

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

(Summary Page)

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09/02/1998 12 : 60

|                                                                                                                                      |                              |                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>1. NAME OF COMMITTEE (in full)</b><br>Inslee for Congress                                                                         |                              | <b>2. FEC IDENTIFICATION NUMBER</b><br>C00337438                                                              |
| <b>ADDRESS (number and street)</b> <input type="checkbox"/> Check if different than previously reported<br>218 Main Street Suite 198 |                              |                                                                                                               |
| <b>CITY, STATE, and ZIP CODE</b><br>Kirkland WA 98033                                                                                | <b>STATE / DISTRICT</b><br>/ | <b>3. IS THIS REPORT AN AMENDMENT?</b><br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |

## 4. TYPE OF REPORT

- ☐ April 15 Quarterly Report ☒ Twelfth day report preceding Primary (election type)  
election on 09/15/1998 in the State of WA
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report ☐ Thirtieth day report following the General Election
- ☐ January 31 Year End Report on \_\_\_\_\_ in the State of \_\_\_\_\_
- ☐ July 31 Mid-Year Report (Non-election Year Only) ☐ Termination report

This report contains activity for ☒ Primary election ☐ General election ☐ Runoff election ☐ Special election

## SUMMARY

| 5. Covering period <u>07/01/1998</u> through <u>08/28/1998</u>                                         | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date                                                                                                                                  |
|--------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6. Net contributions (other than loans)                                                                |                         |                                                                                                                                                                    |
| (a) Total Contributions (other than loans) (from line 11(a)) .....                                     | 233279.71               | 520042.77                                                                                                                                                          |
| (b) Total Contribution Refunds (from line 20(d)) .....                                                 | 0.00                    | 0.00                                                                                                                                                               |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a)) .....                          | 233279.71               | 520042.77                                                                                                                                                          |
| 7. Net Operating Expenditures                                                                          |                         |                                                                                                                                                                    |
| (a) Total Operating Expenditures (from line 17) .....                                                  | 98347.07                | 138001.50                                                                                                                                                          |
| (b) Total Offsets to Operating Expenditures (from line 14) .....                                       | 0.00                    | 0.00                                                                                                                                                               |
| (c) Net Operating Expenditures (subtract Line 7(b) from 7(a)) .....                                    | 98347.07                | 138001.50                                                                                                                                                          |
| 8. Cash on Hand at Close of Reporting Period (from line 27) .....                                      | 381118.89               | <b>For further information contact:</b><br>Federal Election Commission<br>999 E Street, NW<br>Washington, DC 20463<br>Toll Free 800-424-9530<br>Local 202-219-3420 |
| 9. Debts and Obligations Owed TO the Committee<br>(Itemize all on Schedule C and/or Schedule D) .....  | 0.00                    |                                                                                                                                                                    |
| 10. Debts and Obligations Owed BY the Committee<br>(Itemize all on Schedule C and/or Schedule D) ..... | 0.00                    |                                                                                                                                                                    |

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

Electronically Filed by Ms Hazel A. Russell

Signature of Treasurer

Date

08/31/1998

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

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FESAN059

**FEC FORM 3**  
(revised 4/87)

**DETAILED SUMMARY PAGE**  
**of Receipts and Disbursements**  
**(Page 2, FEG Form 3)**

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|                                                                               |                                                               |                                           |
|-------------------------------------------------------------------------------|---------------------------------------------------------------|-------------------------------------------|
| Name of Committee (In Full)<br><b>Inslee for Congress</b>                     | Report Covering the Period<br>From: 07/01/1998 To: 08/26/1998 |                                           |
| <b>I. RECEIPTS</b>                                                            | <b>COLUMN A<br/>Total This Period</b>                         | <b>COLUMN B<br/>Calendar Year-To-Date</b> |
| 11. CONTRIBUTIONS (other than loans) FROM:                                    |                                                               |                                           |
| (a) Individuals/Persons Other Than Political Committees .....                 |                                                               |                                           |
| (i) Itemized (use Schedule A) .....                                           | 103535.80                                                     |                                           |
| (ii) Unitemized .....                                                         | 38389.80                                                      |                                           |
| (iii) Total of contributions from individuals .....                           | 141925.60                                                     | 314053.16                                 |
| (b) Political Party Committees .....                                          | 1335.39                                                       | 6845.89                                   |
| (c) Other Political Committees (such as PACs) .....                           | 90018.72                                                      | 199143.72                                 |
| (d) The Candidate .....                                                       | 0.00                                                          | 0.00                                      |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d)) | 233279.71                                                     | 520042.77                                 |
| 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 13(a) and (b)) .....                                     | 0.00                                                          | 0.00                                      |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....          | 0.00                                                          | 0.00                                      |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.) .....                          | 77.72                                                         | 77.72                                     |
| 16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) .....                    | 233357.43                                                     | 520120.49                                 |
| <b>II. DISBURSEMENTS</b>                                                      |                                                               |                                           |
| 17. OPERATING EXPENDITURES .....                                              | 98347.07                                                      | 139001.50                                 |
| 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 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 20(a), (b) and (c)) .....                 | 0.00                                                          | 0.00                                      |
| 21. OTHER DISBURSEMENTS .....                                                 | 0.00                                                          | 0.00                                      |
| 22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21) .....               | 98347.07                                                      | 139001.50                                 |

**III. CASH SUMMARY**

|                                                                              |           |     |
|------------------------------------------------------------------------------|-----------|-----|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD .....                      | 246108.63 | 23. |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16) .....                          | 233357.43 | 24. |
| 25. SUBTOTAL (add Line 23 and Line 24) .....                                 | 479466.06 | 25. |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) .....                     | 98347.07  | 26. |
| 27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) | 381118.99 | 27. |

