

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 Friends of Dave Reichert

ADDRESS (number and street) PO Box 2032 Check if different than previously reported. (ACC) Issaquah WA 98027

2. FEC IDENTIFICATION NUMBER C C00397737 3. IS THIS REPORT NEW (N) OR AMENDED (A) WA 08

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 MM/DD/YYYY 04/01/2015 through MM/DD/YYYY 06/30/2015

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 Kate Lind

Signature of Treasurer Kate Lind [Electronically Filed] Date MM/DD/YYYY 07/15/2015

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Friends of Dave Reichert

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))....	122445.51	327225.01
(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)).....	122445.51	327225.01
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	70150.02	194205.35
(b) Total Offsets to Operating Expenditures (from Line 14).....	884.43	4234.43
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	69265.59	189970.92
8. Cash on Hand at Close of Reporting Period (from Line 27).....	568005.94	
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)

Write or Type Committee Name

Friends of Dave Reichert

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).....	37835.00	121205.00
(ii) Unitemized.....	10360.51	20270.01
(iii) TOTAL of contributions from individuals ▶	48195.51	141475.01
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	74250.00	185750.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	122445.51	327225.01
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	884.43	4234.43
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)..... ▶	123329.94	331459.44

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	70150.02	194205.35
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
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)).....	0.00	0.00
21. OTHER DISBURSEMENTS	5000.00	5000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	75150.02	199205.35

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	519826.02
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	123329.94
25. SUBTOTAL (add Line 23 and Line 24).....	643155.96
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	75150.02
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	568005.94

**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 5 OF 86
	<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)
Friends of Dave Reichert

A. Full Name (Last, First, Middle Initial)
MR. JEFF E. BJORNSTAD

Mailing Address 601 PENNSYLVANIA AVENUE, NW, APT #

City WASHINGTON State DC Zip Code 20004-2650

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

Name of Employer SELF EMPLOYED Occupation CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 01 / 2015

Transaction ID : SA11.36800

Amount of Each Receipt this Period
500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JEFF E. BJORNSTAD

Mailing Address 601 PENNSYLVANIA AVENUE, NW, APT #

City WASHINGTON State DC Zip Code 20004-2650

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

Name of Employer SELF EMPLOYED Occupation CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 16 / 2015

Transaction ID : SA11.37174

Amount of Each Receipt this Period
500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
KAREN A. BLEDSOE

Mailing Address 700 NW GILMAN BLVD NO 445

City ISSAQUAH State WA Zip Code 98027-5395

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

Name of Employer LINDA WERNER & ASSOCIATES Occupation TECHNICAL WRITER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2100.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 16 / 2015

Transaction ID : SA11.37169

Amount of Each Receipt this Period
600.00
CONTRIBUTION

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

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

1600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 86
	<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)
Friends of Dave Reichert

A. Full Name (Last, First, Middle Initial)
ADRIAN BLOCKER

Mailing Address 4024 BURNHAM DRIVE

City State Zip Code
GIG HARBOR WA 98332-1006

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 14 / 2015

Transaction ID : SA11.36925

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

Mailing Address 522 131ST AVE NE

City State Zip Code
BELLEVUE WA 98005-3343

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

Name of Employer Occupation
ELEMEN, BOHRER & THULEN PS ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 04 / 2015

Transaction ID : SA11.37096

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

Mailing Address 522 131ST AVE NE

City State Zip Code
BELLEVUE WA 98005-3343

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

Name of Employer Occupation
ELEMEN, BOHRER & THULEN PS ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 09 / 2015

Transaction ID : SA11.37133

Amount of Each Receipt this Period
500.00
CONTRIBUTION

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

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

2500.00

**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 7 OF 86
	<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)
Friends of Dave Reichert

A. Full Name (Last, First, Middle Initial)
BRUCE BORAM

Mailing Address 401 NE RAVENNA BLVD #151

City SEATTLE State WA Zip Code 98115-8443

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

Name of Employer SELF Occupation CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 09 / 2015

Transaction ID : SA11.37134

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
SUZANNE M. BURKE

Mailing Address 7542 34TH AVE NW

City SEATTLE State WA Zip Code 98117-4723

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

Name of Employer FREMONT DOCK COMPANY Occupation DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 09 / 2015

Transaction ID : SA11.37135

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DORIS O. CASSAN

Mailing Address 2737 78TH AVE SE STE 201

City MERCER ISLAND State WA Zip Code 98040-2843

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 06 / 2015

Transaction ID : SA11.36913

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 86
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Friends of Dave Reichert

A. Full Name (Last, First, Middle Initial)
DORIS O. CASSAN

Mailing Address 2737 78TH AVE SE STE 201

City: MERCER ISLAND State: WA Zip Code: 98040-2843

FEC ID number of contributing federal political committee: C

Name of Employer: NONE Occupation: HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 1500.00

Date of Receipt: 06 / 09 / 2015

Transaction ID : SA11.37136

Amount of Each Receipt this Period: 500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DANIEL P. CHRISTENSEN

Mailing Address 66 HIGH RANGE RD

City: LONDONDERRY State: NH Zip Code: 03053-3120

FEC ID number of contributing federal political committee: C

Name of Employer: HANCOCK NATURAL RESOURCE GROUP Occupation: CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 04 / 06 / 2015

Transaction ID : SA11.36915

Amount of Each Receipt this Period: 500.00

CONTRIBUTION

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

Mailing Address 7650 SE 27TH ST

City: MERCER ISLAND State: WA Zip Code: 98040-3060

FEC ID number of contributing federal political committee: C

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 06 / 09 / 2015

Transaction ID : SA11.37137

Amount of Each Receipt this Period: 250.00

CONTRIBUTION

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

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

1250.00

**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 86
	<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)
Friends of Dave Reichert

A. Full Name (Last, First, Middle Initial)
THOMAS G. ECKHART

Mailing Address 10612 NE 46TH ST

City State Zip Code
KIRKLAND WA 98033-7611

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

Name of Employer Occupation
UCONS LLC OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 06 / 2015

Transaction ID : SA11.36914

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
KIMBERLY L. ELLIS

Mailing Address 5829 21ST STREET, N

City State Zip Code
ARLINGTON VA 22205-3309

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

Name of Employer Occupation
MONUMENT POLICY GROUP VP GOVERNMENT RELATIONS

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 01 / 2015

Transaction ID : SA11.36802

Amount of Each Receipt this Period
500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
SAMUEL E. ENFIELD

Mailing Address 3037 42ND AVE W

City State Zip Code
SEATTLE WA 98199-2421

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

Name of Employer Occupation
MAP ROYALTY DEVELOPE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 18 / 2015

Transaction ID : SA11.37171

Amount of Each Receipt this Period
500.00
CONTRIBUTION

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 86
	<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)
Friends of Dave Reichert

A. Full Name (Last, First, Middle Initial)
MR. FRED L. FLEISCHMANN

Mailing Address 19927 SE 400TH ST

City ENUMCLAW State WA Zip Code 98022-8912

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 19 / 2015

Transaction ID : SA11.36983

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

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

Mailing Address 12405 NE 36TH PL

City BELLEVUE State WA Zip Code 98005-1328

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

Name of Employer DUBAI AEROSPACE ENTERPRISE Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 08 / 2015

Transaction ID : SA11.37131

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
VICKI S. GODAL

Mailing Address 1108 OAKMONT ST

City HAYS State KS Zip Code 67601-1824

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

Name of Employer SELF Occupation JOURNALIST

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 19 / 2015

Transaction ID : SA11.36985

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

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

1600.00

**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 86
	<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)
Friends of Dave Reichert

Full Name (Last, First, Middle Initial) SLADE GORTON		Date of Receipt MM / DD / YYYY 06 / 09 / 2015
Mailing Address 9435 NE 18TH ST		Transaction ID : SA11.37139
City CLYDE HILL	State WA	
Zip Code 98004-2541		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer SLADE GORTON LLC	Occupation CONSULTANT	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) DONALD G. GRAHAM JR.		Date of Receipt MM / DD / YYYY 05 / 19 / 2015
Mailing Address 6410 NE WINDERMERE RD		Transaction ID : SA11.36986
City SEATTLE	State WA	
Zip Code 98105-2056		Amount of Each Receipt this Period 2700.00
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00	

Full Name (Last, First, Middle Initial) THOMAS B. HAYWARD		Date of Receipt MM / DD / YYYY 05 / 19 / 2015
Mailing Address 900 UNIVERSITY ST APT 4E		Transaction ID : SA11.36990
City SEATTLE	State WA	
Zip Code 98101-2727		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	3450.00
TOTAL 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 12 OF 86
	<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)
Friends of Dave Reichert

A. Full Name (Last, First, Middle Initial)
ROBERT HEFFNER

Mailing Address 5009 176TH ST SE

City: **BOTHELL** State: **WA** Zip Code: **98012-6794**

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

Name of Employer: **FUSA** Occupation: **MANAGER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: **300.00**

Date of Receipt: **05 / 18 / 2015**

Transaction ID : SA11.36962

Amount of Each Receipt this Period: **200.00**

CONTRIBUTION

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

Mailing Address 13618 116TH ST CT E

City: **PUYALLUP** State: **WA** Zip Code: **98374-2473**

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

Name of Employer: **APPLE PHYSICAL THERAPY** Occupation: **PHYSICAL THERAPIST**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: **1000.00**

Date of Receipt: **06 / 30 / 2015**

Transaction ID : SA11.37196

Amount of Each Receipt this Period: **1000.00**

CONTRIBUTION

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

Mailing Address 4360 92ND AVE SE

City: **MERCER ISLAND** State: **WA** Zip Code: **98040-4215**

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

Name of Employer: **RETIRED** Occupation: **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: **250.00**

Date of Receipt: **06 / 30 / 2015**

Transaction ID : SA11.37192

Amount of Each Receipt this Period: **250.00**

CONTRIBUTION

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

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

1450.00

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

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

FOR LINE NUMBER: PAGE 13 OF 86
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Dave Reichert

A. Full Name (Last, First, Middle Initial)
BRUNO KELPSAS

Mailing Address 9006 VENN AVE SE

City State Zip Code
SNOQUALMIE WA 98065-5010

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

Name of Employer Occupation
AMAXRA SALES MANAGER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 09 / 2015

