.00	

Full Name (Last, First, Middle Initial) <b>B. Maria's Properties</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 10013 Hwy 99		<b>Transaction ID : SA11AI.7375</b>
City Vancouver	State WA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00 In-kind - Oct rent for Vancouver office
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4200.00	

Full Name (Last, First, Middle Initial) <b>C. Maria's Properties</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 10013 Hwy 99		<b>Transaction ID : SA11AI.7376</b>
City Vancouver	State WA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00 In-kind - Nov rent for Vancouver office
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1400.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 43
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BOB DINGETHAL FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Emily Meyer**

Mailing Address 8608 NW Old Orchard Dr

City Vancouver State WA Zip Code 98665

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

Name of Employer Retired Occupation None

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 16 / 2014

**Transaction ID : SA11A1.7172**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Kent Meyer**

Mailing Address 8608 NW Old Orchard Dr

City Vancouver State WA Zip Code 98665

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
557.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 03 / 2014

**Transaction ID : SA11A1.7146**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**Marcine Miles**

Mailing Address 3718 Edgewood Dr

City Vancouver State WA Zip Code 98661

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 20 / 2014

**Transaction ID : SA11A1.7217**

Amount of Each Receipt this Period  
200.00

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

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

800.00

**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 16 OF 43
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BOB DINGETHAL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. William Nelson</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 04 / 2014	
Mailing Address 310 W 34th St		<b>Transaction ID : SA11AI.7294</b>	
City Vancouver	State WA	Zip Code 98660	Amount of Each Receipt this Period _____ 100.00
FEC ID number of contributing federal political committee.		C	
Name of Employer Baumgartner Nelson & Wagner	Occupation Lawyer		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 700.00		

Full Name (Last, First, Middle Initial) <b>B. Omega Industries</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 04 / 2014	
Mailing Address 7304 NE St Johns Rd		<b>Transaction ID : SA11AI.7150</b>	
City Vancouver	State WA	Zip Code 98665	Amount of Each Receipt this Period _____ 2000.00
FEC ID number of contributing federal political committee.		C	
Name of Employer		Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2000.00		

Full Name (Last, First, Middle Initial) <b>C. Ali Parvas</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 31 / 2014	
Mailing Address 2440 W Lynnwood Dr		<b>Transaction ID : SA11AI.7373</b>	
City Longview	State WA	Zip Code 98632	Amount of Each Receipt this Period _____ 900.00 In-kind - Oct rent for Longview office
FEC ID number of contributing federal political committee.		C	
Name of Employer Self	Occupation Property Owner		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 3600.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 3000.00
<b>TOTAL</b> This Period (last page this line number only).....	_____



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 43
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BOB DINGETHAL FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Ali Parvas**

Mailing Address 2440 W Lynnwood Dr

City Longview State WA Zip Code 98632

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

Name of Employer Self Occupation Property Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4050.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 04 / 2014

**Transaction ID : SA11AI.7374**

Amount of Each Receipt this Period  
450.00  
In-kind - Nov rent for Longview office

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

Mailing Address 20210 SW Teton Ave

City Tualatin State OR Zip Code 97062

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3450.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 03 / 2014

**Transaction ID : SA11AI.7145**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
**Sydney Reisbick**

Mailing Address PO Bjox 339

City Ridgefield State WA Zip Code 98642

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
700.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 03 / 2014

**Transaction ID : SA11AI.7290**

Amount of Each Receipt this Period  
400.00

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

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

3350.00

**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 18 OF 43
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BOB DINGETHAL FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**John Rudi**

Mailing Address 612 Rhododendron Dr

City Vancouver State WA Zip Code 98661

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

Name of Employer Thompson Metal Fab Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 20 / 2014

**Transaction ID : SA11AI.7183**

Amount of Each Receipt this Period  
500.00

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

Mailing Address PO Box 365

City Ocean Park State WA Zip Code 98640

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 03 / 2014

**Transaction ID : SA11AI.7288**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Eulalia Soto**

Mailing Address 11100 NE 11th Ave

City Vancouver State WA Zip Code 98685

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

Name of Employer Self Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1900.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : SA11AI.7246**

Amount of Each Receipt this Period  
300.00

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

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

1300.00

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

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

FOR LINE NUMBER: PAGE 19 OF 43  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**BOB DINGETHAL FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Eric Strid**