| <b>SCHEDULE A</b>                                                                                                                                                                                                                                                                    |  | <b>ITEMIZED RECEIPTS</b>                                                             |  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page                                     | <b>3 / 59</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------|---------------|
|                                                                                                                                                                                                                                                                                      |  |                                                                                      |  | FOR LINE NUMBER<br><b>11A</b>                                                                                     |               |
| 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. |  |                                                                                      |  |                                                                                                                   |               |
| <b>NAME OF COMMITTEE (In Full)</b><br><b>Inslee for Congress</b>                                                                                                                                                                                                                     |  |                                                                                      |  |                                                                                                                   |               |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Ruth Lecocq Kag<br>19553 35th Ave. NE<br><br>Lake Forest Park WA 98155                                                                                                                                                            |  | Name of Employer<br>Self Employed<br><br>Occupation<br>Commercial Real Estate        |  | Date (month, day, year)<br>07/01/1998<br><br>Amount of Each Receipt this Period<br>400.00<br>Contribution In-Kind |               |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | Aggregate Year-to-Date > \$ 750.00                                                   |  |                                                                                                                   |               |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Klaus H. Engel<br>7671 W. Mercer Way<br><br>Mercer Island WA 98040                                                                                                                                                                |  | Name of Employer<br>Retired<br><br>Occupation<br>Retired                             |  | Date (month, day, year)<br>07/03/1998<br><br>Amount of Each Receipt this Period<br>500.00                         |               |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | Aggregate Year-to-Date > \$ 500.00                                                   |  |                                                                                                                   |               |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Norman Byrd<br>72110 Hwy. 97<br><br>Wapato WA 98951                                                                                                                                                                               |  | Name of Employer<br>Information Requested<br><br>Occupation<br>Information Requested |  | Date (month, day, year)<br>07/03/1998<br><br>Amount of Each Receipt this Period<br>500.00                         |               |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | Aggregate Year-to-Date > \$ 500.00                                                   |  |                                                                                                                   |               |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Daniel Lee Hannula<br>1334 Coral Drive<br><br>Fircrest WA 98466                                                                                                                                                                   |  | Name of Employer<br>Rush,Hannula,Harkins & Kyler<br><br>Occupation<br>Attorney       |  | Date (month, day, year)<br>07/03/1998<br><br>Amount of Each Receipt this Period<br>200.00                         |               |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | Aggregate Year-to-Date > \$ 400.00                                                   |  |                                                                                                                   |               |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Daniel Lee Hannula<br>1334 Coral Drive<br><br>Fircrest WA 98466                                                                                                                                                                   |  | Name of Employer<br>Rush,Hannula,Harkins & Kyler<br><br>Occupation<br>Attorney       |  | Date (month, day, year)<br>07/03/1998<br><br>Amount of Each Receipt this Period<br>200.00                         |               |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | Aggregate Year-to-Date > \$ 400.00                                                   |  |                                                                                                                   |               |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Lucy P. Isaki<br>2018 Federal Ave. East<br><br>Seattle WA 98102                                                                                                                                                                   |  | Name of Employer<br>Bogle & Gates<br><br>Occupation<br>Lawyer                        |  | Date (month, day, year)<br>07/03/1998<br><br>Amount of Each Receipt this Period<br>300.00                         |               |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | Aggregate Year-to-Date > \$ 300.00                                                   |  |                                                                                                                   |               |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Victor Martino<br>8424 NE Beck Rd<br><br>Bainbridge Island WA 98110-2251                                                                                                                                                          |  | Name of Employer<br>Self Employed<br><br>Occupation<br>Consultant                    |  | Date (month, day, year)<br>07/03/1998<br><br>Amount of Each Receipt this Period<br>250.00                         |               |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | Aggregate Year-to-Date > \$ 250.00                                                   |  |                                                                                                                   |               |
| <b>SUBTOTALS</b> of Receipts This Page (Optional) .....                                                                                                                                                                                                                              |  |                                                                                      |  |                                                                                                                   |               |
| <b>TOTALS</b> This Period (last page this line number only) .....                                                                                                                                                                                                                    |  |                                                                                      |  |                                                                                                                   |               |

| <b>SCHEDULE A</b>                                                                                                                                                                                                                                                                    |  | <b>ITEMIZED RECEIPTS</b>                              |  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page                        | 4 / 59 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------|--|------------------------------------------------------------------------------------------------------|--------|
|                                                                                                                                                                                                                                                                                      |  |                                                       |  | FOR LINE NUMBER<br>11A                                                                               |        |
| 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. |  |                                                       |  |                                                                                                      |        |
| <b>NAME OF COMMITTEE (In Full)</b><br><b>Inslee for Congress</b>                                                                                                                                                                                                                     |  |                                                       |  |                                                                                                      |        |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Jerome H. Baglien<br>6239 Pinetree Drive<br><br>Long Grove IL 60047                                                                                                                                                               |  | <b>Name of Employer</b><br>Self Employed              |  | <b>Date (month, day, year)</b><br>07/07/1998<br>To record occupation & employer information received |        |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Consulting                       |  | <b>Amount of Each Receipt this Period</b><br>1000.00                                                 |        |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 1000.00            |  |                                                                                                      |        |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Jim Wise<br>8505 Sunny Hill Ct.<br><br>McLean VA 22101                                                                                                                                                                            |  | <b>Name of Employer</b><br>The Pace Companies         |  | <b>Date (month, day, year)</b><br>07/08/1998                                                         |        |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Executive                        |  | <b>Amount of Each Receipt this Period</b><br>1000.00                                                 |        |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 1000.00            |  |                                                                                                      |        |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Judith E. Bendich<br>1754 NE 62nd St.<br><br>Seattle WA 98115-6821                                                                                                                                                                |  | <b>Name of Employer</b><br>Bendich, Stobaugh & Strong |  | <b>Date (month, day, year)</b><br>07/08/1998                                                         |        |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Attorney                         |  | <b>Amount of Each Receipt this Period</b><br>500.00                                                  |        |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 500.00             |  |                                                                                                      |        |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Robert T. Short<br>4541 Lake Washington Blvd. NE<br><br>Kirkland WA 98033                                                                                                                                                         |  | <b>Name of Employer</b><br>Microsoft                  |  | <b>Date (month, day, year)</b><br>07/08/1998                                                         |        |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Engineer                         |  | <b>Amount of Each Receipt this Period</b><br>250.00                                                  |        |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 250.00             |  |                                                                                                      |        |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Mrs. Stanley D. Golub<br>2690 Magnolia Blvd. West<br><br>Seattle WA 98199                                                                                                                                                         |  | <b>Name of Employer</b><br>Retired                    |  | <b>Date (month, day, year)</b><br>07/08/1998                                                         |        |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Retired                          |  | <b>Amount of Each Receipt this Period</b><br>500.00                                                  |        |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 500.00             |  |                                                                                                      |        |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Brian Weinstein<br>8135 W. Mercer Way<br><br>Mercer Island WA 98040                                                                                                                                                               |  | <b>Name of Employer</b><br>Self Employed              |  | <b>Date (month, day, year)</b><br>07/08/1998                                                         |        |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Attorney                         |  | <b>Amount of Each Receipt this Period</b><br>500.00                                                  |        |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 500.00             |  |                                                                                                      |        |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Judy Pigott Swenson<br>4875 Beach Dr. SW<br><br>Seattle WA 98116                                                                                                                                                                  |  | <b>Name of Employer</b><br>Self                       |  | <b>Date (month, day, year)</b><br>07/08/1998                                                         |        |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Philanthropist                   |  | <b>Amount of Each Receipt this Period</b><br>250.00                                                  |        |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 250.00             |  |                                                                                                      |        |
| <b>SUBTOTALS</b> of Receipts This Page (Optional) .....                                                                                                                                                                                                                              |  |                                                       |  |                                                                                                      |        |
| <b>TOTALS</b> This Period (last page this line number only) .....                                                                                                                                                                                                                    |  |                                                       |  |                                                                                                      |        |