Transaction ID : SA11.37142

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

Mailing Address 6755 BEACH DR SW

City State Zip Code
SEATTLE WA 98136-1760

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 21 / 2015

Transaction ID : SA11.37049

Amount of Each Receipt this Period
 1500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
RICK E. KOCH

Mailing Address 1900 W NICKERSON ST

City State Zip Code
SEATTLE WA 98119-1661

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

Name of Employer Occupation
ALL CITY FENCE COMPANY OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 20 / 2015

Transaction ID : SA11.37038

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

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

2250.00

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

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

FOR LINE NUMBER: PAGE 14 OF 86
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Dave Reichert

A. Full Name (Last, First, Middle Initial)
BARBARA LILE-DUZSIK

Mailing Address 36939 198TH AVE SE

City Auburn State WA Zip Code 98092-9571

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

Name of Employer LILE INTERNATIONAL Occupation OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 28 / 2015

Transaction ID : SA11.37065

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

Mailing Address 4540 8TH AVE NE #905

City Seattle State WA Zip Code 98105-4739

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 09 / 2015

Transaction ID : SA11.37144

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
SISSI E. LONGTHORPE

Mailing Address P.O. BOX 5071

City Kent State WA Zip Code 98064-5071

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 14 / 2015

Transaction ID : SA11.36954

Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

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

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

850.00

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

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

FOR LINE NUMBER: PAGE 15 OF 86
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Dave Reichert

A. Full Name (Last, First, Middle Initial)
SISSI E. LONGTHORPE

Mailing Address P.O. BOX 5071

City State Zip Code
KENT WA 98064-5071

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
605.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 21 2015

Transaction ID : SA11.37051

Amount of Each Receipt this Period
200.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
SISSI E. LONGTHORPE

Mailing Address P.O. BOX 5071

City State Zip Code
KENT WA 98064-5071

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
605.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 21 2015

Transaction ID : SA11.37052

Amount of Each Receipt this Period
50.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
SISSI E. LONGTHORPE

Mailing Address P.O. BOX 5071

City State Zip Code
KENT WA 98064-5071

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
605.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 30 2015

Transaction ID : SA11.37205

Amount of Each Receipt this Period
35.00
 CONTRIBUTION

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

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

285.00

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

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

FOR LINE NUMBER: PAGE 16 OF 86
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of Dave Reichert

A. Full Name (Last, First, Middle Initial)
JUDY MANARO

Mailing Address 4028 41ST AVE SO

City SEATTLE State WA Zip Code 98118-1115

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2015

Transaction ID : SA11.37200

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
LT. MURRAY III

Mailing Address 1201 PACIFIC AVE STE 1750

City TACOMA State WA Zip Code 98402-4389

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 06 / 2015

Transaction ID : SA11.36908

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ANNETTE T. PARKS

Mailing Address 2125 FIRST AVENUE #2603

City SEATTLE State WA Zip Code 98121-2121

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

Name of Employer SELF-EMPLOYED Occupation REAL ESTATE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 18 / 2015

Transaction ID : SA11.37172

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

2000.00

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

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

FOR LINE NUMBER: PAGE 17 OF 86
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of Dave Reichert

A. Full Name (Last, First, Middle Initial)
DAVID PLUMMER

Mailing Address **737 250TH LANE NE**

City **SAMMAMISH** State **WA** Zip Code **98074-7305**

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 05 / 2015

Transaction ID : SA11.37148

Amount of Each Receipt this Period
2500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CHRISTINE H. RAMSDALL

Mailing Address **8221 CINDY LANE**

City **BETHESDA** State **MD** Zip Code **20817-6916**

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 16 / 2015

Transaction ID : SA11.37173

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
GEORGE W. ROWLEY

Mailing Address **1595 NW GILMAN BLVD STE 1**

City **ISSAQUAH** State **WA** Zip Code **98027-5329**

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

Name of Employer **ROWLEY PROPERTIES** Occupation **CEO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 11 / 2015

Transaction ID : SA11.37146

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

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

3750.00

**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 86
	<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)
Friends of Dave Reichert

A. Full Name (Last, First, Middle Initial)
MICHELLE SAILOR

Mailing Address **145 6TH AVE WEST**

City **KIRKLAND** State **WA** Zip Code **98033-5534**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFF** Occupation **UNEMPLOYED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 30 / 2015

Transaction ID : SA11.36946

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

Mailing Address **411 W. SMITH ST.**

City **SEATTLE** State **WA** Zip Code **98109-2155**

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

Name of Employer **FREEZER LONGLINE COALITION** Occupation **EXECUTIVE DIRECTOR**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 01 / 2015

Transaction ID : SA11.36806

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. MATHEW PATRICK THOMAS

Mailing Address **107 NE 64TH ST**

City **SEATTLE** State **WA** Zip Code **98115-6546**

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

Name of Employer **PACIFIC NW EQUIPMENT** Occupation **DIRECTOR OF SALES**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 08 / 2015

Transaction ID : SA11.37130

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

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

1750.00

**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 19 OF 86
	<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)
Friends of Dave Reichert

Full Name (Last, First, Middle Initial) A. KEN THURMAN		Date of Receipt M M / D D / Y Y Y Y Y 06 / 26 / 2015
Mailing Address P.O. BOX 2819		Transaction ID : SA11.37179
City KIRKLAND	State WA	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 2000.00
Name of Employer SELF-EMPLOYED	Occupation REAL ESTATE INVESTOR	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) B. DOUGLAS B. WELLS JR.		Date of Receipt M M / D D / Y Y Y Y Y 05 / 28 / 2015
Mailing Address 3642 W LAWTON ST		Transaction ID : SA11.37066
City SEATTLE	State WA	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 500.00
Name of Employer BARANOF & COURAGEOUS	Occupation EXECUTIVE	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) C. GEORGE H. WEYERHAEUSER		Date of Receipt M M / D D / Y Y Y Y Y 05 / 21 / 2015
Mailing Address P.O. BOX 1278		Transaction ID : SA11.37061
City TACOMA	State WA	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 5400.00
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	

SUBTOTAL of Receipts This Page (optional).....	7900.00
TOTAL 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 20 OF 86
	<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)
Friends of Dave Reichert

A. Full Name (Last, First, Middle Initial)
GEORGE H. WEYERHAEUSER

Mailing Address P.O. BOX 1278

City TACOMA State WA Zip Code 98401-1278

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2015

Transaction ID : SA11.37061B

Amount of Each Receipt this Period
-2700.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

B. Full Name (Last, First, Middle Initial)
GEORGE H. WEYERHAEUSER

Mailing Address P.O. BOX 1278

City TACOMA State WA Zip Code 98401-1278

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2015

Transaction ID : SA11.37248

Amount of Each Receipt this Period
2700.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION FROM PRIMARY**

C. Full Name (Last, First, Middle Initial)
POARCH BAND OF CREEK INDIANS

Mailing Address 5811 JACK SPRINGS ROAD

City ATMORE State AL Zip Code 36502-5025

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2015

Transaction ID : SA11.37226

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

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

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

1000.00

**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 86
	<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)
Friends of Dave Reichert

A. Full Name (Last, First, Middle Initial)
SINOQUALMIE TRIBE

Mailing Address **PO BOX 969**

City **SINOQUALMIE** State **WA** Zip Code **98065-0969**

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

Name of Employer _____ Occupation _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date **2700.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2015

Transaction ID : SA11.37238

Amount of Each Receipt this Period
2700.00
 CONTRIBUTION

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 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).....

2700.00

37835.00

**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 22 OF 86
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Dave Reichert

A. Full Name (Last, First, Middle Initial)
ABBVIE PAC

Mailing Address **1 N WAUKEGAN ROAD**

City **NORTH CHICAGO** State **IL** Zip Code **60064-1802**

FEC ID number of contributing federal political committee. **C C00536573**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 25 / 2015

Transaction ID : SA11.37188

Amount of Each Receipt this Period
 CONTRIBUTION **1500.00**

B. Full Name (Last, First, Middle Initial)
ACSPA-SURGEONS PAC

Mailing Address **20 F ST NW STE 1000**

City **WASHINGTON** State **DC** Zip Code **20001-6701**

FEC ID number of contributing federal political committee. **C C00382424**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2015

Transaction ID : SA11.37221

Amount of Each Receipt this Period
 CONTRIBUTION **1000.00**

C. Full Name (Last, First, Middle Initial)
AEGON USA, LLC/TRANSAMERICA CORP PAC

Mailing Address **1001 PENNSYLVANIA AVE NW**

City **WASHINGTON** State **DC** Zip Code **20004-2502**

FEC ID number of contributing federal political committee. **C C00236414**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 28 / 2015

Transaction ID : SA11.37083

Amount of Each Receipt this Period
 CONTRIBUTION **1000.00**

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

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

3500.00

**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 23 OF 86
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Dave Reichert

A. Full Name (Last, First, Middle Initial)
AMERICAN COUNCIL OF ENGINEERING PAC

Mailing Address 1015 15TH ST NW FL 8

City WASHINGTON State DC Zip Code 20005-2605

FEC ID number of contributing federal political committee. **C C00010868**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 18 / 2015

Transaction ID : SA11.37177

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AMERICAN COUNCIL OF ENGINEERING PAC

Mailing Address 1015 15TH ST NW FL 8

City WASHINGTON State DC Zip Code 20005-2605

FEC ID number of contributing federal political committee. **C C00010868**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : SA11.37228

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ASSOC FOR ADVANCED LIFE UNDERWRITING PAC

Mailing Address 11921 FREEDOM DR STE 1100

City RESTON State VA Zip Code 20190-5634

FEC ID number of contributing federal political committee. **C C00447565**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 07 / 2015

Transaction ID : SA11.36941

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 24 OF 86
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Dave Reichert

A. Full Name (Last, First, Middle Initial)
ASSOC FOR ADVANCED LIFE UNDERWRITING PAC

Mailing Address 11921 FREEDOM DR STE 1100

City RESTON State VA Zip Code 20190-5634

FEC ID number of contributing federal political committee. **C C00447565**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 11 / 2015

Transaction ID : SA11.37154

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
BANK OF AMERICA CORPORATION PAC

