

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Anders for Congress

ADDRESS (number and street)

2950 NEWMARKET PL #101-203

Check if different than previously reported. (ACC)

BELLINGHAM

WA

98226

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C C00496877

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

WA

01

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

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

Type or Print Name of Treasurer MARTIN MOSKOWITZ

Signature of Treasurer MARTIN MOSKOWITZ

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Anders for Congress

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	0.00	182723.47
(b) Total Contribution Refunds (from Line 20(d))	0.00	43576.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	0.00	139147.47
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	893.69	125155.42
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	893.69	125155.42
8. Cash on Hand at Close of Reporting Period (from Line 27).....	67433.44	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	52600.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Anders for Congress

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	162310.04
(ii) Unitemized.....	0.00	7234.52
(iii) TOTAL of contributions from individuals ▶	0.00	169544.56
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	8178.91
(d) The Candidate.....	0.00	5000.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	182723.47
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	262600.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	262600.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	653.92
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	0.00	445977.39

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	893.69	125155.42
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	210000.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	210000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	43576.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	43576.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	893.69	378731.42

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	68327.13
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	0.00
25. SUBTOTAL (add Line 23 and Line 24).....	68327.13
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	893.69
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	67433.44

**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 5 OF 10	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)
Anders for Congress

Full Name (Last, First, Middle Initial) A. IMAGINE DESIGN STUDIO			Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2012	
Mailing Address 424 W BAKERVIEW RD			Amount of Each Disbursement this Period 290.40	
City BELLINGHAM	State WA	Zip Code 98226-8176	Transaction ID : SB17.I246	
Purpose of Disbursement WEB SERVICE		001 Category/ Type		
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District: 00			

Full Name (Last, First, Middle Initial) B. LITZIA LLC			Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2012	
Mailing Address 314 E HOLLY ST SUITE 205			Amount of Each Disbursement this Period 81.53	
City BELLINGHAM	State WA	Zip Code 98225-4736	Transaction ID : SB17.I242	
Purpose of Disbursement WEB SERVICE		001 Category/ Type		
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District: 00			

Full Name (Last, First, Middle Initial) C. LITZIA LLC			Date of Disbursement M M / D D / Y Y Y Y 06 / 08 / 2012	
Mailing Address 314 E HOLLY ST SUITE 205			Amount of Each Disbursement this Period 32.61	
City BELLINGHAM	State WA	Zip Code 98225-4736	Transaction ID : SB17.I243	
Purpose of Disbursement WEB SERVICE		001 Category/ Type		
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District: 00			

SUBTOTAL of Disbursements This Page (optional).....	404.54
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 10			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Anders for Congress

Full Name (Last, First, Middle Initial) A. LITZIA LLC		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2012
Mailing Address 314 E HOLLY ST SUITE 205		Amount of Each Disbursement this Period 32.61
City BELLINGHAM	State WA Zip Code 98225-4736	
Purpose of Disbursement WEB SERVICE	001	Transaction ID : SB17.I244
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) B. PAKMAIL		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2012
Mailing Address 2950 NEWMARKET ST		Amount of Each Disbursement this Period 42.00
City BELLINGHAM	State WA Zip Code 98226-3872	
Purpose of Disbursement MAILBOX RENTAL	001	Transaction ID : SB17.I248
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) C. POGOZONE INTERNET SERVICES		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2012
Mailing Address PO BOX 974		Amount of Each Disbursement this Period 174.10
City LYNDEN	State WA Zip Code 98264-0974	
Purpose of Disbursement WEB SERVICE	001	Transaction ID : SB17.I245
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	248.71
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 10			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Anders for Congress

Full Name (Last, First, Middle Initial) A. QUICKBOOKS		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2012
Mailing Address 2632 MARINE WAY		Amount of Each Disbursement this Period 23.44 Transaction ID : SB17.I241
City MOUNTAIN VIEW State CA Zip Code 94043-1126	Purpose of Disbursement WEB SERVICE Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

Full Name (Last, First, Middle Initial) B. SANITARY SERVICE CO, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2012
Mailing Address PO BOX 35008		Amount of Each Disbursement this Period 27.42 Transaction ID : SB17.I249
City SEATTLE State WA Zip Code 98124-3408	Purpose of Disbursement UTILITIES Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

Full Name (Last, First, Middle Initial) C. SPRINT		Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2012
Mailing Address 3908 MERIDIAN ST SUITE 110		Amount of Each Disbursement this Period 189.58 Transaction ID : SB17.I247
City BELLINGHAM State WA Zip Code 98226-5580	Purpose of Disbursement PHONE SVC Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

SUBTOTAL of Disbursements This Page (optional).....	240.44
TOTAL This Period (last page this line number only).....	893.69

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)
Anders for Congress

Transaction ID : 1

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

[PERSONAL FUNDS]

Election: 2012

Greg Anders

Primary

General

Other (specify) ▼

Mailing Address

2950 Newmarket Place, #101-251

City

State

ZIP Code

Bellingham

WA

98226

Original Amount of Loan

10000.00

Cumulative Payment To Date

10000.00

Balance Outstanding at Close of This Period

0.00

TERMS

Date Incurred

06 / 30 / 2011

Date Due

07 / 01 / 2012

Interest Rate

6.00 % (apr)

Secured:

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

0.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Anders for Congress** Transaction ID : 2

LOAN SOURCE Full Name (Last, First, Middle Initial) **GREG ANDERS** *[PERSONAL FUNDS]* Election: 2012
 Primary
 General
 Other (specify) ▼

Mailing Address
 2950 NEWMARKET ST, #101-251

City State ZIP Code
 BELLINGHAM WA 98226-3872

Original Amount of Loan 177600.00	Cumulative Payment To Date 177600.00	Balance Outstanding at Close of This Period 0.00
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TERMS

Date Incurred M 09 / D 30 / Y 2011	Date Due M 07 / D 01 / Y 2012	Interest Rate 8.00 % (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: []

SUBTOTALS This Period This Page (optional).....	[] 0.00
TOTALS This Period (last page in this line only).....	[]

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Anders for Congress** Transaction ID : 3

LOAN SOURCE Full Name (Last, First, Middle Initial) **GREG ANDERS** *[PERSONAL FUNDS]* Election: 2012
 Primary
 General
 Other (specify) ▼

Mailing Address
 2950 NEWMARKET ST, #101-251

City State ZIP Code
 BELLINGHAM WA 98226-3872

Original Amount of Loan 75000.00	Cumulative Payment To Date 22400.00	Balance Outstanding at Close of This Period 52600.00
-------------------------------------	--	---

TERMS

Date Incurred M 12 / D 30 / Y 2011	Date Due M 07 / D 01 / Y 2012	Interest Rate 8.00 % (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: []

SUBTOTALS This Period This Page (optional).....	▶	52600.00
TOTALS This Period (last page in this line only).....	▶	52600.00

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