| <b>SCHEDULE A</b>                                                                                                                                                                                                                                                                    |  | <b>ITEMIZED RECEIPTS</b>                                                                     |  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page                                                                                          | <b>5 / 59</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
|                                                                                                                                                                                                                                                                                      |  |                                                                                              |  | FOR LINE NUMBER<br><b>11A</b>                                                                                                                                          |               |
| 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. |  |                                                                                              |  |                                                                                                                                                                        |               |
| <b>NAME OF COMMITTEE (In Full)</b><br><b>Inslee for Congress</b>                                                                                                                                                                                                                     |  |                                                                                              |  |                                                                                                                                                                        |               |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Janet L. Rice<br>917 16th Ave. East<br><br>Seattle WA 98112                                                                                                                                                                       |  | <b>Name of Employer</b><br>Schroeder, Goldmark & Bender<br><br><b>Occupation</b><br>Attorney |  | <b>Date (month, day, year)</b><br>07/10/1998<br><br><b>Amount of Each Receipt this Period</b><br>250.00                                                                |               |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Aggregate Year-to-Date</b> > \$ 250.00                                                    |  |                                                                                                                                                                        |               |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Janet L. Singal<br>P.O. Box 201<br><br>Medina WA 98039                                                                                                                                                                            |  | <b>Name of Employer</b><br>None<br><br><b>Occupation</b><br>Volunteer                        |  | <b>Date (month, day, year)</b><br>07/10/1998<br><br><b>Amount of Each Receipt this Period</b><br>1000.00                                                               |               |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Aggregate Year-to-Date</b> > \$ 1000.00                                                   |  |                                                                                                                                                                        |               |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Kenneth D. Prichard<br>13235 37th Ave. NE<br><br>Seattle WA 98125-4648                                                                                                                                                            |  | <b>Name of Employer</b><br>Retired<br><br><b>Occupation</b><br>Retired                       |  | <b>Date (month, day, year)</b><br>07/10/1998<br><br><b>Amount of Each Receipt this Period</b><br>1000.00                                                               |               |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Aggregate Year-to-Date</b> > \$ 1500.00                                                   |  |                                                                                                                                                                        |               |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Charles M. Gust<br>8206 Woodclawn Ave. N.<br><br>Seattle WA 98105                                                                                                                                                                 |  | <b>Name of Employer</b><br>Self Employed<br><br><b>Occupation</b><br>Social Entrepreneur     |  | <b>Date (month, day, year)</b><br>07/10/1998<br><br><b>Amount of Each Receipt this Period</b><br>500.00                                                                |               |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Aggregate Year-to-Date</b> > \$ 500.00                                                    |  |                                                                                                                                                                        |               |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Alexander W. Barth<br>10 Burning Tree Dr.<br><br>Yakima WA 98902-1575                                                                                                                                                             |  | <b>Name of Employer</b><br>John I. Haas, Inc.<br><br><b>Occupation</b><br>Agronomist         |  | <b>Date (month, day, year)</b><br>07/10/1998<br><br><b>Amount of Each Receipt this Period</b><br>1000.00<br><br>To record occupation and employer information received |               |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Aggregate Year-to-Date</b> > \$ 1000.00                                                   |  |                                                                                                                                                                        |               |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Cecile Lindquist<br>10028 49th NE<br><br>Seattle WA 98125                                                                                                                                                                         |  | <b>Name of Employer</b><br>University of Washington<br><br><b>Occupation</b><br>Educator     |  | <b>Date (month, day, year)</b><br>07/10/1998<br><br><b>Amount of Each Receipt this Period</b><br>300.00<br><br>To record occupation & employer information received    |               |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Aggregate Year-to-Date</b> > \$ 300.00                                                    |  |                                                                                                                                                                        |               |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Lynda Ramsey<br>P.O. Box 577<br><br>White Swan WA 98952                                                                                                                                                                           |  | <b>Name of Employer</b><br>Ramsey Ranches<br><br><b>Occupation</b><br>Owner                  |  | <b>Date (month, day, year)</b><br>07/13/1998<br><br><b>Amount of Each Receipt this Period</b><br>-1000.00<br><br>To retribute funds received 6/29                      |               |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Aggregate Year-to-Date</b> > \$ 1000.00                                                   |  |                                                                                                                                                                        |               |
| <b>SUBTOTALS</b> of Receipts This Page (Optional) .....                                                                                                                                                                                                                              |  |                                                                                              |  |                                                                                                                                                                        |               |
| <b>TOTALS</b> This Period (last page this line number only) .....                                                                                                                                                                                                                    |  |                                                                                              |  |                                                                                                                                                                        |               |

| <b>SCHEDULE A</b>                                                                                                                                                                                                                                                                    |  | <b>ITEMIZED RECEIPTS</b>                           |  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page         | <b>6 / 59</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------|--|---------------------------------------------------------------------------------------|---------------|
|                                                                                                                                                                                                                                                                                      |  |                                                    |  | FOR LINE NUMBER<br><b>11A</b>                                                         |               |
| 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. |  |                                                    |  |                                                                                       |               |
| <b>NAME OF COMMITTEE (In Full)</b><br><b>Inslee for Congress</b>                                                                                                                                                                                                                     |  |                                                    |  |                                                                                       |               |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Kip Ramsey<br>Moses Road P.O. Box 577<br><br>White Swan WA 98952                                                                                                                                                                  |  | <b>Name of Employer</b><br>Ramsey Ranches          |  | <b>Date (month, day, year)</b><br>07/13/1998<br>To reattribute funds received 6/29    |               |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Owner                         |  | <b>Amount of Each Receipt this Period</b><br>1000.00                                  |               |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 1000.00         |  |                                                                                       |               |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Lyndia Ramsey<br>P.O. Box 577<br><br>White Swan WA 98952                                                                                                                                                                          |  | <b>Name of Employer</b><br>Ramsey Ranches          |  | <b>Date (month, day, year)</b><br>07/13/1998<br>To reattribute funds received 6/29/98 |               |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Owner                         |  | <b>Amount of Each Receipt this Period</b><br>2000.00                                  |               |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 1000.00         |  |                                                                                       |               |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Thomas D. Campton<br>3123 153rd Ave. SE<br><br>Snohomish WA 98290                                                                                                                                                                 |  | <b>Name of Employer</b><br>Zumiez, Inc.            |  | <b>Date (month, day, year)</b><br>07/14/1998                                          |               |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>CEO                           |  | <b>Amount of Each Receipt this Period</b><br>500.00                                   |               |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 500.00          |  |                                                                                       |               |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Brian A. Reich<br>1107 38th Ave.<br><br>Seattle WA 98122                                                                                                                                                                          |  | <b>Name of Employer</b><br>Student                 |  | <b>Date (month, day, year)</b><br>07/14/1998                                          |               |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Student                       |  | <b>Amount of Each Receipt this Period</b><br>500.00                                   |               |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 500.00          |  |                                                                                       |               |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Peter Bogdanoff<br>4212 Eastern Ave. N.<br><br>Seattle WA 98103                                                                                                                                                                   |  | <b>Name of Employer</b><br>Seattle School District |  | <b>Date (month, day, year)</b><br>07/14/1998                                          |               |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Teacher                       |  | <b>Amount of Each Receipt this Period</b><br>200.00                                   |               |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 500.00          |  |                                                                                       |               |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Lawrence D. Mondschien<br>1100 Bayshore Dr.<br><br>Camano Island WA 98292                                                                                                                                                         |  | <b>Name of Employer</b><br>Information Requested   |  | <b>Date (month, day, year)</b><br>07/14/1998                                          |               |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Information Requested         |  | <b>Amount of Each Receipt this Period</b><br>500.00                                   |               |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 500.00          |  |                                                                                       |               |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Faith Wilder<br>P.O. Box 8828<br><br>Seattle WA 98199                                                                                                                                                                             |  | <b>Name of Employer</b><br>AON                     |  | <b>Date (month, day, year)</b><br>07/14/1998<br>Resignation Requested                 |               |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Executive                     |  | <b>Amount of Each Receipt this Period</b><br>250.00                                   |               |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 2000.00         |  |                                                                                       |               |
| <b>SUBTOTALS</b> of Receipts This Page (Optional) .....                                                                                                                                                                                                                              |  |                                                    |  |                                                                                       |               |
| <b>TOTALS</b> This Period (last page this line number only) .....                                                                                                                                                                                                                    |  |                                                    |  |                                                                                       |               |