Mailing Address 1909 K ST NW STE 710

City WASHINGTON State DC Zip Code 20006-1173

FEC ID number of contributing federal political committee. **C C00364778**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 15 / 2015

Transaction ID : SA11.36928

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

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

Mailing Address 50 BEALE ST

City SAN FRANCISCO State CA Zip Code 94105-1813

FEC ID number of contributing federal political committee. **C C00103697**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 11 / 2015

Transaction ID : SA11.37153

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

4000.00

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

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

FOR LINE NUMBER: PAGE 25 OF 86
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Dave Reichert

A. Full Name (Last, First, Middle Initial)
CARPENTERS' LEG. IMPROVEMENT COMM. PAC

Mailing Address 101 CONSTITUTION AVE NW FL 10

City State Zip Code
WASHINGTON DC 20001-2153

FEC ID number of contributing federal political committee. **C C00001016**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : SA11.37215

Amount of Each Receipt this Period
 5000.00
 CONTRIBUTION

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

Mailing Address 601 PENNSYLVANIA AVE NW

City State Zip Code
WASHINGTON DC 20004-2601

FEC ID number of contributing federal political committee. **C C00007880**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : SA11.37210

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DAVITA HEALTHCARE PARTNERS, INC. POLITICAL ACTION

Mailing Address 32275 32ND AVE S

City State Zip Code
FEDERAL WAY WA 98001-9616

FEC ID number of contributing federal political committee. **C C00340943**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : SA11.37224

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

7000.00

**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 26 OF 86
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Dave Reichert

A. Full Name (Last, First, Middle Initial)
ESOP PAC

Mailing Address 1726 M ST NW STE 501

City WASHINGTON State DC Zip Code 20036-4522

FEC ID number of contributing federal political committee. **C** C00196089

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 4500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2015

Transaction ID : SA11.36940

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

Mailing Address 1726 M ST NW STE 501

City WASHINGTON State DC Zip Code 20036-4522

FEC ID number of contributing federal political committee. **C** C00196089

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 4500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 28 / 2015

Transaction ID : SA11.37082

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

Mailing Address 1726 M ST NW STE 501

City WASHINGTON State DC Zip Code 20036-4522

FEC ID number of contributing federal political committee. **C** C00196089

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 4500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 16 / 2015

Transaction ID : SA11.37178

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 27 OF 86
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Dave Reichert

A. Full Name (Last, First, Middle Initial)
GENERAL ELECTRIC CO. PAC

Mailing Address 1299 PENNSYLVANIA AVE NW STE 900W

City WASHINGTON State DC Zip Code 20004-2400

FEC ID number of contributing federal political committee. **C C00024869**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : SA11.37225

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
GENERAL ELECTRIC CO. PAC

Mailing Address 1299 PENNSYLVANIA AVE NW STE 900W

City WASHINGTON State DC Zip Code 20004-2400

FEC ID number of contributing federal political committee. **C C00024869**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : SA11.37231

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
GENERAL MOTORS CORP. PAC

Mailing Address 1660 L ST NW STE 400

City WASHINGTON State DC Zip Code 20036-5603

FEC ID number of contributing federal political committee. **C C00076810**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : SA11.37219

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

3000.00

**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 28 OF 86
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Dave Reichert

A. Full Name (Last, First, Middle Initial)
HONEYWELL INTERNATIONAL PAC

Mailing Address 101 CONSTITUTION AVE NW STE 500W

City WASHINGTON State DC Zip Code 20001-2177

FEC ID number of contributing federal political committee. **C** C00096156

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 7000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 25 / 2015

Transaction ID : SA11.37186

Amount of Each Receipt this Period
 3000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
HONEYWELL INTERNATIONAL PAC

Mailing Address 101 CONSTITUTION AVE NW STE 500W

City WASHINGTON State DC Zip Code 20001-2177

FEC ID number of contributing federal political committee. **C** C00096156

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 7000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 25 / 2015

Transaction ID : SA11.37187

Amount of Each Receipt this Period
 2000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JP MORGAN CHASE & CO PAC

Mailing Address 270 PARK AVE

City NEW YORK State NY Zip Code 10017-2014

FEC ID number of contributing federal political committee. **C** C00104299

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 21 / 2015

Transaction ID : SA11.37063

Amount of Each Receipt this Period
 2000.00

CONTRIBUTION

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

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

7000.00

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

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

FOR LINE NUMBER: PAGE 29 OF 86
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Dave Reichert

A. Full Name (Last, First, Middle Initial)
LOCKHEED MARTIN EMPLOYEES PAC

Mailing Address 1550 CRYSTAL DR STE 300

City State Zip Code
ARLINGTON VA 22202-4110

FEC ID number of contributing federal political committee. **C C00303024**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2015

Transaction ID : SA11.36939

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
LOWE'S COMPANIES, INC. POLITICAL ACTION COMMITTEE

Mailing Address 1000 LOWES BLVD

City State Zip Code
MOORESVILLE NC 28117-8520

FEC ID number of contributing federal political committee. **C C00251751**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : SA11.37211

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MERCK EMPLOYEES PAC

Mailing Address 601 PENNSYLVANIA AVE NW STE 1200

City State Zip Code
WASHINGTON DC 20004-2601

FEC ID number of contributing federal political committee. **C C00097485**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : SA11.37208

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

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

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

5000.00

**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 30 OF 86
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Dave Reichert

A. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF ENROLLED AGENTS

Mailing Address 1730 RHODE ISLAND AVE NW
SUITE 400

City WASHINGTON State DC Zip Code 20036-3118

FEC ID number of contributing federal political committee. **C C00415372**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 07 / 2015

Transaction ID : SA11.36943

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
NATIONAL AIR TRAFFIC CONTROLLERS ASSOC PAC

Mailing Address 1325 MASSACHUSETTS AVE NW

City WASHINGTON State DC Zip Code 20005-4171

FEC ID number of contributing federal political committee. **C C00238725**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 16 / 2015

Transaction ID : SA11.37176

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
NATIONAL BEER WHOLESALERS ASSOC. PAC

Mailing Address 1101 KING ST STE 600

City ALEXANDRIA State VA Zip Code 22314-2965

FEC ID number of contributing federal political committee. **C C00144766**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : SA11.37217

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

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

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

5500.00

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

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

FOR LINE NUMBER: PAGE 31 OF 86
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Dave Reichert

A. Full Name (Last, First, Middle Initial)
NATIONAL MULTI HOUSE COUNCIL PAC

Mailing Address 1850 M ST NW STE 540

City State Zip Code
WASHINGTON DC 20036-5816

FEC ID number of contributing federal political committee. **C C00130773**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 25 / 2015

Transaction ID : SA11.37191

Amount of Each Receipt this Period
4500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
NSSGA ROCK PAC

Mailing Address 1605 KING ST

City State Zip Code
ALEXANDRIA VA 22314-2726

FEC ID number of contributing federal political committee. **C C00089458**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 30 / 2015

Transaction ID : SA11.37220

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

Mailing Address 235 E 42ND ST

City State Zip Code
NEW YORK NY 10017-5703

FEC ID number of contributing federal political committee. **C C00016683**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 25 / 2015

Transaction ID : SA11.37190

Amount of Each Receipt this Period
2000.00
CONTRIBUTION

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

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

7500.00

**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 32 OF 86
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Dave Reichert

A. Full Name (Last, First, Middle Initial)
PHILIPS ELECTRONICS NORTH AMERICA PAC

Mailing Address 1050 K ST NW STE 900

City WASHINGTON State DC Zip Code 20001-4460

FEC ID number of contributing federal political committee. **C C00239780**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : SA11.37229

Amount of Each Receipt this Period
 750.00

CONTRIBUTION

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

Mailing Address 700 W 47TH ST STE 1000

City KANSAS CITY State MO Zip Code 64112-1805

FEC ID number of contributing federal political committee. **C C00445981**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : SA11.37230

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
PREMERA BLUE CROSS PAC

Mailing Address 7701 220TH ST. NW

City MOUNTLAKE TERRACE State WA Zip Code 98043-

FEC ID number of contributing federal political committee. **C C00409227**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 07 / 2015

Transaction ID : SA11.36942

Amount of Each Receipt this Period
 3000.00

CONTRIBUTION

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

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

4750.00

**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 33 OF 86
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Dave Reichert

A. Full Name (Last, First, Middle Initial)
RAYTHEON PAC

Mailing Address 1110 WILSON BLVD STE 1500

City ARLINGTON State VA Zip Code 22209-2204

FEC ID number of contributing federal political committee. **C C00097568**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2015

Transaction ID : SA11.37127

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

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

Mailing Address 430 N MICHIGAN AVE

City CHICAGO State IL Zip Code 60611-4011

FEC ID number of contributing federal political committee. **C C00030718**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 25 / 2015

Transaction ID : SA11.37189

Amount of Each Receipt this Period
 2000.00

CONTRIBUTION

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

Mailing Address 430 N MICHIGAN AVE

City CHICAGO State IL Zip Code 60611-4011

FEC ID number of contributing federal political committee. **C C00030718**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : SA11.37223

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

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

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

4000.00

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

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

FOR LINE NUMBER: PAGE 34 OF 86
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Dave Reichert

A. Full Name (Last, First, Middle Initial)
S CORPORATION PAC

Mailing Address **805 15TH ST NW STE 650**

City **WASHINGTON** State **DC** Zip Code **20005-2281**

FEC ID number of contributing federal political committee. **C C00493312**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 21 / 2015

Transaction ID : SA11.37062

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
SANOVI US SERVICES INC EMPLOYEES PAC

Mailing Address **55 CORPORATE DRIVE**

City **BRIDGEWATER** State **NJ** Zip Code **08807-1265**

FEC ID number of contributing federal political committee. **C C00144345**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2015

Transaction ID : SA11.37213

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

Mailing Address **PO BOX 221230**

City **CHANTILLY** State **VA** Zip Code **20153-1230**

FEC ID number of contributing federal political committee. **C C00013961**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2015

Transaction ID : SA11.37216

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

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

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

5500.00

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

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

FOR LINE NUMBER: PAGE 35 OF 86
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Dave Reichert

