

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS
For An Authorized Committee

RECEIVED
2014 OCT 20 AM 10:16
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

FEC MAIL CENTER
12FE4M5

The Committee to Elect Robert J. Sutherland

ADDRESS (number and street) P.O. Box 1945

Check if different than previously reported. (ACC)

Granite Falls WA 98252

2. FEC IDENTIFICATION NUMBER ▼

C 00561878

3. IS THIS REPORT NEW (N) OR AMENDED (A)
CITY ▲ STATE ▲ ZIP CODE ▲ STATE ▼ DISTRICT
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 MM/DD/YYYY in the State of

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

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

Election on MM/DD/YYYY in the State of

5. Covering Period

07 / 21 / 2014 through 09 / 30 / 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 Donna M. Sutherland

Signature of Treasurer

Donna M. Sutherland

Date

10 / 13 / 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

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

The Committee to Elect Robert J. Sutherland

Report Covering the Period: From:

07 / 21 / 2014

To:

09 / 30 / 2014

**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))

580.00

1,875.00

(b) Total Contribution Refunds (from Line 20(d))

0.00

0.00

(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))

580.00

1,875.00

7. Net Operating Expenditures

(a) Total Operating Expenditures (from Line 17)

1,046.40

4,756.55

(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))

1,046.40

4,756.55

8. Cash on Hand at Close of Reporting Period (from Line 27)

424.94

9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)

0.00

10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)

0.00

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

The Committee to Elect Robert J. Sutherland

Report Covering the Period: From:

MM	DD	YYYY
07	01	2014

 To:

MM	DD	YYYY
07	20	2014

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).....

500 00

1,795 00

(ii) Unitemized.....

80 00

80 00

(iii) TOTAL of contributions from individuals ▶

580 00

1,875 00

(b) Political Party Committees.....

0 00

0 00

(c) Other Political Committees (such as PACs).....

0 00

0 00

(d) The Candidate.....

0 00

0 00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

580 00

1,875 00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0 00

0 00

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

0 00

2740 00

(b) All Other Loans.....

0 00

0 00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0 00

2740 00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

0 00

0 00

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

0 00

0 00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

580 00

4,615 00

FORM 1111 001000

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	46.40	3,756.55
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0 00	0 00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	1,000 00	1,000 00
(b) Of All Other Loans	0 00	0 00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	1,000 00	1,000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0 00	0 00
(b) Political Party Committees.....	0 00	0 00
(c) Other Political Committees (such as PACs).....	0 00	0 00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	1,000 00	1,000 00
21. OTHER DISBURSEMENTS.....	0 00	0 00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	1,046.40	4,756.55

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	891 34
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	580 00
25. SUBTOTAL (add Line 23 and Line 24).....	1,471 34
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	1,046.40
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	424.94

**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 1 OF 1	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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)
The Committee to Elect Robert J. Sutherland

Full Name (Last, First, Middle Initial) A. James Ervin		Date of Receipt MM / DD / YYYY 07 / 24 / 2014
Mailing Address 12602 E. Willowcrest Lane		Amount of Each Receipt this Period 200.00
City Spokane Valley, WA 99003	State Zip Code	
FEC ID number of contributing federal political committee. C 00561878		Amount of Each Receipt this Period 400.00
Name of Employer Retired	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00	

Full Name (Last, First, Middle Initial) B. Lisa Schuh		Date of Receipt MM / DD / YYYY 07 / 25 / 2014
Mailing Address 2908 112th Ave SE		Amount of Each Receipt this Period 100.00
City Lake Stevens, WA 98252	State Zip Code	
FEC ID number of contributing federal political committee. C 00561878		Amount of Each Receipt this Period 100.00
Name of Employer Undisclosed	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) C. John M. Henno		Date of Receipt MM / DD / YYYY 08 / 27 / 2014
Mailing Address 26334 106th Pl SE, #M102		Amount of Each Receipt this Period 100.00
City Kent, WA 98030	State Zip Code	
FEC ID number of contributing federal political committee. C 00561878		Amount of Each Receipt this Period 100.00
Name of Employer Retired	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	400.00
TOTAL This Period (last page this line number only).....	

1-800-438-6800

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

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

FOR LINE NUMBER: PAGE **2** OF **2**
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
The Committee to Elect Robert J. Sutherland

A. Full Name (Last, First, Middle Initial)
George P. Moody

Mailing Address
1505 Alpine View Dr.