| <b>SCHEDULE A</b>                                                                                                                                                                                                                                                                    |  | <b>ITEMIZED RECEIPTS</b>                             |  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page                              | <b>7 / 59</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------|---------------|
|                                                                                                                                                                                                                                                                                      |  |                                                      |  | FOR LINE NUMBER<br><b>11A</b>                                                                              |               |
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| <b>NAME OF COMMITTEE (In Full)</b><br><b>Inslee for Congress</b>                                                                                                                                                                                                                     |  |                                                      |  |                                                                                                            |               |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Faith Wilder<br>P.O. Box 88828<br><br>Seattle WA 98188                                                                                                                                                                            |  | <b>Name of Employer</b><br>AON                       |  | <b>Date (month, day, year)</b><br>07/14/1998<br><br>Resignation Requested                                  |               |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Executive                       |  | <b>Amount of Each Receipt this Period</b><br>250.00                                                        |               |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 2000.00           |  |                                                                                                            |               |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Arthur R. Paulsen<br>P.O. Box 5327<br><br>Tacoma WA 98405                                                                                                                                                                         |  | <b>Name of Employer</b><br>Self Employed             |  | <b>Date (month, day, year)</b><br>07/14/1998                                                               |               |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Attorney                        |  | <b>Amount of Each Receipt this Period</b><br>250.00                                                        |               |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 250.00            |  |                                                                                                            |               |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Gary I. Young<br>P.O. Box 208<br><br>White Swan WA 98952                                                                                                                                                                          |  | <b>Name of Employer</b><br>Self Employed             |  | <b>Date (month, day, year)</b><br>07/14/1998                                                               |               |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Store Owner                     |  | <b>Amount of Each Receipt this Period</b><br>250.00                                                        |               |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 250.00            |  |                                                                                                            |               |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Irwin L. Treiger<br>801 Union Street Suite 4700<br><br>Seattle WA 98104                                                                                                                                                           |  | <b>Name of Employer</b><br>Bogle & Gates             |  | <b>Date (month, day, year)</b><br>07/15/1998                                                               |               |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Attorney                        |  | <b>Amount of Each Receipt this Period</b><br>250.00                                                        |               |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 250.00            |  |                                                                                                            |               |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>James J. Buchanan, Jr.<br>633 NW 116th St.<br><br>Seattle WA 98177                                                                                                                                                                |  | <b>Name of Employer</b><br>Shoreline School District |  | <b>Date (month, day, year)</b><br>07/15/1998                                                               |               |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Teacher                         |  | <b>Amount of Each Receipt this Period</b><br>225.00                                                        |               |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 231.00            |  |                                                                                                            |               |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Paul Brainerd<br>2033 First Avenue<br><br>Seattle WA 98121                                                                                                                                                                        |  | <b>Name of Employer</b><br>Retired                   |  | <b>Date (month, day, year)</b><br>07/15/1998                                                               |               |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Retired                         |  | <b>Amount of Each Receipt this Period</b><br>1000.00                                                       |               |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 1000.00           |  |                                                                                                            |               |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Allen S. Zulauf<br>2515 43rd Street SE<br><br>Puyallup WA 98374-1746                                                                                                                                                              |  | <b>Name of Employer</b><br>SKR Tree Farm             |  | <b>Date (month, day, year)</b><br>07/15/1998<br><br>To record occupation and employer information received |               |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Co-Manager                      |  | <b>Amount of Each Receipt this Period</b><br>250.00                                                        |               |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 250.00            |  |                                                                                                            |               |
| <b>SUBTOTALS</b> of Receipts This Page (Optional) .....                                                                                                                                                                                                                              |  |                                                      |  |                                                                                                            |               |
| <b>TOTALS</b> This Period (last page this line number only) .....                                                                                                                                                                                                                    |  |                                                      |  |                                                                                                            |               |

| <b>SCHEDULE A</b>                                                                                                                                                                                                                                                                    |  | <b>ITEMIZED RECEIPTS</b>                                    |  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | <b>8 / 59</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------|--|-------------------------------------------------------------------------------|---------------|
|                                                                                                                                                                                                                                                                                      |  |                                                             |  | FOR LINE NUMBER<br><b>11A</b>                                                 |               |
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| <b>NAME OF COMMITTEE (In Full)</b><br><b>Inslee for Congress</b>                                                                                                                                                                                                                     |  |                                                             |  |                                                                               |               |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Lawrence L. Longfelder<br>101 Stewart Suite 1010<br><br>Seattle WA 98101                                                                                                                                                          |  | <b>Name of Employer</b><br>Longfelder, Tinker, Kidman, etc. |  | <b>Date (month, day, year)</b><br>07/16/1998                                  |               |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Attorney                               |  | <b>Amount of Each Receipt this Period</b><br>400.00                           |               |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 400.00                   |  |                                                                               |               |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Frank L. Cassidy, Jr.<br>2614 NW 91st Street<br><br>Vancouver WA 98665                                                                                                                                                            |  | <b>Name of Employer</b><br>Flow-Right Productions           |  | <b>Date (month, day, year)</b><br>07/16/1998                                  |               |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>President                              |  | <b>Amount of Each Receipt this Period</b><br>500.00                           |               |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 500.00                   |  |                                                                               |               |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Kenneth D. Prichard<br>13235 37th Ave. NE<br><br>Seattle WA 98125-4648                                                                                                                                                            |  | <b>Name of Employer</b><br>Retired                          |  | <b>Date (month, day, year)</b><br>07/16/1998                                  |               |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Retired                                |  | <b>Amount of Each Receipt this Period</b><br>500.00                           |               |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 1500.00                  |  |                                                                               |               |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Christopher Olorowski<br>298 Winslow Way West<br><br>Bainbridge Island WA 98110                                                                                                                                                   |  | <b>Name of Employer</b><br>Self                             |  | <b>Date (month, day, year)</b><br>07/16/1998                                  |               |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Attorney                               |  | <b>Amount of Each Receipt this Period</b><br>100.00                           |               |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 620.00                   |  |                                                                               |               |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Patrick McMullen<br>P.O. Box 152<br><br>Sedro Woolley WA 98284                                                                                                                                                                    |  | <b>Name of Employer</b><br>Washington State                 |  | <b>Date (month, day, year)</b><br>07/16/1998                                  |               |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>State Representative                   |  | <b>Amount of Each Receipt this Period</b><br>500.00                           |               |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 500.00                   |  |                                                                               |               |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Robert Herigson<br>P.O. Box 345<br><br>Deer Harbor WA 98243                                                                                                                                                                       |  | <b>Name of Employer</b><br>Retired                          |  | <b>Date (month, day, year)</b><br>07/16/1998                                  |               |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Retired                                |  | <b>Amount of Each Receipt this Period</b><br>500.00                           |               |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 500.00                   |  |                                                                               |               |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Walter E. Grimes<br>4107 Phinney Ave. North<br><br>Seattle WA 98103                                                                                                                                                               |  | <b>Name of Employer</b><br>Russet Construction              |  | <b>Date (month, day, year)</b><br>07/16/1998                                  |               |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Owner                                  |  | <b>Amount of Each Receipt this Period</b><br>250.00                           |               |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 250.00                   |  |                                                                               |               |
| <b>SUBTOTALS</b> of Receipts This Page (Optional) .....                                                                                                                                                                                                                              |  |                                                             |  |                                                                               |               |
| <b>TOTALS</b> This Period (last page this line number only) .....                                                                                                                                                                                                                    |  |                                                             |  |                                                                               |               |