Mailing Address PO Box 2028

City State Zip Code  
White Salmon WA 98672

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

Name of Employer Occupation  
None Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
850.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 22 / 2014

**Transaction ID : SA11AI.7222**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Paul Stuckenschneider**

Mailing Address 31316 NE 40th Ave

City State Zip Code  
La Center WA 98629

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

Name of Employer Occupation  
Self Mediator/Arbitrator

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 20 / 2014

**Transaction ID : SA11AI.7187**

Amount of Each Receipt this Period  
150.00

**C.** Full Name (Last, First, Middle Initial)  
**Bernard Tuerler**

Mailing Address PO Box 2336

City State Zip Code  
Battle Ground WA 98604

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

Name of Employer Occupation  
None Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 20 / 2014

**Transaction ID : SA11AI.7214**

Amount of Each Receipt this Period  
250.00

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

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

650.00

**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 20 OF 43
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BOB DINGETHAL FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Stefanos Vertopoulos**

Mailing Address 18616 SE 14th Cir

City Vancouver State WA Zip Code 98663

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

Name of Employer Stefanos Vertopoulos & Assoc Occupation Insurance

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **754.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : SA11AI.7233**

Amount of Each Receipt this Period  
**200.00**

**B.** Full Name (Last, First, Middle Initial)  
**WA State Democratic Party**

Mailing Address PO Box 4027

City Seattle State WA Zip Code 98194

FEC ID number of contributing federal political committee. **C C00114439**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2842.04**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 22 / 2014

**Transaction ID : SA11AI.7277**

Amount of Each Receipt this Period  
**750.00**

**C.** Full Name (Last, First, Middle Initial)  
**WA State Democratic Party**

Mailing Address PO Box 4027

City Seattle State WA Zip Code 98194

FEC ID number of contributing federal political committee. **C C00114439**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3592.04**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 28 / 2014

**Transaction ID : SA11AI.7282**

Amount of Each Receipt this Period  
**750.00**

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

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

**1700.00**

**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 21 OF 43
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BOB DINGETHAL FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Paul Williams**

Mailing Address 2621 NE 152nd Circle

City Vancouver State WA Zip Code 98686

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

Name of Employer EarthLink Occupation Telecommunications

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 17 / 2014

**Transaction ID : SA11AI.7176**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Jo Zimmermann**

Mailing Address 1104 NW 199th St

City Ridgefield State WA Zip Code 98642

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2014

**Transaction ID : SA11AI.7169**

Amount of Each Receipt this Period  
**200.00**

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

**450.00**

**15467.98**

**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 22 OF 43
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BOB DINGETHAL FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Clark County Democrats**

Mailing Address PO Box 179

City Vancouver State WA Zip Code 98666

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
476.76

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 20 / 2014

**Transaction ID : SA11B.7370**

Amount of Each Receipt this Period  
476.76

In-kind - multiple candidate doorbell flyer

**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).....

476.76

476.76

**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 23 OF 43
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BOB DINGETHAL FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Powell Phones**

Mailing Address 607 NW 22nd Ave

City Portland State OR Zip Code 97210

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
742.28

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 14 / 2014

**Transaction ID : SA14.7296**

Amount of Each Receipt this Period  
742.28

Refund - overcharged on original

**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).....

742.28

742.28

**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 24 OF 43	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BOB DINGETHAL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ADCO</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 353 Grand Blvd		Amount of Each Disbursement this Period 9000.00 <b>Transaction ID : SB17.7320</b>
City Vancouver	State WA	
Zip Code 98661	Purpose of Disbursement Deposit for mailers - print and postage	Category/ Type 004
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: WA District: 03	

Full Name (Last, First, Middle Initial) <b>B. ADCO</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 353 Grand Blvd		Amount of Each Disbursement this Period 4536.32 <b>Transaction ID : SB17.7330</b>
City Vancouver	State WA	
Zip Code 98661	Purpose of Disbursement Mailers - print and postage	Category/ Type 004
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: WA District: 03	