A. Full Name (Last, First, Middle Initial)
SSA MARINE GOOD GOVERNMENT FUND

Mailing Address **1131 SW KLICKITAT WAY**

City **SEATTLE** State **WA** Zip Code **98134-1108**

FEC ID number of contributing federal political committee. **C C00397893**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 02 / 2015

Transaction ID : SA11.37128

Amount of Each Receipt this Period
1500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
T-MOBILE USA, INC. POLITICAL ACTION COMMITTEE (T-

Mailing Address **601 PENNSYLVANIA AVE NW**

City **D.C.** State **DC** Zip Code **20004-2601**

FEC ID number of contributing federal political committee. **C C00361758**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 30 / 2015

Transaction ID : SA11.37227

Amount of Each Receipt this Period
2500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
THE GLAXOSMITHKLINE PAC

Mailing Address **PO BOX 13358**

City **DURHAM** State **NC** Zip Code **27709-3358**

FEC ID number of contributing federal political committee. **C C00199703**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 30 / 2015

Transaction ID : SA11.37222

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

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

5000.00

**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 36 OF 86
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Dave Reichert

A. Full Name (Last, First, Middle Initial)
TIAA-CREF PAC

Mailing Address 1101 PENNSYLVANIA AVE NW STE 800

City WASHINGTON State DC Zip Code 20004-2526

FEC ID number of contributing federal political committee. **C** C00431361

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : SA11.37209

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
TOYOTA MOTOR NORTH AMERICA INC PAC

Mailing Address 601 THIRTEENTH STREET NW STE 910 S

City WASHINGTON State DC Zip Code 20005-3807

FEC ID number of contributing federal political committee. **C** C00542365

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : SA11.37237

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
TUESDAY GROUP PAC

Mailing Address PO BOX 11586

City WASHINGTON State DC Zip Code 20008-0786

FEC ID number of contributing federal political committee. **C** C00433060

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : SA11.37214

Amount of Each Receipt this Period
 2500.00

CONTRIBUTION

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

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

4500.00

**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 37 OF 86
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Dave Reichert

A. Full Name (Last, First, Middle Initial)
WAL-MART STORES, INC. PAC FOR RESP. GOVT

Mailing Address 702 SW 8TH ST

City State Zip Code
BENTONVILLE AR 72716-6209

FEC ID number of contributing federal political committee. **C** C00093054

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : SA11.37218

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
WHAT A COUNTRY! PAC

Mailing Address 824 S MILLEDGE AVE

City State Zip Code
ATHENS GA 30605-1332

FEC ID number of contributing federal political committee. **C** C00571646

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : SA11.37212

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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).....

2000.00

74250.00

**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 38 OF 86
	<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)
Friends of Dave Reichert

A. Full Name (Last, First, Middle Initial)
AT&T SETTLEMENT

Mailing Address **PO BOX 517**

City **MONROE** State **WI** Zip Code **53566-0517**

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **884.43**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 11 / 2015

Transaction ID : SA11.37156

Amount of Each Receipt this Period
884.43
 refund

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).....

884.43

884.43

**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 86			
	<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)
Friends of Dave Reichert

Full Name (Last, First, Middle Initial) A. BLAKE VINTERTUN			Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2015		
Mailing Address 12523 NE 128TH WAY H-10			Amount of Each Disbursement this Period 41.00		
City KIRKLAND	State WA	Zip Code 98034	Transaction ID : SB17.I8567		
Purpose of Disbursement EXPENSE REIMBURSEMENT		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. AMERICAN COUNCIL OF LIFE INSURERS			Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2015		
Mailing Address 101 CONSTITUTION AVE NW STE 700			Amount of Each Disbursement this Period 675.00		
City WASHINGTON	State DC	Zip Code 20001-2133	Transaction ID : SB17.I8493		
Purpose of Disbursement EVENT VENUE/CATERING		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) C. ASPECT CONSULTING LLC			Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2015		
Mailing Address 8401 EXCELSIOR DRIVE SUITE 103			Amount of Each Disbursement this Period 1500.00		
City MADISON	State WI	Zip Code 53717	Transaction ID : SB17.I8497		
Purpose of Disbursement COMPLIANCE CONSULTING		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	2216.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 86			
	<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)
Friends of Dave Reichert

Full Name (Last, First, Middle Initial) A. ASPECT CONSULTING LLC			Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2015	
Mailing Address 8401 EXCELSIOR DRIVE SUITE 103			Amount of Each Disbursement this Period 750.00	
City MADISON	State WI	Zip Code 53717	Transaction ID : SB17.I8498	
Purpose of Disbursement COMPLIANCE CONSULTING		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) B. AT&T			Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2015	
Mailing Address PO BOX 78522			Amount of Each Disbursement this Period 698.56	
City PHOENIX	State AZ	Zip Code 85062-8522	Transaction ID : SB17.I8499	
Purpose of Disbursement PHONE BILL		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) C. BANK OF AMERICA			Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2015	
Mailing Address 2800 NE 125TH STREET			Amount of Each Disbursement this Period 1107.73	
City SEATTLE	State WA	Zip Code 98125-4331	Transaction ID : SB17.I8500	
Purpose of Disbursement CREDIT CARD PAYMENT - SEE ITEMIZATION		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

SUBTOTAL of Disbursements This Page (optional).....	2556.29
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 41 OF 86			
	<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)
Friends of Dave Reichert

Full Name (Last, First, Middle Initial) A. PALISADE		Date of Disbursement MM / DD / YYYY 04 / 02 / 2015
Mailing Address 2601 W MARINA PL		Amount of Each Disbursement this Period 841.94
City SEATTLE	State WA	
Zip Code 98199-4331	Purpose of Disbursement EVENT CATERING	Transaction ID : SB17.I8652
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. PALISADE		Date of Disbursement MM / DD / YYYY 03 / 09 / 2015
Mailing Address 2601 W MARINA PL		Amount of Each Disbursement this Period 250.00
City SEATTLE	State WA	
Zip Code 98199-4331	Purpose of Disbursement EVENT CATERING	Transaction ID : SB17.I8661
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement MM / DD / YYYY 03 / 27 / 2015
Mailing Address 475 LENFANT PLZ SW		Amount of Each Disbursement this Period 98.00
City WASHINGTON	State DC	
Zip Code 20260-0001	Purpose of Disbursement POSTAGE	Transaction ID : SB17.I8656
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 86			
	<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)
Friends of Dave Reichert

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2015
Mailing Address 475 LENFANT PLZ SW		Amount of Each Disbursement this Period 5.75
City WASHINGTON	State DC	
Zip Code 20260-0001	Purpose of Disbursement POSTAGE	Transaction ID : SB17.I8662
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. VERIZON WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2015
Mailing Address 175 BELLEVUE SQ		Amount of Each Disbursement this Period 73.16
City BELLEVUE	State WA	
Zip Code 98004-5021	Purpose of Disbursement WIRELESS BILL	Transaction ID : SB17.I8655
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. BANK OF AMERICA		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2015
Mailing Address 2800 NE 125TH STREET		Amount of Each Disbursement this Period 161.69
City SEATTLE	State WA	
Zip Code 98125-4331	Purpose of Disbursement CREDIT CARD PAYMENT - SEE ITEMIZATION	Transaction ID : SB17.I8501
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	161.69
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 43 OF 86			
	<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)
Friends of Dave Reichert

Full Name (Last, First, Middle Initial) A. ALASKA AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2015
Mailing Address PO BOX 24948		Amount of Each Disbursement this Period 7.50
City SEATTLE State WA Zip Code 98124-0948	Purpose of Disbursement TRAVEL EXPENSE	
Candidate Name	Category/Type	Transaction ID : SB17.I8634 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. ALASKA AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2015
Mailing Address PO BOX 24948		Amount of Each Disbursement this Period 7.50
City SEATTLE State WA Zip Code 98124-0948	Purpose of Disbursement TRAVEL EXPENSE	
Candidate Name	Category/Type	Transaction ID : SB17.I8636 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. ALASKA AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2015
Mailing Address PO BOX 24948		Amount of Each Disbursement this Period 7.50
City SEATTLE State WA Zip Code 98124-0948	Purpose of Disbursement TRAVEL EXPENSE	
Candidate Name	Category/Type	Transaction ID : SB17.I8637 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**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 44 OF 86			
	<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)
Friends of Dave Reichert

Full Name (Last, First, Middle Initial) A. VERIZON WIRELESS			Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2015
Mailing Address 175 BELLEVUE SQ			Amount of Each Disbursement this Period 35.00
City BELLEVUE	State WA	Zip Code 98004-5021	
Purpose of Disbursement WIRELESS BILL		Category/ Type	Transaction ID : SB17.I8635 [MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) B. BANK OF AMERICA			Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2015
Mailing Address 2800 NE 125TH STREET			Amount of Each Disbursement this Period 161.13
City SEATTLE	State WA	Zip Code 98125-4331	
Purpose of Disbursement CREDIT CARD PAYMENT - SEE ITEMIZATION		Category/ Type	Transaction ID : SB17.I8502
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) C. MICROSOFT			Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2015
Mailing Address 1 MICROSOFT WAY			Amount of Each Disbursement this Period 7.65
City REDMOND	State WA	Zip Code 98052	
Purpose of Disbursement SOFTWARE		Category/ Type	Transaction ID : SB17.I8618 [MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

SUBTOTAL of Disbursements This Page (optional).....	161.13
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 45 OF 86			
	<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)
Friends of Dave Reichert

Full Name (Last, First, Middle Initial) A. VERIZON WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2015
Mailing Address 175 BELLEVUE SQ		Amount of Each Disbursement this Period 50.00
City BELLEVUE State WA Zip Code 98004-5021	Purpose of Disbursement WIRELESS BILL	
Candidate Name	Category/Type	Transaction ID : SB17.I8619 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. BANK OF AMERICA		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2015
Mailing Address 2800 NE 125TH STREET		Amount of Each Disbursement this Period 2674.23
City SEATTLE State WA Zip Code 98125-4331	Purpose of Disbursement CREDIT CARD PAYMENT - SEE ITEMIZATION	
Candidate Name	Category/Type	Transaction ID : SB17.I8503
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. ALASKA AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2015
Mailing Address PO BOX 24948		Amount of Each Disbursement this Period 160.00
City SEATTLE State WA Zip Code 98124-0948	Purpose of Disbursement TRAVEL EXPENSE	
Candidate Name	Category/Type	Transaction ID : SB17.I8609 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2674.23
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 46 OF 86			
	<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)
Friends of Dave Reichert