| <b>SCHEDULE A</b>                                                                                                                                                                                                                                                                    |                                                  | <b>ITEMIZED RECEIPTS</b>                                                |                                                      | 9 / 59                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------|------------------------------------------------------|-------------------------|
|                                                                                                                                                                                                                                                                                      |                                                  | Use separate schedule(s) for each category of the Detailed Summary Page |                                                      | FOR LINE NUMBER<br>11A1 |
| 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. |                                                  |                                                                         |                                                      |                         |
| <b>NAME OF COMMITTEE (In Full)</b><br><b>Inslee for Congress</b>                                                                                                                                                                                                                     |                                                  |                                                                         |                                                      |                         |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Laureen France<br>4007 32nd Ave. West<br><br>Seattle WA 98199                                                                                                                                                                     | <b>Name of Employer</b><br>Fed. Trade Commission | <b>Date (month, day, year)</b><br>07/16/1998                            | <b>Amount of Each Receipt this Period</b><br>250.00  |                         |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       | <b>Occupation</b><br>Investigator                |                                                                         |                                                      |                         |
| <b>Aggregate Year-to-Date</b> > \$ 250.00                                                                                                                                                                                                                                            |                                                  |                                                                         |                                                      |                         |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Arthur Berger<br>311 Weems Way<br><br>Selah WA 98942                                                                                                                                                                              | <b>Name of Employer</b><br>Self Employed         | <b>Date (month, day, year)</b><br>07/16/1998                            | <b>Amount of Each Receipt this Period</b><br>1000.00 |                         |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       | <b>Occupation</b>                                |                                                                         |                                                      |                         |
| <b>Aggregate Year-to-Date</b> > \$ 1000.00                                                                                                                                                                                                                                           |                                                  |                                                                         |                                                      |                         |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Lisa S. Verner<br>815 W Armour St.<br><br>Seattle WA 98119                                                                                                                                                                        | <b>Name of Employer</b><br>Self Employed         | <b>Date (month, day, year)</b><br>07/16/1998                            | <b>Amount of Each Receipt this Period</b><br>250.00  |                         |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       | <b>Occupation</b><br>Consultant                  |                                                                         |                                                      |                         |
| <b>Aggregate Year-to-Date</b> > \$ 250.00                                                                                                                                                                                                                                            |                                                  |                                                                         |                                                      |                         |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Wendy Eider, MD<br>718 N. 68th Ave.<br><br>Yakima WA 98908                                                                                                                                                                        | <b>Name of Employer</b><br>Self Employed         | <b>Date (month, day, year)</b><br>07/16/1998                            | <b>Amount of Each Receipt this Period</b><br>250.00  |                         |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       | <b>Occupation</b><br>Physician                   |                                                                         |                                                      |                         |
| <b>Aggregate Year-to-Date</b> > \$ 250.00                                                                                                                                                                                                                                            |                                                  |                                                                         |                                                      |                         |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Lloyd L. Wahl<br>5211 E. Sunset Dr.<br><br>Yakima WA 98901                                                                                                                                                                        | <b>Name of Employer</b><br>Retired               | <b>Date (month, day, year)</b><br>07/16/1998                            | <b>Amount of Each Receipt this Period</b><br>250.00  |                         |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       | <b>Occupation</b><br>Retired                     |                                                                         |                                                      |                         |
| <b>Aggregate Year-to-Date</b> > \$ 250.00                                                                                                                                                                                                                                            |                                                  |                                                                         |                                                      |                         |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Cynthia F. Shurtleff, M.D.<br>9119 NE 24th St.<br><br>Bellevue WA 98004                                                                                                                                                           | <b>Name of Employer</b><br>Self Employed         | <b>Date (month, day, year)</b><br>07/17/1998                            | <b>Amount of Each Receipt this Period</b><br>250.00  |                         |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       | <b>Occupation</b><br>Health Ed. Cons.            |                                                                         |                                                      |                         |
| <b>Aggregate Year-to-Date</b> > \$ 250.00                                                                                                                                                                                                                                            |                                                  |                                                                         |                                                      |                         |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Laura C. Lippman, M.D.<br>14556 37th Ave. NE<br><br>Seattle WA 98115                                                                                                                                                              | <b>Name of Employer</b><br>Self                  | <b>Date (month, day, year)</b><br>07/17/1998                            | <b>Amount of Each Receipt this Period</b><br>250.00  |                         |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       | <b>Occupation</b><br>Physician                   |                                                                         |                                                      |                         |
| <b>Aggregate Year-to-Date</b> > \$ 250.00                                                                                                                                                                                                                                            |                                                  |                                                                         |                                                      |                         |
| <b>SUBTOTALS</b> of Receipts This Page (Optional) .....                                                                                                                                                                                                                              |                                                  |                                                                         |                                                      |                         |
| <b>TOTALS</b> This Period (last page this line number only) .....                                                                                                                                                                                                                    |                                                  |                                                                         |                                                      |                         |

| <b>SCHEDULE A</b>                                                                                                                                                                                                                                                                    |  | <b>ITEMIZED RECEIPTS</b>                   |  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | <b>10 / 59</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------|--|-------------------------------------------------------------------------------|----------------|
|                                                                                                                                                                                                                                                                                      |  |                                            |  | FOR LINE NUMBER<br><b>11A</b>                                                 |                |
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| <b>NAME OF COMMITTEE (In Full)</b><br><b>Inslee for Congress</b>                                                                                                                                                                                                                     |  |                                            |  |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Peter J. Goldmark<br>Double J Ranch<br>Star Route 69<br>Okanogan WA 98840                                                                                                                                                         |  | <b>Name of Employer</b><br>Self Employed   |  | <b>Date (month, day, year)</b><br>07/17/1998                                  |                |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Rancher/Scientist     |  | <b>Amount of Each Receipt this Period</b><br>500.00                           |                |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 500.00  |  |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Ron Crockett<br>7920 53rd Ave. West Unit C<br>Mukilteo WA 98275                                                                                                                                                                   |  | <b>Name of Employer</b><br>Emerald Downs   |  | <b>Date (month, day, year)</b><br>07/17/1998                                  |                |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>President             |  | <b>Amount of Each Receipt this Period</b><br>250.00                           |                |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 250.00  |  |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Kathi Skarbo<br>1621 80th 152nd St.<br>Burien WA 98166                                                                                                                                                                            |  | <b>Name of Employer</b><br>Self Employed   |  | <b>Date (month, day, year)</b><br>07/17/1998                                  |                |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Graphic Designer      |  | <b>Amount of Each Receipt this Period</b><br>250.00                           |                |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 250.00  |  |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Speight Jenkins<br>903 Harvard Ave. East<br>Seattle WA 98102                                                                                                                                                                      |  | <b>Name of Employer</b><br>Seattle Opera   |  | <b>Date (month, day, year)</b><br>07/17/1998                                  |                |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>General Director      |  | <b>Amount of Each Receipt this Period</b><br>300.00                           |                |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 300.00  |  |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Gertrude Tindel<br>1609 Windermere Dr. E.<br>Seattle WA 98112                                                                                                                                                                     |  | <b>Name of Employer</b><br>Retired         |  | <b>Date (month, day, year)</b><br>07/17/1998                                  |                |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Retired               |  | <b>Amount of Each Receipt this Period</b><br>950.00                           |                |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 1100.00 |  |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Robert Tindall<br>1609 Windermere Dr. E.<br>Seattle WA 98112                                                                                                                                                                      |  | <b>Name of Employer</b><br>Retired         |  | <b>Date (month, day, year)</b><br>07/17/1998                                  |                |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Retired               |  | <b>Amount of Each Receipt this Period</b><br>950.00                           |                |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 1100.00 |  |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Robert Tindall<br>1609 Windermere Dr. E.<br>Seattle WA 98112                                                                                                                                                                      |  | <b>Name of Employer</b><br>Retired         |  | <b>Date (month, day, year)</b><br>07/17/1998                                  |                |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Retired               |  | <b>Amount of Each Receipt this Period</b><br>100.00                           |                |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 1100.00 |  |                                                                               |                |
| <b>SUBTOTALS</b> of Receipts This Page (Optional) .....                                                                                                                                                                                                                              |  |                                            |  |                                                                               |                |
| <b>TOTALS</b> This Period (last page this line number only) .....                                                                                                                                                                                                                    |  |                                            |  |                                                                               |                |

