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Image# 12952236945

FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An	Authorized Com	mittee			Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRIN		ample: If typin er the lines.	g, type	12FE4M5	
Anders for Congres	SS					1
ADDRESS (number and stree		RKET PL #101-203				
Check if different						
than previously reported. (ACC)	BELLINGHAN	<b>Л</b> 			WA L	98226
2. FEC IDENTIFICATIO	N NUMBER ▼	CITY ▲			STATE A	ZIP CODE
C C00496877		3. IS THIS REPORT	X NEW (N)	OR	AMEND (A)	STATE ▼ DISTRICT
4. TYPE OF REPORT	(Choose One)					
(a) Quarterly Reports	,	(b) 12-Day <b>PRE</b>	-Election Repo	ort for the:		_
April 15 Over	touls Donout (O1)	Ш	Primary (12P	)	General (1	2G) Runoff (12R)
_	terly Report (Q1)		Convention (	12C)	Special (12	2S)
X July 15 Quart	erly Report (Q2)		Total .			
October 15 Q	uarterly Report (Q3)	Election on	M - M /	D D /	V - V - V - V	in the State of
January 31 Ye	ear-End Report (YE)	(c) 30-Day <b>POS</b>	<b>T</b> -Election Rep	oort for the:		
			General (30G	i)	Runoff (30	R) Special (30S)
Termination R	eport (TER)	Election on	M M /	D D /	Y " Y " Y	in the State of
5. Covering Period	M M / D D 01	2012 Y Y Y	through	м <sup>м</sup> м	/ 30 /	2012
I certify that I have examin	ed this Report and to	o the best of my kr	owledge and	belief it is tr	ue, correct and	l complete.
Type or Print Name of Trea	asurer MARTIN MO	SKOWITZ				
Signature of Treasurer	MARTIN MOSKOWITZ	7.	[Electronically I	Filed] [	Date 06	/ 29 / Y Y Y Y Y Y 2012
NOTE: Submission of false,	erroneous, or incompl	ete information may	subject the per	son signing	this Report to th	ne penalties of 2 U.S.C. §437g.
Office Use Only						FEC FORM 3 (Revised 02/2003)

#### SUMMARY PAGE

FEC Form 3 (Revised 02/2003) of Receipts and Disbursements

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Write or Type Committee Name

06 30 2012 01 2012 Report Covering the Period: From: To: **COLUMN B COLUMN A Election Cycle-to-Date** This Period Net Contributions (other than loans) **Total Contributions** (a) 0.00 182723.47 (other than loans) (from Line 11(e)) .... (b) Total Contribution Refunds 0.00 43576.00 (from Line 20(d)) ..... (c) Net Contributions (other than loans) 0.00 139147.47 (subtract Line 6(b) from Line 6(a)) ...... Net Operating Expenditures (a) Total Operating Expenditures 893.69 125155.42 (from Line 17) ..... (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 893.69 125155.42 (subtract Line 7(b) from Line 7(a)) ...... Cash on Hand at Close of 67433.44 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 52600.00 Schedule C and/or Schedule D).....

#### 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

PAGE 3 / 10

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Anders for Congress

Report Covering the Period: From:	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
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(e) TOTAL CONTRIBUTIONS	0.00	5000.00
(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	182723.47
2. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
3. 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
4. OFFSETS TO OPERATING		
EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
5. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	653.92
6. 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

FEC Form 3 (Revised 02/2003)

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	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	0.00	210000.00
	by the Candidate(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
	<ul><li>(b) Political Party Committees</li><li>(c) Other Political Committees</li></ul>	0.00	0.00
	(such as PACs)	0.00	0.00
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	43576.00
1.	OTHER DISBURSEMENTS	0.00	0.00
2.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	893.69	378731.42
	III. CASH SU	MMARY	
23.	CASH ON HAND AT BEGINNING OF REPOR	RTING PERIOD	68327.13
4	TOTAL RECEIPTS THIS PERIOD (from Line 1	16, page 3)	0.00
5.	SUBTOTAL (add Line 23 and Line 24)		68327.13
6.	TOTAL DISBURSEMENTS THIS PERIOD (from	m Line 22)	893.69
7.	CASH ON HAND AT CLOSE OF REPORTING	G PERIOD	67433.44