Full Name (Last, First, Middle Initial) <b>C. ADCO</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2014
Mailing Address 353 Grand Blvd		Amount of Each Disbursement this Period 11172.40 <b>Transaction ID : SB17.7332</b>
City Vancouver	State WA	
Zip Code 98661	Purpose of Disbursement Mailers - print & postage	Category/ Type 004
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: WA District: 03	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	24708.72
<b>TOTAL</b> 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 25 OF 43		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BOB DINGETHAL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. BiCoastal Media</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 1130 14th Ave		Amount of Each Disbursement this Period 2005.00 <b>Transaction ID : SB17.7325</b>
City Longview State WA Zip Code 98632	Purpose of Disbursement Radio advertising 004 Category/Type	
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 03		

Full Name (Last, First, Middle Initial) <b>B. Bolt Media Group</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 2007 Heartland Circle		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB17.7315</b>
City Valrico State FL Zip Code 33594	Purpose of Disbursement Internet advertising 004 Category/Type	
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 03		

Full Name (Last, First, Middle Initial) <b>c. Candy Bonneville Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2014
Mailing Address 308 NW 25th PI		Amount of Each Disbursement this Period 12.98 <b>Transaction ID : SB17.7368</b>
City Battle Ground State WA Zip Code 98604	Purpose of Disbursement In-kind - Printer ink Category/Type	
Candidate Name		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4017.98
<b>TOTAL</b> 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 43	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BOB DINGETHAL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Clark County Democrats</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address PO Box 179		Amount of Each Disbursement this Period 476.76
City Vancouver	State WA	
Zip Code 98666	Purpose of Disbursement In-kind - multiple candidate doorbell flyer	Transaction ID : SB17.7372
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Comcast</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address PO Box 34227		Amount of Each Disbursement this Period 130.23
City Seattle	State WA	
Zip Code 98124	Purpose of Disbursement Internet & telephone	Transaction ID : SB17.7303
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>	Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WA District: 03		

Full Name (Last, First, Middle Initial) <b>C. Costco</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 19610 SE 1St		Amount of Each Disbursement this Period 163.09
City Camas	State WA	
Zip Code 98607	Purpose of Disbursement Harrison reimbursed - lights for signs	Transaction ID : SB17.7348
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>	Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WA District: 03		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	606.99
<b>TOTAL</b> 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 27 OF 43	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BOB DINGETHAL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Cowlitz PUD</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 961 12th		Amount of Each Disbursement this Period 259.62 <b>Transaction ID : SB17.7344</b>
City Longview	State WA	
Purpose of Disbursement Utilities - Longview office	Category/ Type 001	
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: WA	District: 03	

Full Name (Last, First, Middle Initial) <b>B. Tom Desmond</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 10506 NE 37th Ave		Amount of Each Disbursement this Period 78.76 <b>Transaction ID : SB17.7317</b>
City Vancouver	State WA	
Purpose of Disbursement Reimburse mileage	Category/ Type 002	
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: WA	District: 03	

Full Name (Last, First, Middle Initial) <b>c. Tom Desmond</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 10506 NE 37th Ave		Amount of Each Disbursement this Period 750.00 <b>Transaction ID : SB17.7339</b>
City Vancouver	State WA	
Purpose of Disbursement Staff payroll	Category/ Type 001	
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: WA	District: 03	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1088.38
<b>TOTAL</b> 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 28 OF 43	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BOB DINGETHAL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. BOB E DINGETHAL</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 17811 NW 56TH AVE		Amount of Each Disbursement this Period 586.48 <b>Transaction ID : SB17.7302</b>
City RIDGEFIELD	State WA	
Zip Code 98642	Purpose of Disbursement Reimburse mileage	Category/ Type 002
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: WA District: 03	

Full Name (Last, First, Middle Initial) <b>B. BOB E DINGETHAL</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 17811 NW 56TH AVE		Amount of Each Disbursement this Period 369.02 <b>Transaction ID : SB17.7318</b>
City RIDGEFIELD	State WA	
Zip Code 98642	Purpose of Disbursement Reimburse mileage	Category/ Type 002
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: WA District: 03	

Full Name (Last, First, Middle Initial) <b>C. BOB E DINGETHAL</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 17811 NW 56TH AVE		Amount of Each Disbursement this Period 274.80 <b>Transaction ID : SB17.7336</b>
City RIDGEFIELD	State WA	
Zip Code 98642	Purpose of Disbursement Reimburse mileage	Category/ Type 002
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: WA District: 03	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1230.30
<b>TOTAL</b> 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 43	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BOB DINGETHAL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Facebook</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2014
Mailing Address 1 Hacker Way		Amount of Each Disbursement this Period 266.17 <b>Transaction ID : SB17.7301</b>
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement Advertising	Category/ Type 004
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: WA District: 03	