Full Name (Last, First, Middle Initial) A. CMDI		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015
Mailing Address 7704 LEESBURG PIKE		Amount of Each Disbursement this Period 349.79
City FALLS CHURCH	State VA	
Zip Code 22043	Purpose of Disbursement SOFTWARE	Transaction ID : SB17.I8600
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. CMDI		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2015
Mailing Address 7704 LEESBURG PIKE		Amount of Each Disbursement this Period 789.00
City FALLS CHURCH	State VA	
Zip Code 22043	Purpose of Disbursement SOFTWARE	Transaction ID : SB17.I8607
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. HONDA CENTER		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2015
Mailing Address 13291 SE 36TH STREET		Amount of Each Disbursement this Period 502.08
City BELLEVUE	State WA	
Zip Code 98006-1328	Purpose of Disbursement VEHICLE LEASE	Transaction ID : SB17.I8603
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 86			
	<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)
Friends of Dave Reichert

Full Name (Last, First, Middle Initial) A. ISSAQUAH MINI-STORAGE			Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015		
Mailing Address 6011 E LAKE SAMMAMISH PKWY			Amount of Each Disbursement this Period 235.00		
City ISSAQUAH	State WA	Zip Code 98029	Transaction ID : SB17.I8601 [MEMO ITEM]		
Purpose of Disbursement STORAGE		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) B. MAILCHIMP			Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2015		
Mailing Address 512 MEANS STREET SUITE 404			Amount of Each Disbursement this Period 150.00		
City ATLANTA	State GA	Zip Code 30318	Transaction ID : SB17.I8605 [MEMO ITEM]		
Purpose of Disbursement ONLINE SERVICES		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) C. MICROSOFT			Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2015		
Mailing Address 1 MICROSOFT WAY			Amount of Each Disbursement this Period 26.28		
City REDMOND	State WA	Zip Code 98052	Transaction ID : SB17.I8604 [MEMO ITEM]		
Purpose of Disbursement SOFTWARE		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**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 48 OF 86			
	<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)
Friends of Dave Reichert

Full Name (Last, First, Middle Initial) A. REGISTER.COM		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2015
Mailing Address 575 8TH AVE FL 11		Amount of Each Disbursement this Period 27.95
City NEW YORK	State NY	
Zip Code 10018-3549	Purpose of Disbursement WEBSITE REGISTRATION	Transaction ID : SB17.I8602
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. THE CAPITOL HILL CLUB		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2015
Mailing Address 300 1ST ST SE		Amount of Each Disbursement this Period 400.00
City WASHINGTON	State DC	
Zip Code 20003-1801	Purpose of Disbursement EVENT FOOD	Transaction ID : SB17.I8608
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. BANK OF AMERICA		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2015
Mailing Address 2800 NE 125TH STREET		Amount of Each Disbursement this Period 82.50
City SEATTLE	State WA	
Zip Code 98125-4331	Purpose of Disbursement CREDIT CARD PAYMENT - SEE ITEMIZATION	Transaction ID : SB17.I8504
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	82.50
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 49 OF 86	
	<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)
Friends of Dave Reichert

Full Name (Last, First, Middle Initial) A. VERIZON WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2015
Mailing Address 175 BELLEVUE SQ		Amount of Each Disbursement this Period 40.00
City BELLEVUE State WA Zip Code 98004-5021	Purpose of Disbursement WIRELESS BILL	
Candidate Name		Transaction ID : SB17.I8575
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. BANK OF AMERICA		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2015
Mailing Address 2800 NE 125TH STREET		Amount of Each Disbursement this Period 121.52
City SEATTLE State WA Zip Code 98125-4331	Purpose of Disbursement CREDIT CARD PAYMENT - SEE ITEMIZATION	
Candidate Name		Transaction ID : SB17.I8505
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. ALASKA AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2015
Mailing Address PO BOX 24948		Amount of Each Disbursement this Period 14.50
City SEATTLE State WA Zip Code 98124-0948	Purpose of Disbursement TRAVEL EXPENSE	
Candidate Name		Transaction ID : SB17.I8631
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	121.50
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 50 OF 86			
	<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)
Friends of Dave Reichert

Full Name (Last, First, Middle Initial) A. ALASKA AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2015
Mailing Address PO BOX 24948		Amount of Each Disbursement this Period 7.00
City SEATTLE	State WA Zip Code 98124-0948	
Purpose of Disbursement TRAVEL EXPENSE	Candidate Name	Transaction ID : SB17.I8632
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: _____ District: _____	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. VERIZON WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2015
Mailing Address 175 BELLEVUE SQ		Amount of Each Disbursement this Period 35.00
City BELLEVUE	State WA Zip Code 98004-5021	
Purpose of Disbursement DATA PLAN	Candidate Name	Transaction ID : SB17.I8630
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: _____ District: _____	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. BANK OF AMERICA		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2015
Mailing Address 2800 NE 125TH STREET		Amount of Each Disbursement this Period 57.65
City SEATTLE	State WA Zip Code 98125-4331	
Purpose of Disbursement CREDIT CARD PAYMENT - SEE ITEMIZATION	Candidate Name	Transaction ID : SB17.I8506
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: _____ District: _____	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	57.65
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 51 OF 86			
	<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)
Friends of Dave Reichert

Full Name (Last, First, Middle Initial) A. MICROSOFT		Date of Disbursement MM / DD / YYYY 05 / 21 / 2015
Mailing Address 1 MICROSOFT WAY		Amount of Each Disbursement this Period 7.65
City REDMOND	State WA	
Zip Code 98052	Purpose of Disbursement SOFTWARE	Transaction ID : SB17.I8610
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. VERIZON WIRELESS		Date of Disbursement MM / DD / YYYY 05 / 07 / 2015
Mailing Address 175 BELLEVUE SQ		Amount of Each Disbursement this Period 50.00
City BELLEVUE	State WA	
Zip Code 98004-5021	Purpose of Disbursement DATA PLAN	Transaction ID : SB17.I8611
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. BANK OF AMERICA		Date of Disbursement MM / DD / YYYY 05 / 06 / 2015
Mailing Address 2800 NE 125TH STREET		Amount of Each Disbursement this Period 5244.30
City SEATTLE	State WA	
Zip Code 98125-4331	Purpose of Disbursement CREDIT CARD PAYMENT - SEE ITEMIZATION	Transaction ID : SB17.I8507
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5244.30
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 52 OF 86			
	<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)
Friends of Dave Reichert

Full Name (Last, First, Middle Initial) A. ALASKA AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2015
Mailing Address PO BOX 24948		Amount of Each Disbursement this Period 858.20
City SEATTLE	State WA	
Zip Code 98124-0948	Purpose of Disbursement TRAVEL EXPENSE	Transaction ID : SB17.I8587
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. ALASKA AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2015
Mailing Address PO BOX 24948		Amount of Each Disbursement this Period 858.20
City SEATTLE	State WA	
Zip Code 98124-0948	Purpose of Disbursement TRAVEL EXPENSE	Transaction ID : SB17.I8588
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. ALASKA AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2015
Mailing Address PO BOX 24948		Amount of Each Disbursement this Period 282.00
City SEATTLE	State WA	
Zip Code 98124-0948	Purpose of Disbursement TRAVEL EXPENSE	Transaction ID : SB17.I8589
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 86			
	<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)
Friends of Dave Reichert

Full Name (Last, First, Middle Initial) A. ALASKA AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2015
Mailing Address PO BOX 24948		Amount of Each Disbursement this Period 108.00
City SEATTLE	State WA Zip Code 98124-0948	
Purpose of Disbursement TRAVEL EXPENSE	Category/Type	Transaction ID : SB17.I8598 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) B. CMDI		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2015
Mailing Address 7704 LEESBURG PIKE		Amount of Each Disbursement this Period 45.95
City FALLS CHURCH	State VA Zip Code 22043	
Purpose of Disbursement SOFTWARE	Category/Type	Transaction ID : SB17.I8585 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) C. CMDI		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2015
Mailing Address 7704 LEESBURG PIKE		Amount of Each Disbursement this Period 789.00
City FALLS CHURCH	State VA Zip Code 22043	
Purpose of Disbursement SOFTWARE	Category/Type	Transaction ID : SB17.I8595 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**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 54 OF 86			
	<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)
Friends of Dave Reichert

Full Name (Last, First, Middle Initial) A. FEDEX		Date of Disbursement MM / DD / YYYY 04 / 20 / 2015
Mailing Address 13155 NOEL RD STE 1600		Amount of Each Disbursement this Period 26.43
City DALLAS State TX Zip Code 75240-5032	Purpose of Disbursement SHIPPING	
Candidate Name		Transaction ID : SB17.I8596
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. FEDEX		Date of Disbursement MM / DD / YYYY 04 / 20 / 2015
Mailing Address 13155 NOEL RD STE 1600		Amount of Each Disbursement this Period 525.65
City DALLAS State TX Zip Code 75240-5032	Purpose of Disbursement SHIPPING	
Candidate Name		Transaction ID : SB17.I8597
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. HONDA CENTER		Date of Disbursement MM / DD / YYYY 05 / 01 / 2015
Mailing Address 13291 SE 36TH STREET		Amount of Each Disbursement this Period 502.08
City BELLEVUE State WA Zip Code 98006-1328	Purpose of Disbursement VEHICLE LEASE	
Candidate Name		Transaction ID : SB17.I8590
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 86			
	<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)
Friends of Dave Reichert

Full Name (Last, First, Middle Initial) A. ISSAQUAH MINI-STORAGE			Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2015
Mailing Address 6011 E LAKE SAMMAMISH PKWY			Amount of Each Disbursement this Period 235.00
City ISSAQUAH	State WA	Zip Code 98029	
Purpose of Disbursement STORAGE		Category/ Type	Transaction ID : SB17.I8586 [MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) B. MAILCHIMP			Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2015
Mailing Address 512 MEANS STREET SUITE 404			Amount of Each Disbursement this Period 150.00
City ATLANTA	State GA	Zip Code 30318	
Purpose of Disbursement ONLINE SERVICES		Category/ Type	Transaction ID : SB17.I8593 [MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) C. MICROSOFT			Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2015
Mailing Address 1 MICROSOFT WAY			Amount of Each Disbursement this Period 26.28
City REDMOND	State WA	Zip Code 98052	
Purpose of Disbursement SOFTWARE		Category/ Type	Transaction ID : SB17.I8592 [MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**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 56 OF 86			
	<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)
Friends of Dave Reichert