### S

ln	nage# 12952236949						
	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate sc for each categor Detailed Summa	y of the	FOR LINE NUMBER: (check only one)  X 17 20a	1 · H	5 C 19a 20c	19b
	ny information copied from such Reports and Statements n for commercial purposes, other than using the name and NAME OF COMMITTEE (In Full) Anders for Congress						
Α.	Full Name (Last, First, Middle Initial) IMAGINE DESIGN STUDIO			Date of Disburse	D / Y	Y	Y
	Mailing Address 424 W BAKERVIEW RD  City State BELLINGHAM WA  Purpose of Disbursement WEB SERVICE  Candidate Name	Zip Code 98226-8176	001 Category/ Type	Amount of Each  Transaction ID : Si	Disbursemer	2012 nt this F 290.	-
В.	Office Sought:  House Senate President President Other (s  State: District: 00  Full Name (Last, First, Middle Initial) LITZIA LLC  Mailing Address 314 E HOLLY ST SUITE 205	General		Date of Disburse	D / Y	y y 2012	Y
	City State  BELLINGHAM WA  Purpose of Disbursement WEB SERVICE  Candidate Name  Office Sought: House Senate Primary President State: District: 00	General	001 Category/ Type	Amount of Each Transaction ID : Si		nt this F	
C.	Full Name (Last, First, Middle Initial)  LITZIA LLC  Mailing Address 314 E HOLLY ST SUITE 205			Date of Disburse	D / Y Y	2012	Y
		ip Code 98225-4736	001 Category/ Type	Amount of Each Transaction ID : SE			Period .61

General

Disbursement For: 2012 Primary

Other (specify)

Office Sought:

State:

House

Senate

District:

President

00

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	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS		I .		FOR LINE NUMBER: PAGE 6 OF 10 (check only one)    X   17
	ny information copied from such Reports and S for commercial purposes, other than using the				erson for the purpose of soliciting contributions e to solicit contributions from such committee.
$\rangle$	NAME OF COMMITTEE (In Full) Anders for Congress				
۱.	Full Name (Last, First, Middle Initial) LITZIA LLC				Date of Disbursement
	Mailing Address 314 E HOLLY ST SUITE 205				06 12 2012
	City BELLINGHAM	State WA	Zip Code 98225-4736		Amount of Each Disbursement this Period
	Purpose of Disbursement WEB SERVICE			001	32.61 Transaction ID : SB17.I244
	Candidate Name			Category/ Type	Transaction ib . 3617.1244
	Senate President	rsement For Primary Other (s	General	- 7/2-	
	State: District: 00				
3.	Full Name (Last, First, Middle Initial) PAKMAIL  Mailing Address 2950 NEWMARKET ST				Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code		
	BELLINGHAM	WA	98226-3872		Amount of Each Disbursement this Period
	Purpose of Disbursement MAILBOX RENTAL			001	42.00 Transaction ID : SB17.I248
	Candidate Name			Category/ Type	
		Primary Other (s	General		
	Full Name (Last, First, Middle Initial)				
).	POGOZONE INTERNET SERV	ICES			Date of Disbursement
	Mailing Address PO BOX 974				04 06 7 2012
	,		p Code		Amount of Each Disbursement this Period
	Purpose of Disbursement WEB SERVICE	WEB SEDVICE			
	Candidate Name			001 Category/ Type	Transaction ID : SB17.I245
	Office Sought: House Disbu Senate President	Primary Other (s	General		
	State: District: 00				
					248 71