Full Name (Last, First, Middle Initial) <b>B. Facebook</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 1 Hacker Way		Amount of Each Disbursement this Period 525.36 <b>Transaction ID : SB17.7313</b>
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement Advertising	Category/ Type 004
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: WA District: 03	

Full Name (Last, First, Middle Initial) <b>c. Facebook</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 1 Hacker Way		Amount of Each Disbursement this Period 284.92 <b>Transaction ID : SB17.7331</b>
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement Facebook ads	Category/ Type 004
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: WA District: 03	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1076.45
<b>TOTAL</b> 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 43			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**BOB DINGETHAL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Facebook</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 1 Hacker Way		Amount of Each Disbursement this Period 820.32 <b>Transaction ID : SB17.7346</b>
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement Facebook ads	Category/ Type 011
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: WA District: 03	

Full Name (Last, First, Middle Initial) <b>B. Federal Election Commission</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 999 E Street NW		Amount of Each Disbursement this Period 15.00 <b>Transaction ID : SB17.7362</b> <b>[MEMO ITEM]</b>
City Washington	State DC	
Zip Code 20463	Purpose of Disbursement Manning In-Kind - FEC Webinar	Category/ Type 001
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: WA District: 03	

Full Name (Last, First, Middle Initial) <b>c. Google</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 1600 Amphitheatre Pkwy		Amount of Each Disbursement this Period 43.70 <b>Transaction ID : SB17.7333</b>
City Mountain View	State CA	
Zip Code 94043	Purpose of Disbursement Online software	Category/ Type 012
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: WA District: 03	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	864.02
<b>TOTAL</b> 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 31 OF 43	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BOB DINGETHAL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Peter Harrison</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 10006 NE 36th Ct		Amount of Each Disbursement this Period 49.85 <b>Transaction ID : SB17.7304</b>
City Vancouver	State WA	
Zip Code 98686	Purpose of Disbursement Reimburse for office supplies	Category/ Type 001
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: WA District: 03	

Full Name (Last, First, Middle Initial) <b>B. Peter Harrison</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 10006 NE 36th Ct		Amount of Each Disbursement this Period 163.09 <b>Transaction ID : SB17.7347</b>
City Vancouver	State WA	
Zip Code 98686	Purpose of Disbursement Lights for signs	Category/ Type 001
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: WA District: 03	

Full Name (Last, First, Middle Initial) <b>c. Home Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 8601 NE Andresen Rd		Amount of Each Disbursement this Period 40.19 <b>Transaction ID : SB17.7312</b>
City Vancouver	State WA	
Zip Code 98665	Purpose of Disbursement sign stakes	Category/ Type 001
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: WA District: 03	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	253.13
<b>TOTAL</b> 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 32 OF 43		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**BOB DINGETHAL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Little Green Light</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 4616 25th Ave NE #206		Amount of Each Disbursement this Period 39.00 <b>Transaction ID : SB17.7311</b>
City Seattle	State WA	
Zip Code 98105	Purpose of Disbursement Online database	Category/ Type 012
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: WA District: 03	

Full Name (Last, First, Middle Initial) <b>B. Marsha Manning</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 3801 NE 172nd Ave		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.7384</b>
City Vancouver	State WA	
Zip Code 98682	Purpose of Disbursement In-kind - accounting Oct	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Marsha Manning</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 3801 NE 172nd Ave		Amount of Each Disbursement this Period 15.00 <b>Transaction ID : SB17.7361</b>
City Vancouver	State WA	
Zip Code 98682	Purpose of Disbursement In-kind - FEC Webinar fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	554.00
<b>TOTAL</b> 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 43			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**BOB DINGETHAL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Marsha Manning</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 3801 NE 172nd Ave		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.7386</b>
City Vancouver	State WA	
Zip Code 98682	Purpose of Disbursement In-kind - accounting Nov	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Maria's Properties</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 10013 Hwy 99		Amount of Each Disbursement this Period 600.00 <b>Transaction ID : SB17.7378</b>
City Vancouver	State WA	
Zip Code 98665	Purpose of Disbursement In-kind - Oct rent for Vancouver office	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Maria's Properties</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 10013 Hwy 99		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : SB17.7377</b>
City Vancouver	State WA	
Zip Code 98665	Purpose of Disbursement In-kind - Nov rent for Vancouver office	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1400.00
<b>TOTAL</b> 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 43	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BOB DINGETHAL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Mike McCarthy &amp; Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 209 N 38th Place		Amount of Each Disbursement this Period 275.00 <b>Transaction ID : SB17.7341</b>
City Ridgefield	State WA	
Zip Code 98642	Purpose of Disbursement Taping & editing audio	Category/ Type 004
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: WA District: 03	