Full Name (Last, First, Middle Initial) A. REGISTER.COM		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2015
Mailing Address 575 8TH AVE FL 11		Amount of Each Disbursement this Period 27.95
City NEW YORK	State NY	
Zip Code 10018-3549	Purpose of Disbursement WEBSITE REGISTRATION	Transaction ID : SB17.I8591
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. THE CONGRESSIONAL CLUB		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2015
Mailing Address 2001 NEW HAMPSHIRE AVE NW		Amount of Each Disbursement this Period 775.00
City WASHINGTON	State DC	
Zip Code 20009	Purpose of Disbursement EVENT FOOD	Transaction ID : SB17.I8599
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. BANK OF AMERICA		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2015
Mailing Address 2800 NE 125TH STREET		Amount of Each Disbursement this Period 2577.28
City SEATTLE	State WA	
Zip Code 98125-4331	Purpose of Disbursement CREDIT CARD PAYMENT - SEE ITEMIZATION	Transaction ID : SB17.I8508
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2577.28
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 57 OF 86			
	<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)
Friends of Dave Reichert

Full Name (Last, First, Middle Initial) A. HONDA CENTER		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2015
Mailing Address 13291 SE 36TH STREET		Amount of Each Disbursement this Period 896.26
City BELLEVUE State WA Zip Code 98006-1328	Purpose of Disbursement VEHICLE LEASE	
Candidate Name	Category/Type	Transaction ID : SB17.I8647 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. LUCULLAN REPAST		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2015
Mailing Address 707 E ROY ST 35		Amount of Each Disbursement this Period 1522.59
City SEATTLE State WA Zip Code 98102	Purpose of Disbursement EVENT CATERING	
Candidate Name	Category/Type	Transaction ID : SB17.I8651 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2015
Mailing Address 475 LENFANT PLZ SW		Amount of Each Disbursement this Period 98.00
City WASHINGTON State DC Zip Code 20260-0001	Purpose of Disbursement POSTAGE	
Candidate Name	Category/Type	Transaction ID : SB17.I8649 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**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 58 OF 86			
	<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)
Friends of Dave Reichert

Full Name (Last, First, Middle Initial) A. VERIZON WIRELESS			Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2015	
Mailing Address 175 BELLEVUE SQ			Amount of Each Disbursement this Period 40.27	
City BELLEVUE	State WA	Zip Code 98004-5021	Transaction ID : SB17.I8648	
Purpose of Disbursement DATA PLAN		Candidate Name	[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		Category/Type		

Full Name (Last, First, Middle Initial) B. BANK OF AMERICA			Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2015	
Mailing Address 2800 NE 125TH STREET			Amount of Each Disbursement this Period 40.00	
City SEATTLE	State WA	Zip Code 98125-4331	Transaction ID : SB17.I8509	
Purpose of Disbursement CREDIT CARD PAYMENT - SEE ITEMIZATION		Candidate Name	[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		Category/Type		

Full Name (Last, First, Middle Initial) C. VERIZON WIRELESS			Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2015	
Mailing Address 175 BELLEVUE SQ			Amount of Each Disbursement this Period 40.00	
City BELLEVUE	State WA	Zip Code 98004-5021	Transaction ID : SB17.I8573	
Purpose of Disbursement DATA PLAN		Candidate Name	[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		Category/Type		

SUBTOTAL of Disbursements This Page (optional).....	40.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 86			
	<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)
Friends of Dave Reichert

Full Name (Last, First, Middle Initial) A. BANK OF AMERICA		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 2800 NE 125TH STREET		Amount of Each Disbursement this Period 57.65
City SEATTLE	State WA	
Zip Code 98125-4331	Purpose of Disbursement CREDIT CARD PAYMENT - SEE ITEMIZATION	Transaction ID : SB17.I8510
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. MICROSOFT		Date of Disbursement MM / DD / YYYY 04 / 20 / 2015
Mailing Address 1 MICROSOFT WAY		Amount of Each Disbursement this Period 7.65
City REDMOND	State WA	
Zip Code 98052	Purpose of Disbursement SOFTWARE	Transaction ID : SB17.I8612
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. VERIZON WIRELESS		Date of Disbursement MM / DD / YYYY 04 / 08 / 2015
Mailing Address 175 BELLEVUE SQ		Amount of Each Disbursement this Period 50.00
City BELLEVUE	State WA	
Zip Code 98004-5021	Purpose of Disbursement DATA PLAN	Transaction ID : SB17.I8613
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	57.65
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 60 OF 86			
	<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)
Friends of Dave Reichert

Full Name (Last, First, Middle Initial) A. BANK OF AMERICA		Date of Disbursement M M / D D / Y Y Y Y 06 / 08 / 2015
Mailing Address 2800 NE 125TH STREET		Amount of Each Disbursement this Period 80.40
City SEATTLE	State WA	
Zip Code 98125-4331	Purpose of Disbursement CREDIT CARD PAYMENT - SEE ITEMIZATION	Transaction ID : SB17.I8511
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. VERIZON WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2015
Mailing Address 175 BELLEVUE SQ		Amount of Each Disbursement this Period 40.00
City BELLEVUE	State WA	
Zip Code 98004-5021	Purpose of Disbursement DATA PLAN	Transaction ID : SB17.I8572
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. BANK OF AMERICA		Date of Disbursement M M / D D / Y Y Y Y 06 / 08 / 2015
Mailing Address 2800 NE 125TH STREET		Amount of Each Disbursement this Period 264.32
City SEATTLE	State WA	
Zip Code 98125-4331	Purpose of Disbursement CREDIT CARD PAYMENT - SEE ITEMIZATION	Transaction ID : SB17.I8512
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	344.72
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 61 OF 86			
	<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)
Friends of Dave Reichert

Full Name (Last, First, Middle Initial) A. ALASKA AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 04 / 2015
Mailing Address PO BOX 24948		Amount of Each Disbursement this Period 7.50
City SEATTLE	State WA	
Zip Code 98124-0948	Purpose of Disbursement TRAVEL EXPENSE	Transaction ID : SB17.I8620 [MEMO ITEM]
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. BANK OF AMERICA		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 2800 NE 125TH STREET		Amount of Each Disbursement this Period 634.22
City SEATTLE	State WA	
Zip Code 98125-4331	Purpose of Disbursement CREDIT CARD PAYMENT - SEE ITEMIZATION	Transaction ID : SB17.I8513
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. SPOT ON PRINTING & DESIGN		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 220 106TH AVE NE		Amount of Each Disbursement this Period 211.82
City BELLEVUE	State WA	
Zip Code 98004-5728	Purpose of Disbursement PRINTING	Transaction ID : SB17.I8640 [MEMO ITEM]
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	634.22
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 62 OF 86			
	<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)
Friends of Dave Reichert

Full Name (Last, First, Middle Initial) A. SPOT ON PRINTING & DESIGN		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2015
Mailing Address 220 106TH AVE NE		Amount of Each Disbursement this Period 137.97
City BELLEVUE State WA Zip Code 98004-5728	Purpose of Disbursement PRINTING	
Candidate Name	Category/Type	Transaction ID : SB17.I8646 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2015
Mailing Address 475 LENFANT PLZ SW		Amount of Each Disbursement this Period 19.99
City WASHINGTON State DC Zip Code 20260-0001	Purpose of Disbursement POSTAGE	
Candidate Name	Category/Type	Transaction ID : SB17.I8643 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2015
Mailing Address 475 LENFANT PLZ SW		Amount of Each Disbursement this Period 196.00
City WASHINGTON State DC Zip Code 20260-0001	Purpose of Disbursement POSTAGE	
Candidate Name	Category/Type	Transaction ID : SB17.I8645 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**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 63 OF 86			
	<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)
Friends of Dave Reichert

Full Name (Last, First, Middle Initial) A. VERIZON WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2015
Mailing Address 175 BELLEVUE SQ		Amount of Each Disbursement this Period 31.58
City BELLEVUE State WA Zip Code 98004-5021	Purpose of Disbursement DATA PLAN	
Candidate Name		Transaction ID : SB17.I8641
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. BANK OF AMERICA		Date of Disbursement M M / D D / Y Y Y Y 06 / 08 / 2015
Mailing Address 2800 NE 125TH STREET		Amount of Each Disbursement this Period 3245.77
City SEATTLE State WA Zip Code 98125-4331	Purpose of Disbursement CREDIT CARD PAYMENT - SEE ITEMIZATION	
Candidate Name		Transaction ID : SB17.I8514
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. ALASKA AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2015
Mailing Address PO BOX 24948		Amount of Each Disbursement this Period 1214.20
City SEATTLE State WA Zip Code 98124-0948	Purpose of Disbursement TRAVEL EXPENSE	
Candidate Name		Transaction ID : SB17.I8582
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	3245.77
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 64 OF 86			
	<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)
Friends of Dave Reichert

Full Name (Last, First, Middle Initial) A. AT&T		Date of Disbursement MM / DD / YYYY 05 / 20 / 2015
Mailing Address PO BOX 78522		Amount of Each Disbursement this Period 703.44
City PHOENIX	State AZ	
Zip Code 85062-8522	Purpose of Disbursement PHONE BILL	Transaction ID : SB17.I8584
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. CMDI		Date of Disbursement MM / DD / YYYY 06 / 03 / 2015
Mailing Address 7704 LEESBURG PIKE		Amount of Each Disbursement this Period 29.07
City FALLS CHURCH	State VA	
Zip Code 22043	Purpose of Disbursement SOFTWARE	Transaction ID : SB17.I8576
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. CMDI		Date of Disbursement MM / DD / YYYY 05 / 20 / 2015
Mailing Address 7704 LEESBURG PIKE		Amount of Each Disbursement this Period 789.00
City FALLS CHURCH	State VA	
Zip Code 22043	Purpose of Disbursement SOFTWARE	Transaction ID : SB17.I8583
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 86			
	<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)
Friends of Dave Reichert