City **Mount Vernon, WA** State Zip Code **98274**

FEC ID number of contributing federal political committee. **C 00561878**

Name of Employer **Undisclosed** Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2014

Amount of Each Receipt this Period

100.00

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C 00561878**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D 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 M	/	D 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)

180.00

580.00

LAWSON: HAN: BONN: H

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

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

FOR LINE NUMBER: PAGE 1 OF 3
(check only one)
 17 20a 18 20b 19a 20c 19b 21

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NAME OF COMMITTEE (In Full)
The Committee to Elect Robert J. Sutherland

A. Whidbey Island Bank

Full Name (Last, First, Middle Initial) _____

Date of Disbursement: / /

Mailing Address: **P.O. Box 7001**

City: **Oak Harbor, WA 98277** State: _____ Zip Code: _____

Purpose of Disbursement: **Bank Service Fee** Category/Type:

Candidate Name: **Robert J. Sutherland**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: **WA** District: **1**

Amount of Each Disbursement this Period:

B. Minuteman Press

Full Name (Last, First, Middle Initial) _____

Date of Disbursement: / /

Mailing Address: **3201 Rucker Ave., Ste B**

City: **Everett WA 98201** State: **WA** Zip Code: **98201**

Purpose of Disbursement: **Artwork - signs** Category/Type:

Candidate Name: **Robert J. Sutherland**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: **WA** District: **1**

Amount of Each Disbursement this Period:

C. Whidbey Island Bank

Full Name (Last, First, Middle Initial) _____

Date of Disbursement: / /

Mailing Address: **P.O. Box 7001**

City: **Oak Harbor, WA 98277** State: _____ Zip Code: _____

Purpose of Disbursement: **Service Fee** Category/Type:

Candidate Name: **Robert J. Sutherland**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: **WA** District: **001**

Amount of Each Disbursement this Period:

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

FACSIMILE COPY

**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)

<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" 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)
The Committee to Elect Robert J. Sutherland

Full Name (Last, First, Middle Initial)
A. Robert J. Sutherland

Mailing Address
6410 221st Ave NE

City **Granite Falls, WA** State Zip Code **98252**

Purpose of Disbursement
Partial Loan Repayment

Candidate Name
Robert J. Sutherland

Office Sought: House Senate President
State: **WA** District: **1**

Disbursement For: Primary General Other (specify)

Date of Disbursement
08 / 20 / 2014

Amount of Each Disbursement this Period
1,000 00

Category/Type
009

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: **WA** District: **1**

Disbursement For: Primary General Other (specify)

Date of Disbursement
MM / DD / YYYY

Amount of Each Disbursement this Period

Category/Type

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name
Robert J. Sutherland

Office Sought: House Senate President
State: **WA** District: **001**

Disbursement For: Primary General Other (specify)

Date of Disbursement
MM / DD / YYYY

Amount of Each Disbursement this Period

Category/Type

SUBTOTAL of Disbursements This Page (optional) **1,000.00**

TOTAL This Period (last page this line number only)

11/10/08 11:11:11 AM

**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 3 OF 3	
	<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)
The Committee to Elect Robert J. Sutherland

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. Whidbey Island Bank		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
Mailing Address P.O. Box 7001		Amount of Each Disbursement this Period <input type="text" value="8 00"/>
City Oak Harbor, WA 98277	State Zip Code	
Purpose of Disbursement Bank Service Fee	<input type="text" value="001"/>	
Candidate Name Robert J. Sutherland	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WA District: 1		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Paypal		<input type="text" value="07"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
Mailing Address P.O. Box 105658		Amount of Each Disbursement this Period <input type="text" value="9 30"/>
City Atlanta, GA 30348	State Zip Code	
Purpose of Disbursement Service fee	<input type="text" value="001"/>	
Candidate Name Robert J. Sutherland	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WA District: 1		

Full Name (Last, First, Middle Initial)		Date of Disbursement
C.		<input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address		Amount of Each Disbursement this Period <input type="text"/>
City	State Zip Code	
Purpose of Disbursement	<input type="text" value="001"/>	
Candidate Name Robert J. Sutherland	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WA District: 001		

SUBTOTAL of Disbursements This Page (optional).....	<input type="text" value="17 30"/>
TOTAL This Period (last page this line number only).....	<input type="text" value="1,046.40"/>

4-1000 (FEC) - 10/11

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full)
The Committee to Elect Robert J. Sutherland

LOAN SOURCE Full Name (Last, First, Middle Initial)	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Mailing Address		
City	State	ZIP Code

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> % (apr)	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City	State	ZIP Code
	Amount Guaranteed Outstanding:	<input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City	State	ZIP Code
	Amount Guaranteed Outstanding:	<input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City	State	ZIP Code
	Amount Guaranteed Outstanding:	<input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City	State	ZIP Code
	Amount Guaranteed Outstanding:	<input type="text"/>