Full Name (Last, First, Middle Initial) <b>B. Mike McCarthy &amp; Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2014
Mailing Address 209 N 38th Place		Amount of Each Disbursement this Period 450.00 <b>Transaction ID : SB17.7350</b>
City Ridgefield	State WA	
Zip Code 98642	Purpose of Disbursement Commission on radio buy	Category/ Type 004
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: WA District: 03	

Full Name (Last, First, Middle Initial) <b>c. Office Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 8812 NE 5th Ave		Amount of Each Disbursement this Period 49.85 <b>Transaction ID : SB17.7305</b> <b>[MEMO ITEM]</b>
City Vancouver	State WA	
Zip Code 98665	Purpose of Disbursement Paper - P.Harrison reimbursed	Category/ Type 001
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: WA District: 03	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	725.00
<b>TOTAL</b> 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 35 OF 43		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BOB DINGETHAL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Office Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 8812 NE 5th Ave		Amount of Each Disbursement this Period 45.51 <b>Transaction ID : SB17.7306</b>
City Vancouver State WA Zip Code 98665	Purpose of Disbursement Ink 001 Category/Type	
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: WA District: 03		

Full Name (Last, First, Middle Initial) <b>B. Office Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 8812 NE 5th Ave		Amount of Each Disbursement this Period 145.25 <b>Transaction ID : SB17.7314</b>
City Vancouver State WA Zip Code 98665	Purpose of Disbursement Toner 001 Category/Type	
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: WA District: 03		

Full Name (Last, First, Middle Initial) <b>c. Office Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 8812 NE 5th Ave		Amount of Each Disbursement this Period 28.16 <b>Transaction ID : SB17.7319</b>
City Vancouver State WA Zip Code 98665	Purpose of Disbursement Misc office supplies 001 Category/Type	
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: WA District: 03		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	218.92
<b>TOTAL</b> 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 36 OF 43		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**BOB DINGETHAL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Pandora</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 2101 Webster St 16th Fl		Amount of Each Disbursement this Period 5000.00 <b>Transaction ID : SB17.7326</b>
City Oakland	State CA	
Zip Code 94612	Purpose of Disbursement Internet radio advertising	Category/ Type 004
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: WA District: 03	

Full Name (Last, First, Middle Initial) <b>B. Ali Parvas</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 2440 W Lynnwood Dr		Amount of Each Disbursement this Period 900.00 <b>Transaction ID : SB17.7380</b>
City Longview	State WA	
Zip Code 98632	Purpose of Disbursement In-kind - Oct rent for Longview office	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Ali Parvas</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 2440 W Lynnwood Dr		Amount of Each Disbursement this Period 450.00 <b>Transaction ID : SB17.7379</b>
City Longview	State WA	
Zip Code 98632	Purpose of Disbursement In-kind - Nov rent for Longview office	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6350.00
<b>TOTAL</b> 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 43	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BOB DINGETHAL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. PayTrace</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 12409 E Mirabeau Parkway Suite 300		Amount of Each Disbursement this Period 27.80
City Spokane Valley State WA Zip Code 99216	Purpose of Disbursement CC processing fees	
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>		Transaction ID : SB17.7335
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WA District: 03	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>B. Powell Phones</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2014
Mailing Address 607 NW 22nd Ave		Amount of Each Disbursement this Period 1802.28
City Portland State OR Zip Code 97210	Purpose of Disbursement Robo calls	
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>		Transaction ID : SB17.7316
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WA District: 03	Category/Type 004	