| <b>SCHEDULE A</b>                                                                                                                                                                                                                                                                    |  | <b>ITEMIZED RECEIPTS</b>                                |  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page                                                    | <b>11 / 59</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------|----------------|
|                                                                                                                                                                                                                                                                                      |  |                                                         |  | FOR LINE NUMBER<br><b>11A</b>                                                                                                    |                |
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| <b>NAME OF COMMITTEE (In Full)</b><br><b>Inslee for Congress</b>                                                                                                                                                                                                                     |  |                                                         |  |                                                                                                                                  |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Gertrude Tindal<br>1609 Windermere Dr. E.<br><br>Seattle WA 98112                                                                                                                                                                 |  | <b>Name of Employer</b><br>Retired                      |  | <b>Date (month, day, year)</b><br>07/17/1998<br><br><b>Amount of Each Receipt this Period</b><br>100.00                          |                |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Retired                            |  |                                                                                                                                  |                |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 1100.00              |  |                                                                                                                                  |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Linda Duschang<br>414 E. Pine St.<br><br>Seattle WA 98122                                                                                                                                                                         |  | <b>Name of Employer</b><br>Self Employed                |  | <b>Date (month, day, year)</b><br>07/19/1998<br><br><b>Amount of Each Receipt this Period</b><br>500.00<br>Contribution In-Kind  |                |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Restaurant Owner                   |  |                                                                                                                                  |                |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 500.00               |  |                                                                                                                                  |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Karen S. Hyatt<br>511 West A Street<br><br>Yakima WA 98902                                                                                                                                                                        |  | <b>Name of Employer</b><br>Self Employed                |  | <b>Date (month, day, year)</b><br>07/20/1998<br><br><b>Amount of Each Receipt this Period</b><br>1000.00<br>Resignation Received |                |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Health Care Consultant             |  |                                                                                                                                  |                |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 1100.00              |  |                                                                                                                                  |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Karen S. Hyatt<br>511 West A Street<br><br>Yakima WA 98902                                                                                                                                                                        |  | <b>Name of Employer</b><br>Self Employed                |  | <b>Date (month, day, year)</b><br>07/20/1998<br><br><b>Amount of Each Receipt this Period</b><br>100.00<br>Resignation Received  |                |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Health Care Consultant             |  |                                                                                                                                  |                |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 1100.00              |  |                                                                                                                                  |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Thomas K. Pratum<br>11614 Holmes Pt. Dr.<br><br>Kirkland WA 98034                                                                                                                                                                 |  | <b>Name of Employer</b><br>U of W                       |  | <b>Date (month, day, year)</b><br>07/21/1998<br><br><b>Amount of Each Receipt this Period</b><br>100.00                          |                |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Research Scientist                 |  |                                                                                                                                  |                |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 300.00               |  |                                                                                                                                  |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Mark Leemon<br>2351 N. 63rd St.<br><br>Seattle WA 98103                                                                                                                                                                           |  | <b>Name of Employer</b><br>Schroeder, Goldmark & Bender |  | <b>Date (month, day, year)</b><br>07/21/1998<br><br><b>Amount of Each Receipt this Period</b><br>250.00                          |                |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Lawyer                             |  |                                                                                                                                  |                |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 250.00               |  |                                                                                                                                  |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Robert L. Mead<br>P.O. Box 518<br><br>Selah WA 98942                                                                                                                                                                              |  | <b>Name of Employer</b><br>Retired                      |  | <b>Date (month, day, year)</b><br>07/21/1998<br><br><b>Amount of Each Receipt this Period</b><br>500.00                          |                |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Retired                            |  |                                                                                                                                  |                |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 500.00               |  |                                                                                                                                  |                |
| <b>SUBTOTALS</b> of Receipts This Page (Optional) .....                                                                                                                                                                                                                              |  |                                                         |  |                                                                                                                                  |                |
| <b>TOTALS</b> This Period (last page this line number only) .....                                                                                                                                                                                                                    |  |                                                         |  |                                                                                                                                  |                |

| <b>SCHEDULE A</b>                                                                                                                                                                                                                                                                    |  | <b>ITEMIZED RECEIPTS</b>                           |  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | <b>12 / 59</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------|--|-------------------------------------------------------------------------------|----------------|
|                                                                                                                                                                                                                                                                                      |  |                                                    |  | FOR LINE NUMBER<br><b>11A</b>                                                 |                |
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| <b>NAME OF COMMITTEE (In Full)</b><br><b>Inslee for Congress</b>                                                                                                                                                                                                                     |  |                                                    |  |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Robert B. Gould<br>999 Third Avenue Ste. 3330<br><br>Seattle WA 98104-4015                                                                                                                                                        |  | <b>Name of Employer</b><br>Self Employed           |  | <b>Date (month, day, year)</b><br>07/21/1998                                  |                |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Attorney                      |  | <b>Amount of Each Receipt this Period</b><br>250.00                           |                |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 500.00          |  |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Scott Oki<br>4315 Hunts Pt. Rd.<br><br>Bellevue WA 98004                                                                                                                                                                          |  | <b>Name of Employer</b><br>Retired                 |  | <b>Date (month, day, year)</b><br>07/21/1998                                  |                |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Retired                       |  | <b>Amount of Each Receipt this Period</b><br>1000.00                          |                |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 1000.00         |  |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Carl T. Chadsey<br>1721 Rucker Ave.<br><br>Everett WA 98201                                                                                                                                                                       |  | <b>Name of Employer</b><br>Everett School District |  | <b>Date (month, day, year)</b><br>07/21/1998                                  |                |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Teacher                       |  | <b>Amount of Each Receipt this Period</b><br>250.00                           |                |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 250.00          |  |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Joseph G. Erickson<br>6031 Princeton Ave. NE<br><br>Seattle WA 98115                                                                                                                                                              |  | <b>Name of Employer</b><br>Summar Shipping, Inc.   |  | <b>Date (month, day, year)</b><br>07/21/1998                                  |                |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Executive Vice President      |  | <b>Amount of Each Receipt this Period</b><br>500.00                           |                |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 500.00          |  |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Deborah E. Kennedy<br>3240 Point White Dr.<br><br>Bainbridge Island WA 98110                                                                                                                                                      |  | <b>Name of Employer</b><br>Cole & Weber            |  | <b>Date (month, day, year)</b><br>07/21/1998                                  |                |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Attorney                      |  | <b>Amount of Each Receipt this Period</b><br>500.00                           |                |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 500.00          |  |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Steven G. Schwager, D.D.S.<br>730 Erickson Ave. NE<br><br>Bainbridge Island WA 98110                                                                                                                                              |  | <b>Name of Employer</b><br>Self Employed           |  | <b>Date (month, day, year)</b><br>07/21/1998                                  |                |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Dentist                       |  | <b>Amount of Each Receipt this Period</b><br>250.00                           |                |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 750.00          |  |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>T. William Booth<br>5521 17th Ave. NE<br><br>Seattle WA 98105-3416                                                                                                                                                                |  | <b>Name of Employer</b><br>Retired                 |  | <b>Date (month, day, year)</b><br>07/21/1998                                  |                |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Retired                       |  | <b>Amount of Each Receipt this Period</b><br>250.00                           |                |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 750.00          |  |                                                                               |                |
| <b>SUBTOTALS</b> of Receipts This Page (Optional) .....                                                                                                                                                                                                                              |  |                                                    |  |                                                                               |                |
| <b>TOTALS</b> This Period (last page this line number only) .....                                                                                                                                                                                                                    |  |                                                    |  |                                                                               |                |