SUBTOTALS This Period This Page (optional).....	<input type="text"/>
TOTALS This Period (last page in this line only).....	<input type="text"/>

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

FROM: HHH: CONUS

SCHEDULE C-1 (FEC Form 3)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for
 Information found on
 Page ____ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) The Committee to Elect Robert J. Sutherland	FEC IDENTIFICATION NUMBER C _____
--	---

LENDING INSTITUTION (LENDER) Full Name	Amount of Loan _____	Interest Rate (APR) _____ %
---	-------------------------	--------------------------------

Mailing Address	Date Incurred or Established M M / D D / Y Y Y Y Y Y	Date Due M M / D D / Y Y Y Y Y Y
City State Zip Code		

A. Has loan been restructured? No Yes If yes, date originally incurred M M / D D / Y Y Y Y Y Y

B. If line of credit, Amount of this Draw: _____ Total Outstanding Balance: _____

C. Are other parties secondarily liable for the debt incurred?
 No Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
 No Yes If yes, specify: _____

What is the value of this collateral?

Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No Yes If yes, specify: _____

What is the estimated value?

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Location of account: _____
 Address: _____
 Date account established: M M / D D / Y Y Y Y Y Y
 City, State, Zip: _____

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER Typed Name Signature	DATE M M / D D / Y Y Y Y Y Y
---	---------------------------------

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

- I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
- II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
- III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature	DATE M M / D D / Y Y Y Y Y Y
Title	

ASTON | HNN | CONDO

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
The Committee to Elect Robert J. Sutherland

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
<input type="text"/>	Amount Incurred This Period	Payment This Period
<input type="text"/>	<input type="text"/>	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
<input type="text"/>	Amount Incurred This Period	Payment This Period
<input type="text"/>	<input type="text"/>	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
<input type="text"/>	Amount Incurred This Period	Payment This Period
<input type="text"/>	<input type="text"/>	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

2000-11-16 10:11:00 AM

FEC FORM 3Z (File with Form 3)

CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS

(To Be Used By A Principal Campaign Committee)

Name of Principal Campaign Committee (In Full)	Report Covering Period: From: <table style="display: inline-table; border: 1px solid black; text-align: center; width: 40px; height: 20px;">M M M</table> / <table style="display: inline-table; border: 1px solid black; text-align: center; width: 40px; height: 20px;">D D D</table> / <table style="display: inline-table; border: 1px solid black; text-align: center; width: 60px; height: 20px;">Y Y Y Y Y Y Y Y</table> To: <table style="display: inline-table; border: 1px solid black; text-align: center; width: 40px; height: 20px;">M M M</table> / <table style="display: inline-table; border: 1px solid black; text-align: center; width: 40px; height: 20px;">D D D</table> / <table style="display: inline-table; border: 1px solid black; text-align: center; width: 60px; height: 20px;">Y Y Y Y Y Y Y Y</table>
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Committee Name	(a) Line No. 11(a) Total Contributions From Indiv./Persons Other Than Political Committees	(b) Line No. 11(b) Total Contributions From Political Party Committees
A		
B	Column Total Last Page Only.....	

	(c) Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate	(e) Line No. 11(e) Total Contributions	(f) Line No. 12 Total Transfers From Other Authorized Committees	(g) Line No. 13(a) Total Loans Made or Guaranteed by the Candidate	(h) Line No. 13(b) Total All Other Loans
A						
B						
	(i) Line No. 13(c) Total Loans	(j) Line No. 14 Total Offsets to Operating Expenditures	(k) Line No. 15 Total Other Receipts	(l) Line No. 16 Total Receipts	(m) Line No. 17 Total Operating Expenditures	(n) Line No. 18 Total Transfers to Other Authorized Committees
A						
B						
	(o) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by The Can- didate	(p) Line No. 19(b) Total Loan Repayments of All Other Loans	(q) Line No. 19(c) Total Loan Repayments	(r) Line No. 20(a) Total Contribution Refunds to Individuals/Persons	(s) Line No. 20(b) Total Contribution Refunds to Political Party Committees	(t) Line No. 20(c) Total Contribution Refunds to Other Political Committees
A						
B						
	(u) Line No. 20(d) Total Contribution Refunds	(v) Line No. 21 Total Other Disbursements	(w) Line No. 22 Total Disbursements	(x) Line No. 23 Cash on Hand Beginning of Reporting Period	(y) Line No. 27 Cash on Hand Close of Reporting Period	(z) Line No. 9 Debts & Obligations Owed TO the Committee
A						
B						
	(aa) Line No. 10 Debts & Obligations Owed BY the Committee	(bb) Line No. 6(c) Net Contributions	(cc) Line No. 7(c) Net Operating Expenditures			
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