Full Name (Last, First, Middle Initial) <b>c. The Couve Group</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 601 Main St, Ste 209		Amount of Each Disbursement this Period 2500.00
City Vancouver State WA Zip Code 98660	Purpose of Disbursement Campaign management	
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>		Transaction ID : SB17.7322
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WA District: 03	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4330.08
<b>TOTAL</b> 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 38 OF 43		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BOB DINGETHAL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. The Couve Group</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 601 Main St, Ste 209		Amount of Each Disbursement this Period 74.64 <b>Transaction ID : SB17.7329</b>
City Vancouver State WA Zip Code 98660	Purpose of Disbursement Reimburse mileage 002 Category/Type	
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 03	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. The Couve Group</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 601 Main St, Ste 209		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB17.7337</b>
City Vancouver State WA Zip Code 98660	Purpose of Disbursement Campaign management 001 Category/Type	
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 03	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. The Couve Group</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2014
Mailing Address 601 Main St, Ste 209		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB17.7349</b>
City Vancouver State WA Zip Code 98660	Purpose of Disbursement Campaign management 001 Category/Type	
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 03	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5074.64
<b>TOTAL</b> 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 39 OF 43	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BOB DINGETHAL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Total Merchant Concepts, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 12300 NE Fourth Plain Blvd		Amount of Each Disbursement this Period 232.07
City Vancouver	State WA	
Zip Code 98682	Purpose of Disbursement Credit card fees	<b>Transaction ID : SB17.7334</b>
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>	Category/Type 012	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WA District: 03		

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address 1211 Daniels St		Amount of Each Disbursement this Period 206.86
City Vancouver	State WA	
Zip Code 98666	Purpose of Disbursement Postage	<b>Transaction ID : SB17.7299</b>
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>	Category/Type 003	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WA District: 03		

Full Name (Last, First, Middle Initial) <b>c. Walmart</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2014
Mailing Address 9000 NE Hwy 99		Amount of Each Disbursement this Period 12.98
City Vancouver	State WA	
Zip Code 98665	Purpose of Disbursement Bonneville In-kind - printer ink	<b>Transaction ID : SB17.7369</b> <b>[MEMO ITEM]</b>
Candidate Name <b>BOB DINGETHAL FOR CONGRESS</b>	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WA District: 03		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	438.93
<b>TOTAL</b> This Period (last page this line number only).....	52937.54

**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 40 OF 43	
	<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)  
**BOB DINGETHAL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. BOB E DINGETHAL</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2014
Mailing Address 17811 NW 56TH AVE		Amount of Each Disbursement this Period 1500.00 <b>Transaction ID : SB19A.7356</b>
City RIDGEFIELD	State WA	
Zip Code 98642	Purpose of Disbursement Loan repayment	Category/ Type 009
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: WA	District: 03	

Full Name (Last, First, Middle Initial) <b>B.</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	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C.</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	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	1500.00



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

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4131

**BOB DINGETHAL FOR CONGRESS**

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

**[PERSONAL FUNDS]**

Election: 2014

**BOB E DINGETHAL**

Primary

General

Other (specify) ▼

Mailing Address

17811 NW 56TH AVE

City

State

ZIP Code

RIDGEFIELD

WA

98642

Original Amount of Loan

175.95

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

175.95

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

11<sup>M</sup>

14<sup>D</sup>

2013<sup>Y</sup>

11/1/2014<sup>Y</sup>

0.00

% (apr)

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

175.95

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

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

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

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

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

City State ZIP Code  
 RIDGEFIELD WA 98642

Original Amount of Loan 2000.00	Cumulative Payment To Date 1500.00	Balance Outstanding at Close of This Period 500.00
------------------------------------	---------------------------------------	---

**TERMS**

Date Incurred M 12 / D 02 / Y 2013	Date Due M / D / Y 11/1/2014	Interest Rate 0.00 % (apr)	Secured: <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: [ ]
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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	[ ] 500.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]

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

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

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4150

**BOB DINGETHAL FOR CONGRESS**

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

*[PERSONAL FUNDS]*

Election: 2014

**BOB E DINGETHAL**

Primary  
 General  
 Other (specify) ▼

Mailing Address  
17811 NW 56TH AVE

City State ZIP Code  
RIDGEFIELD WA 98642

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

**TERMS**

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

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

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

**SUBTOTALS** This Period This Page (optional)..... ▶ 200.00  
**TOTALS** This Period (last page in this line only)..... ▶ 875.95

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