| <b>SCHEDULE A</b>                                                                                                                                                                                                                                                                    |  | <b>ITEMIZED RECEIPTS</b>                                                                           |  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page                           | <b>13 / 59</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------|----------------|
|                                                                                                                                                                                                                                                                                      |  |                                                                                                    |  | FOR LINE NUMBER<br><b>11A</b>                                                                           |                |
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| <b>NAME OF COMMITTEE (In Full)</b><br><b>Inslee for Congress</b>                                                                                                                                                                                                                     |  |                                                                                                    |  |                                                                                                         |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Evelyn P. Yenson<br>2350 34th Ave. South<br><br>Seattle WA 98144                                                                                                                                                                  |  | <b>Name of Employer</b><br>Washington State<br><br><b>Occupation</b><br>D.O.L. Director            |  | <b>Date (month, day, year)</b><br>07/21/1998<br><br><b>Amount of Each Receipt this Period</b><br>250.00 |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 250.00                                                          |  |                                                                                                         |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Helen Sommers<br>2832 W. Elmore Pl.<br><br>Seattle WA 98199                                                                                                                                                                       |  | <b>Name of Employer</b><br>Washington State<br><br><b>Occupation</b><br>Legislator                 |  | <b>Date (month, day, year)</b><br>07/21/1998<br><br><b>Amount of Each Receipt this Period</b><br>250.00 |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 250.00                                                          |  |                                                                                                         |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Ronald Sher<br>320 108th Ave. NE #406<br><br>Bellevue WA 98004                                                                                                                                                                    |  | <b>Name of Employer</b><br>Self Employed<br><br><b>Occupation</b><br>Investor                      |  | <b>Date (month, day, year)</b><br>07/21/1998<br><br><b>Amount of Each Receipt this Period</b><br>400.00 |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 500.00                                                          |  |                                                                                                         |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Janice Perey<br>957 12th Ave. East<br><br>Seattle WA 98102                                                                                                                                                                        |  | <b>Name of Employer</b><br>Washington State<br><br><b>Occupation</b><br>Judge                      |  | <b>Date (month, day, year)</b><br>07/21/1998<br><br><b>Amount of Each Receipt this Period</b><br>400.00 |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 400.00                                                          |  |                                                                                                         |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Kenneth W. Eakes<br>7926 139th Ave. SE<br><br>Newcastle WA 98059                                                                                                                                                                  |  | <b>Name of Employer</b><br>Costco Wholesale<br><br><b>Occupation</b><br>Business Executive         |  | <b>Date (month, day, year)</b><br>07/21/1998<br><br><b>Amount of Each Receipt this Period</b><br>250.00 |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 250.00                                                          |  |                                                                                                         |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Maure O'Neill<br>2020 E. Galer<br><br>Seattle WA 98112                                                                                                                                                                            |  | <b>Name of Employer</b><br>O'neil & Co.<br><br><b>Occupation</b><br>Consultant                     |  | <b>Date (month, day, year)</b><br>07/21/1998<br><br><b>Amount of Each Receipt this Period</b><br>250.00 |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 250.00                                                          |  |                                                                                                         |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>John E. Dowell<br>6316 118th St. Court SW<br><br>Tacoma WA 98490                                                                                                                                                                  |  | <b>Name of Employer</b><br>Information Requested<br><br><b>Occupation</b><br>Information Requested |  | <b>Date (month, day, year)</b><br>07/21/1998<br><br><b>Amount of Each Receipt this Period</b><br>250.00 |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 250.00                                                          |  |                                                                                                         |                |
| <b>SUBTOTALS</b> of Receipts This Page (Optional) .....                                                                                                                                                                                                                              |  |                                                                                                    |  |                                                                                                         |                |
| <b>TOTALS</b> This Period (last page this line number only) .....                                                                                                                                                                                                                    |  |                                                                                                    |  |                                                                                                         |                |

| <b>SCHEDULE A</b>                                                                                                                                                                                                                                                                    |  | <b>ITEMIZED RECEIPTS</b>                                                                     |  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page                           | <b>14 / 59</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------|----------------|
|                                                                                                                                                                                                                                                                                      |  |                                                                                              |  | FOR LINE NUMBER<br><b>11A</b>                                                                           |                |
| 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. |  |                                                                                              |  |                                                                                                         |                |
| <b>NAME OF COMMITTEE (In Full)</b><br><b>Inslee for Congress</b>                                                                                                                                                                                                                     |  |                                                                                              |  |                                                                                                         |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Puyallup Tribe of Indians<br>2002 E. 28th St.<br><br>Tacoma WA 98404                                                                                                                                                              |  | <b>Name of Employer</b><br><br><b>Occupation</b>                                             |  | <b>Date (month, day, year)</b><br>07/21/1998<br><br><b>Amount of Each Receipt this Period</b><br>500.00 |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 500.00                                                    |  |                                                                                                         |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Spokane Tribe of Indians<br>P.O. Box 100<br><br>Wellpinit WA 99040                                                                                                                                                                |  | <b>Name of Employer</b><br><br><b>Occupation</b>                                             |  | <b>Date (month, day, year)</b><br>07/21/1998<br><br><b>Amount of Each Receipt this Period</b><br>500.00 |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 500.00                                                    |  |                                                                                                         |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>C. James Frush<br>5145 Crystal Springs Rd.<br><br>Bainbridge Island WA 98110                                                                                                                                                      |  | <b>Name of Employer</b><br>Gordon Thomas<br><br><b>Occupation</b><br>Attorney                |  | <b>Date (month, day, year)</b><br>07/21/1998<br><br><b>Amount of Each Receipt this Period</b><br>150.00 |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 400.00                                                    |  |                                                                                                         |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Patrick H. LePey<br>4122 128th Ave. SE<br><br>Bellevue WA 98006                                                                                                                                                                   |  | <b>Name of Employer</b><br>Self Employed<br><br><b>Occupation</b><br>Lawyer                  |  | <b>Date (month, day, year)</b><br>07/21/1998<br><br><b>Amount of Each Receipt this Period</b><br>250.00 |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 500.00                                                    |  |                                                                                                         |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>T. Dennis George<br>12427 60th Ave. NE<br><br>Kirkland WA 98034                                                                                                                                                                   |  | <b>Name of Employer</b><br>George, Hull, Porter & Kohli<br><br><b>Occupation</b><br>Attorney |  | <b>Date (month, day, year)</b><br>07/21/1998<br><br><b>Amount of Each Receipt this Period</b><br>500.00 |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 500.00                                                    |  |                                                                                                         |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Ancil H. Payne<br>1107 1st Ave. #806<br><br>Seattle WA 98101                                                                                                                                                                      |  | <b>Name of Employer</b><br>Retired<br><br><b>Occupation</b><br>Retired                       |  | <b>Date (month, day, year)</b><br>07/21/1998<br><br><b>Amount of Each Receipt this Period</b><br>500.00 |                |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 1500.00                                                   |  |                                                                                                         |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Gary L. Bleeker<br>4816 118th Ave. NE<br><br>Kirkland WA 98033                                                                                                                                                                    |  | <b>Name of Employer</b><br>HDR Engineering<br><br><b>Occupation</b><br>Engineer              |  | <b>Date (month, day, year)</b><br>07/21/1998<br><br><b>Amount of Each Receipt this Period</b><br>250.00 |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 250.00                                                    |  |                                                                                                         |                |
| <b>SUBTOTALS</b> of Receipts This Page (Optional) .....                                                                                                                                                                                                                              |  |                                                                                              |  |                                                                                                         |                |
| <b>TOTALS</b> This Period (last page this line number only) .....                                                                                                                                                                                                                    |  |                                                                                              |  |                                                                                                         |                |