Full Name (Last, First, Middle Initial)
A. ISSAQUAH MINI-STORAGE

Mailing Address 6011 E LAKE SAMMAMISH PKWY

City ISSAQUAH State WA Zip Code 98029

Purpose of Disbursement STORAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 03 / 2015

Amount of Each Disbursement this Period: 235.00

Transaction ID : SB17.I8577

[MEMO ITEM]

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

Mailing Address 512 MEANS STREET SUITE 404

City ATLANTA State GA Zip Code 30318

Purpose of Disbursement ONLINE SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 25 / 2015

Amount of Each Disbursement this Period: 150.00

Transaction ID : SB17.I8581

[MEMO ITEM]

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

Mailing Address 1 MICROSOFT WAY

City REDMOND State WA Zip Code 98052

Purpose of Disbursement SOFTWARE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 28 / 2015

Amount of Each Disbursement this Period: 26.28

Transaction ID : SB17.I8579

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) 0.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 86			
	<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)
Friends of Dave Reichert

Full Name (Last, First, Middle Initial) A. REGISTER.COM		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2015
Mailing Address 575 8TH AVE FL 11		Amount of Each Disbursement this Period 68.76
City NEW YORK	State NY	
Zip Code 10018-3549	Purpose of Disbursement WEBSITE REGISTRATION	Transaction ID : SB17.I8578 [MEMO ITEM]
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. REGISTER.COM		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2015
Mailing Address 575 8TH AVE FL 11		Amount of Each Disbursement this Period 76.00
City NEW YORK	State NY	
Zip Code 10018-3549	Purpose of Disbursement WEBSITE REGISTRATION	Transaction ID : SB17.I8580 [MEMO ITEM]
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. DEPARTMENT OF LABOR		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2015
Mailing Address P.O. BOX 44000		Amount of Each Disbursement this Period 68.76
City OLYMPIA	State WA	
Zip Code 98504-4000	Purpose of Disbursement INSURANCE	Transaction ID : SB17.I8515
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	68.76
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 67 OF 86			
	<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)
Friends of Dave Reichert

Full Name (Last, First, Middle Initial) A. HONDA CENTER		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2015
Mailing Address 13291 SE 36TH STREET		Amount of Each Disbursement this Period 493.77 Transaction ID : SB17.I8516
City BELLEVUE State WA Zip Code 98006-1328	Purpose of Disbursement VEHICLE LEASE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ISTREAM FINANCIAL SERVICES		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015
Mailing Address 13555 BISHOPS COURT #102		Amount of Each Disbursement this Period 48.30 Transaction ID : SB17.I8517
City BROOKFIELD State WI Zip Code 53005	Purpose of Disbursement CHECK PROCESSING FEE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. ISTREAM FINANCIAL SERVICES		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2015
Mailing Address 13555 BISHOPS COURT #102		Amount of Each Disbursement this Period 39.14 Transaction ID : SB17.I8518
City BROOKFIELD State WI Zip Code 53005	Purpose of Disbursement CHECK PROCESSING FEE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	581.21
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 68 OF 86			
	<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)
Friends of Dave Reichert

Full Name (Last, First, Middle Initial) A. ISTREAM FINANCIAL SERVICES			Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2015
Mailing Address 13555 BISHOPS COURT #102			Amount of Each Disbursement this Period 40.66
City BROOKFIELD	State WI	Zip Code 53005	
Purpose of Disbursement CHECK PROCESSING FEE		Category/ Type	Transaction ID : SB17.I8519
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) B. KING COUNTY REPUBLICAN PARTY			Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2015
Mailing Address 845 106TH AVENUE, #110			Amount of Each Disbursement this Period 2000.00
City BELLEVUE	State WA	Zip Code 98004-4308	
Purpose of Disbursement FUNDRAISER		Category/ Type	Transaction ID : SB17.I8520
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) C. MAINSTREAM REPUBLICANS OF WA			Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2015
Mailing Address 7620 W 21ST AVENUE			Amount of Each Disbursement this Period 500.00
City KENNEWICK	State WA	Zip Code 99338	
Purpose of Disbursement TICKETS TO EVENT		Category/ Type	Transaction ID : SB17.I8521
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

SUBTOTAL of Disbursements This Page (optional).....	2540.66
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 69 OF 86			
	<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)
Friends of Dave Reichert

Full Name (Last, First, Middle Initial) A. PAYROLLNW		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2015
Mailing Address 10000 NE 7TH AVENUE, STE 402		Amount of Each Disbursement this Period 77.90
City VANCOUVER State WA Zip Code 98685-4548	Purpose of Disbursement PAYROLL EXPENSES	
Candidate Name	Category/Type	Transaction ID : SB17.I8523
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. PAYROLLNW		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2015
Mailing Address 10000 NE 7TH AVENUE, STE 402		Amount of Each Disbursement this Period 703.59
City VANCOUVER State WA Zip Code 98685-4548	Purpose of Disbursement PAYROLL EXPENSES	
Candidate Name	Category/Type	Transaction ID : SB17.I8524
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. PAYROLLNW		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2015
Mailing Address 10000 NE 7TH AVENUE, STE 402		Amount of Each Disbursement this Period 1687.86
City VANCOUVER State WA Zip Code 98685-4548	Purpose of Disbursement PAYROLL EXPENSES	
Candidate Name	Category/Type	Transaction ID : SB17.I8525
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	2469.35
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 70 OF 86	
	<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)
Friends of Dave Reichert

Full Name (Last, First, Middle Initial) A. BLAKE VINTERTUN		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2015
Mailing Address 12523 NE 128TH WAY H-10		Amount of Each Disbursement this Period 1687.86
City KIRKLAND	State WA	
Zip Code 98034	Purpose of Disbursement PAYROLL	Transaction ID : SB17.I8668
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. PAYROLLNW		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2015
Mailing Address 10000 NE 7TH AVENUE, STE 402		Amount of Each Disbursement this Period 1687.86
City VANCOUVER	State WA	
Zip Code 98685-4548	Purpose of Disbursement PAYROLL EXPENSES	Transaction ID : SB17.I8526
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. BLAKE VINTERTUN		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2015
Mailing Address 12523 NE 128TH WAY H-10		Amount of Each Disbursement this Period 1687.86
City KIRKLAND	State WA	
Zip Code 98034	Purpose of Disbursement PAYROLL	Transaction ID : SB17.I8667
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1687.86
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 86			
	<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)
Friends of Dave Reichert

Full Name (Last, First, Middle Initial) A. PAYROLLNW		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2015
Mailing Address 10000 NE 7TH AVENUE, STE 402		Amount of Each Disbursement this Period 679.94
City VANCOUVER State WA Zip Code 98685-4548	Purpose of Disbursement PAYROLL EXPENSES	
Candidate Name	Category/Type	Transaction ID : SB17.I8527
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) B. PAYROLLNW		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2015
Mailing Address 10000 NE 7TH AVENUE, STE 402		Amount of Each Disbursement this Period 1687.86
City VANCOUVER State WA Zip Code 98685-4548	Purpose of Disbursement PAYROLL EXPENSES	
Candidate Name	Category/Type	Transaction ID : SB17.I8528
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) C. BLAKE VINTERTUN		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2015
Mailing Address 12523 NE 128TH WAY H-10		Amount of Each Disbursement this Period 1687.86
City KIRKLAND State WA Zip Code 98034	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	Transaction ID : SB17.I8666 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2367.80
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 72 OF 86			
	<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)
Friends of Dave Reichert

Full Name (Last, First, Middle Initial) A. PAYROLLNW		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2015
Mailing Address 10000 NE 7TH AVENUE, STE 402		Amount of Each Disbursement this Period 679.94 Transaction ID : SB17.I8529
City VANCOUVER State WA Zip Code 98685-4548	Purpose of Disbursement PAYROLL EXPENSES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. PAYROLLNW		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2015
Mailing Address 10000 NE 7TH AVENUE, STE 402		Amount of Each Disbursement this Period 80.55 Transaction ID : SB17.I8530
City VANCOUVER State WA Zip Code 98685-4548	Purpose of Disbursement PAYROLL EXPENSES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. PAYROLLNW		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2015
Mailing Address 10000 NE 7TH AVENUE, STE 402		Amount of Each Disbursement this Period 679.94 Transaction ID : SB17.I8531
City VANCOUVER State WA Zip Code 98685-4548	Purpose of Disbursement PAYROLL EXPENSES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1440.43
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 73 OF 86	
	<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)
Friends of Dave Reichert

Full Name (Last, First, Middle Initial) A. PAYROLLNW		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2015
Mailing Address 10000 NE 7TH AVENUE, STE 402		Amount of Each Disbursement this Period 1687.86
City VANCOUVER State WA Zip Code 98685-4548	Purpose of Disbursement PAYROLL EXPENSES	
Candidate Name	Category/Type	Transaction ID : SB17.I8532
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) B. BLAKE VINTERTUN		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2015
Mailing Address 12523 NE 128TH WAY H-10		Amount of Each Disbursement this Period 1687.86
City KIRKLAND State WA Zip Code 98034	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	Transaction ID : SB17.I8665
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. PAYROLLNW		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2015
Mailing Address 10000 NE 7TH AVENUE, STE 402		Amount of Each Disbursement this Period 679.94
City VANCOUVER State WA Zip Code 98685-4548	Purpose of Disbursement PAYROLL EXPENSES	
Candidate Name	Category/Type	Transaction ID : SB17.I8533
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2367.80
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 74 OF 86			
	<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)
Friends of Dave Reichert

Full Name (Last, First, Middle Initial) A. PAYROLLNW		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2015
Mailing Address 10000 NE 7TH AVENUE, STE 402		Amount of Each Disbursement this Period 1687.86 Transaction ID : SB17.I8534
City VANCOUVER State WA Zip Code 98685-4548	Purpose of Disbursement PAYROLL EXPENSES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. BLAKE VINTERTUN		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2015
Mailing Address 12523 NE 128TH WAY H-10		Amount of Each Disbursement this Period 1687.86 Transaction ID : SB17.I8664 [MEMO ITEM]
City KIRKLAND State WA Zip Code 98034	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. PAYROLLNW		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2015
Mailing Address 10000 NE 7TH AVENUE, STE 402		Amount of Each Disbursement this Period 1687.86 Transaction ID : SB17.I8535
City VANCOUVER State WA Zip Code 98685-4548	Purpose of Disbursement PAYROLL EXPENSES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3375.72
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 75 OF 86			
	<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)
Friends of Dave Reichert