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

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

#### S

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate sc for each categor Detailed Summa	y of the	FOR LINE NUMBER: PAGE 7 OF 10 (check only one)    X   17
	y information copied from such Reports and Statements m for commercial purposes, other than using the name and			person for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Anders for Congress	,		
Α.	Full Name (Last, First, Middle Initial) QUICKBOOKS			Date of Disbursement
	Mailing Address 2632 MARINE WAY			04 09 2012
	City State MOUNTAIN VIEW CA	Zip Code 94043-1126		Amount of Each Disbursement this Period
	Purpose of Disbursement WEB SERVICE		001	23.44 Transaction ID : SB17.J241
	Candidate Name		Category/ Type	Transaction is . 3517.1241
	Office Sought:  House Senate President  Disbursement For Primary Other (s	General		
_	State: District: 00 Full Name (Last, First, Middle Initial)			
В.	SANITARY SERVICE CO, INC.  Mailing Address PO BOX 35008			Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		03 11 2012		
	City State SEATTLE WA	Zip Code 98124-3408		Amount of Each Disbursement this Period
	Purpose of Disbursement UTILITIES	001	27.42 Transaction ID : SB17.J249	
	Candidate Name	Category/ Type	Transaction 15 : 5517.1245	
	Office Sought:  House Senate President  Disbursement For Primary Other (s	General		
_	State: District: 00			
C.	Full Name (Last, First, Middle Initial) SPRINT			Date of Disbursement
	Mailing Address 3908 MERIDIAN ST SUITE 110			05
	-	p Code 8226-5580		Amount of Each Disbursement this Period
	BELLINGHAM WA 9 Purpose of Disbursement PHONE SVC	001	189.58	
	Candidate Name	Category/ Type	Transaction ID : SB17.I247	
	Office Sought:  House Senate President  Disbursement For Primary Other (s	General	1 765	
_	State: District: 00	. ,,		
s	UBTOTAL of Disbursements This Page (optional)			240.44

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

893.69

### SCHEDULE C (FEC Form 3)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE

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×	13a
	13h

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OANS			for each category of the Detailed Summary Page (check only one) X 13a
IAME OF COMMITTEE (In Fu	II)		Transaction ID : 1
LOAN SOURCE Full Nam Greg Anders	ne (Last, First, Mi	ddle Initial)	[PERSONAL FUNDS] Election: 2012  Primary  General
Mailing Address 2950 Newmarket Place, #10	1-251		Other (specify) ▼
City		State 2	ZIP Code
Bellingham		WA	98226
Original Amount of Loan	10000.00	Cumulative Payn	nent To Date  Balance Outstanding at Close of This Period  10000.00  0.00
TERMS  Date Incurre	ed Ž011 <sup>Y</sup>	Dat M07 M / D01 D	te Due Interest Rate Secured:  / Y Ž01Ž Y 6.00 % (apr) Yes No
List All Endorsers or Gua		o Loan Source	
1. Full Name (Last, First,	Middle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, N	Middle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, N	Middle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, N	Middle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This	s Page (optional).		0.00
TOTALS This Period (last pag	ge in this line onl	y)	······································
Carry outstanding balance of	nly to LINE 3, Sc	hedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.

## SCHEDULE C (FEC Form 3)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE

X	13a
	13h

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OANS			for each category of the Detailed Summary Pag	
AME OF COMMITTEE (In Ful	1)		Transac	ction ID : 2
LOAN SOURCE Full Name GREG ANDERS  Mailing Address 2950 NEWMARKET ST, #101		ddle Initial)	[PERSONAL FUNDS]	Election: 2012  Primary  General  Other (specify)
City			Code 26-3872	1
BELLINGHAM  Original Amount of Loan		Cumulative Payment		ance Outstanding at Close of This Period
Original Amount of Edul	177600.00	Guindative 1 ayrıcıla	177600.00	0.00
TERMS  Date Incurre	ž011 <sup>Y</sup>	Date D	lue Interest Rate  Y 2012 Y 8.00	
List All Endorsers or Gua	` ',	o Loan Source		163 140
1. Full Name (Last, First, I	Middle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Guaranteed Outstanding:	7
2. Full Name (Last, First, M	Middle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	7
3. Full Name (Last, First, M	Middle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	7
4. Full Name (Last, First, M	Middle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	9 9
SUBTOTALS This Period This	Page (optional).		·····	0.00
FOTALS This Period (last pag	e in this line onl	y)	······	
Carry outstanding balance or	nly to LINE 3, Sc	nedule D, for this line.	If no Schedule D, carry forv	ward to appropriate line of Summary.

#### SCHEDULE C (FEC Form 3)

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

**PAGE** 

10

×	13a
	13h

10

**LOANS** (check only one) Detailed Summary Page Transaction ID: 3 NAME OF COMMITTEE (In Full) Anders for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary **GREG ANDERS** General Mailing Address Other (specify)  $\blacktriangledown$ 2950 NEWMARKET ST, #101-251 State ZIP Code City WA 98226-3872 **BELLINGHAM** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 75000.00 22400.00 52600.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 010 <sup>м</sup> 12<sup>м</sup> <sup>D</sup>30 2011 <sup>M</sup>07 2012 8.00 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State 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.