Full Name (Last, First, Middle Initial) A. BLAKE VINTERTUN			Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2015	
Mailing Address 12523 NE 128TH WAY H-10			Amount of Each Disbursement this Period 1687.86	
City KIRKLAND	State WA	Zip Code 98034	Transaction ID : SB17.I8663	
Purpose of Disbursement PAYROLL		Category/ Type	[MEMO ITEM]	
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:		
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) B. PAYROLLNW			Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2015	
Mailing Address 10000 NE 7TH AVENUE, STE 402			Amount of Each Disbursement this Period 679.94	
City VANCOUVER	State WA	Zip Code 98685-4548	Transaction ID : SB17.I8536	
Purpose of Disbursement PAYROLL EXPENSES		Category/ Type		
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:		
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) C. PROGRESSIVE INSURANCE			Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2015	
Mailing Address P.O. BOX 105428			Amount of Each Disbursement this Period 198.40	
City ATLANTA	State GA	Zip Code 30348-5428	Transaction ID : SB17.I8537	
Purpose of Disbursement INSURANCE		Category/ Type		
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:		
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional).....	878.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 86			
	<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)
Friends of Dave Reichert

Full Name (Last, First, Middle Initial) A. SERMO DIGITAL		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2015
Mailing Address 7605 SE 27TH STREET		Amount of Each Disbursement this Period 4554.10
City MERCER ISLAND	State WA	
Zip Code 98040	Purpose of Disbursement ONLINE SERVICES	Transaction ID : SB17.I8538
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. SERMO DIGITAL		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2015
Mailing Address 7605 SE 27TH STREET		Amount of Each Disbursement this Period 2646.69
City MERCER ISLAND	State WA	
Zip Code 98040	Purpose of Disbursement ONLINE SERVICES	Transaction ID : SB17.I8539
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2015
Mailing Address 3180 18TH ST STE 100		Amount of Each Disbursement this Period 47.77
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CREDIT CARD PROCESSING FEES	Transaction ID : SB17.I8540
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	7248.56
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 77 OF 86			
	<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)
Friends of Dave Reichert

Full Name (Last, First, Middle Initial) A. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2015
Mailing Address 3180 18TH ST STE 100		Amount of Each Disbursement this Period 2.78
City SAN FRANCISCO State CA Zip Code 94110	Purpose of Disbursement CREDIT CARD PROCESSING FEES	
Candidate Name		Transaction ID : SB17.I8541
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2015
Mailing Address 3180 18TH ST STE 100		Amount of Each Disbursement this Period 29.30
City SAN FRANCISCO State CA Zip Code 94110	Purpose of Disbursement CREDIT CARD PROCESSING FEES	
Candidate Name		Transaction ID : SB17.I8542
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2015
Mailing Address 3180 18TH ST STE 100		Amount of Each Disbursement this Period 3.20
City SAN FRANCISCO State CA Zip Code 94110	Purpose of Disbursement CREDIT CARD PROCESSING FEES	
Candidate Name		Transaction ID : SB17.I8543
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	35.28
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 78 OF 86			
	<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)
Friends of Dave Reichert

Full Name (Last, First, Middle Initial)
A. STRIPE

Mailing Address 3180 18TH ST STE 100

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
05 / 14 / 2015

Amount of Each Disbursement this Period
0.59

Transaction ID : SB17.I8544

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

Mailing Address 3180 18TH ST STE 100

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
05 / 21 / 2015

Amount of Each Disbursement this Period
24.44

Transaction ID : SB17.I8545

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

Mailing Address 3180 18TH ST STE 100

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
05 / 22 / 2015

Amount of Each Disbursement this Period
11.53

Transaction ID : SB17.I8546

SUBTOTAL of Disbursements This Page (optional)..... 36.56

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 79 OF 86			
	<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)
Friends of Dave Reichert

Full Name (Last, First, Middle Initial) A. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2015
Mailing Address 3180 18TH ST STE 100		Amount of Each Disbursement this Period 2.65 Transaction ID : SB17.I8547
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CREDIT CARD PROCESSING FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2015
Mailing Address 3180 18TH ST STE 100		Amount of Each Disbursement this Period 1.42 Transaction ID : SB17.I8548
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CREDIT CARD PROCESSING FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2015
Mailing Address 3180 18TH ST STE 100		Amount of Each Disbursement this Period 7.46 Transaction ID : SB17.I8549
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CREDIT CARD PROCESSING FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	11.53
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 80 OF 86			
	<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)
Friends of Dave Reichert

Full Name (Last, First, Middle Initial) A. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2015
Mailing Address 3180 18TH ST STE 100		Amount of Each Disbursement this Period 2.65
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CREDIT CARD PROCESSING FEES	Transaction ID : SB17.I8550
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2015
Mailing Address 3180 18TH ST STE 100		Amount of Each Disbursement this Period 1.18
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CREDIT CARD PROCESSING FEES	Transaction ID : SB17.I8551
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2015
Mailing Address 3180 18TH ST STE 100		Amount of Each Disbursement this Period 2.99
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CREDIT CARD PROCESSING FEES	Transaction ID : SB17.I8552
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	6.82
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 81 OF 86			
	<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)
Friends of Dave Reichert

Full Name (Last, First, Middle Initial) A. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 06 / 08 / 2015
Mailing Address 3180 18TH ST STE 100		Amount of Each Disbursement this Period 1.18 Transaction ID : SB17.I8553
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CREDIT CARD PROCESSING FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2015
Mailing Address 3180 18TH ST STE 100		Amount of Each Disbursement this Period 73.78 Transaction ID : SB17.I8554
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CREDIT CARD PROCESSING FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2015
Mailing Address 3180 18TH ST STE 100		Amount of Each Disbursement this Period 1.75 Transaction ID : SB17.I8555
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CREDIT CARD PROCESSING FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	76.71
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 82 OF 86		
	<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)
Friends of Dave Reichert

Full Name (Last, First, Middle Initial)
A. STRIPE

Mailing Address 3180 18TH ST STE 100

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
06 / 18 / 2015

Amount of Each Disbursement this Period
22.35

Transaction ID : SB17.I8556

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

Mailing Address 3180 18TH ST STE 100

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
06 / 29 / 2015

Amount of Each Disbursement this Period
1.75

Transaction ID : SB17.I8557

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

Mailing Address 3180 18TH ST STE 100

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
06 / 30 / 2015

Amount of Each Disbursement this Period
14.80

Transaction ID : SB17.I8558

SUBTOTAL of Disbursements This Page (optional)..... 38.90

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 83 OF 86			
	<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)
Friends of Dave Reichert

Full Name (Last, First, Middle Initial) A. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2015
Mailing Address 3180 18TH ST STE 100		Amount of Each Disbursement this Period 47.94
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CREDIT CARD PROCESSING FEES	Transaction ID : SB17.I8559
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. TECH ROANOKE		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2015
Mailing Address 6947 COAL CREEK PKWY SE #139		Amount of Each Disbursement this Period 250.00
City NEWCASTLE	State WA	
Zip Code 98056	Purpose of Disbursement TICKETS TO EVENTS	Transaction ID : SB17.I8560
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. THE CATALYST GROUP		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2015
Mailing Address 600 PENNSYLVANIA AVE SE STE 330		Amount of Each Disbursement this Period 4157.33
City WASHINGTON	State DC	
Zip Code 20003-6300	Purpose of Disbursement FUNDRAISING CONSULTING	Transaction ID : SB17.I8561
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4455.27
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 84 OF 86			
	<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)
Friends of Dave Reichert

Full Name (Last, First, Middle Initial) A. THE CATALYST GROUP		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2015
Mailing Address 600 PENNSYLVANIA AVE SE STE 330		Amount of Each Disbursement this Period 4000.00 Transaction ID : SB17.I8562
City WASHINGTON State DC Zip Code 20003-6300	Purpose of Disbursement FUNDRAISING CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. THE CATALYST GROUP		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2015
Mailing Address 600 PENNSYLVANIA AVE SE STE 330		Amount of Each Disbursement this Period 4000.00 Transaction ID : SB17.I8563
City WASHINGTON State DC Zip Code 20003-6300	Purpose of Disbursement FUNDRAISING CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. THE CATALYST GROUP		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2015
Mailing Address 600 PENNSYLVANIA AVE SE STE 330		Amount of Each Disbursement this Period 823.44 Transaction ID : SB17.I8564
City WASHINGTON State DC Zip Code 20003-6300	Purpose of Disbursement FUNDRAISING CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	8823.44
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 85 OF 86
	<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)
Friends of Dave Reichert

Full Name (Last, First, Middle Initial) A. THE CATALYST GROUP		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2015
Mailing Address 600 PENNSYLVANIA AVE SE STE 330		Amount of Each Disbursement this Period 4000.00
City WASHINGTON State DC Zip Code 20003-6300	Purpose of Disbursement FUNDRAISING CONSULTING	
Candidate Name	Category/Type	Transaction ID : SB17.I8565
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. THE VOYAGEUR COMPANY		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2015
Mailing Address 100 EYE STREET SE #1108		Amount of Each Disbursement this Period 7361.13
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement DIRECT MAIL	
Candidate Name	Category/Type	Transaction ID : SB17.I8566
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

SUBTOTAL of Disbursements This Page (optional).....	11361.13
TOTAL This Period (last page this line number only).....	70047.08

**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 86 OF 86
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Dave Reichert

Full Name (Last, First, Middle Initial) A. NATIONAL REPUBLICAN CONGRESSIONAL COMMIT		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2015
Mailing Address 320 1ST ST SE		Amount of Each Disbursement this Period 5000.00
City WASHINGTON	State DC Zip Code 20003-1838	
Purpose of Disbursement CONTRIBUTION TO COMMITTEE	Candidate Name	Transaction ID : SB17.I8522
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: _____ District: _____	Category/Type	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: _____ District: _____	Category/Type	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: _____ District: _____	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	5000.00
TOTAL This Period (last page this line number only).....	5000.00