| <b>SCHEDULE A</b>                                                                                                                                                                                                                                                                    |  | <b>ITEMIZED RECEIPTS</b>                                                                  |  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page                                                    | <b>15 / 59</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------|----------------|
|                                                                                                                                                                                                                                                                                      |  |                                                                                           |  | FOR LINE NUMBER<br><b>11A</b>                                                                                                    |                |
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| <b>NAME OF COMMITTEE (In Full)</b><br><b>Inslee for Congress</b>                                                                                                                                                                                                                     |  |                                                                                           |  |                                                                                                                                  |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>H. Arnold Huang<br>4525 177th Ave. SE<br><br>Bellevue WA 98005                                                                                                                                                                    |  | <b>Name of Employer</b><br>WFIB<br><br><b>Occupation</b><br>Banker                        |  | <b>Date (month, day, year)</b><br>07/21/1998<br><br><b>Amount of Each Receipt this Period</b><br>250.00                          |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 250.00                                                 |  |                                                                                                                                  |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Julie Marler<br>11261 Wing Pt. Dr.<br><br>Bainbridge Island WA 98110                                                                                                                                                              |  | <b>Name of Employer</b><br>Self Employed<br><br><b>Occupation</b><br>Homemaker            |  | <b>Date (month, day, year)</b><br>07/21/1998<br><br><b>Amount of Each Receipt this Period</b><br>500.00<br>Resignation Requested |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 1500.00                                                |  |                                                                                                                                  |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>David Terry Jones<br>8401 308th Pl. SE<br><br>Preston WA 98050                                                                                                                                                                    |  | <b>Name of Employer</b><br>Microsoft<br><br><b>Occupation</b><br>Manager                  |  | <b>Date (month, day, year)</b><br>07/21/1998<br><br><b>Amount of Each Receipt this Period</b><br>250.00                          |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 250.00                                                 |  |                                                                                                                                  |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Bernie Whitebear<br>3244 33rd Ave. West<br><br>Seattle WA 98199                                                                                                                                                                   |  | <b>Name of Employer</b><br>United Indians of All Tribes<br><br><b>Occupation</b><br>Elder |  | <b>Date (month, day, year)</b><br>07/21/1998<br><br><b>Amount of Each Receipt this Period</b><br>250.00                          |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 250.00                                                 |  |                                                                                                                                  |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Meade Emory<br>P.O. Box 21742<br><br>Seattle WA 98111                                                                                                                                                                             |  | <b>Name of Employer</b><br>U of W<br><br><b>Occupation</b><br>Law Professor               |  | <b>Date (month, day, year)</b><br>07/21/1998<br><br><b>Amount of Each Receipt this Period</b><br>250.00                          |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 500.00                                                 |  |                                                                                                                                  |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Herbert Pruzan<br>P.O. Box 5836<br><br>Seattle WA 98109                                                                                                                                                                           |  | <b>Name of Employer</b><br>Retired<br><br><b>Occupation</b><br>Retired                    |  | <b>Date (month, day, year)</b><br>07/21/1998<br><br><b>Amount of Each Receipt this Period</b><br>500.00                          |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 750.00                                                 |  |                                                                                                                                  |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Dia Hujar<br>8440 NE Gordon<br><br>Bainbridge Island WA 98110                                                                                                                                                                     |  | <b>Name of Employer</b><br>Self Employed<br><br><b>Occupation</b><br>Consultant           |  | <b>Date (month, day, year)</b><br>07/21/1998<br><br><b>Amount of Each Receipt this Period</b><br>150.00                          |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 250.00                                                 |  |                                                                                                                                  |                |
| <b>SUBTOTALS</b> of Receipts This Page (Optional) .....                                                                                                                                                                                                                              |  |                                                                                           |  |                                                                                                                                  |                |
| <b>TOTALS</b> This Period (last page this line number only) .....                                                                                                                                                                                                                    |  |                                                                                           |  |                                                                                                                                  |                |

| <b>SCHEDULE A</b>                                                                                                                                                                                                                                                                    |  | <b>ITEMIZED RECEIPTS</b>                         |  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | <b>16 / 59</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------|--|-------------------------------------------------------------------------------|----------------|
|                                                                                                                                                                                                                                                                                      |  |                                                  |  | FOR LINE NUMBER<br><b>11A</b>                                                 |                |
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| <b>NAME OF COMMITTEE (In Full)</b><br><b>Inslee for Congress</b>                                                                                                                                                                                                                     |  |                                                  |  |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>John Titus<br>23405 164th Ave. SE<br><br>Kent WA 98042                                                                                                                                                                            |  | <b>Name of Employer</b><br>Aero Controls, Inc.   |  | <b>Date (month, day, year)</b><br>07/21/1998                                  |                |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Business                    |  | <b>Amount of Each Receipt this Period</b><br>250.00                           |                |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 250.00        |  |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>David Malik<br>9212 S. 237th Pl.<br><br>Kent WA 98031                                                                                                                                                                             |  | <b>Name of Employer</b><br>Information Requested |  | <b>Date (month, day, year)</b><br>07/21/1998                                  |                |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Information Requested       |  | <b>Amount of Each Receipt this Period</b><br>250.00                           |                |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 250.00        |  |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Gary D. Gayton<br>2125 First Ave. #1004<br><br>Seattle WA 98121                                                                                                                                                                   |  | <b>Name of Employer</b><br>Self Employed         |  | <b>Date (month, day, year)</b><br>07/21/1998                                  |                |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Attorney                    |  | <b>Amount of Each Receipt this Period</b><br>250.00                           |                |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 500.00        |  |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Salish Trust<br>819 S. March Pt. Rd.<br><br>Anacortes WA 98221                                                                                                                                                                    |  | <b>Name of Employer</b>                          |  | <b>Date (month, day, year)</b><br>07/21/1998                                  |                |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b>                                |  | <b>Amount of Each Receipt this Period</b><br>1000.00                          |                |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 2000.00       |  |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Barbara Zepeda<br>308 E. Republican #708<br><br>Seattle WA 98102                                                                                                                                                                  |  | <b>Name of Employer</b><br>Pioneer Woodworks     |  | <b>Date (month, day, year)</b><br>07/21/1998                                  |                |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Bookkeeper                  |  | <b>Amount of Each Receipt this Period</b><br>250.00                           |                |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 275.00        |  |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Harinder S. Walla<br>23812 16th Ave. SE<br><br>Kent WA 98042                                                                                                                                                                      |  | <b>Name of Employer</b><br>Self Employed         |  | <b>Date (month, day, year)</b><br>07/21/1998                                  |                |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Dentist                     |  | <b>Amount of Each Receipt this Period</b><br>250.00                           |                |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 250.00        |  |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>June W. Chen<br>4661 138th Ave. SE<br><br>Bellevue WA 98006-2200                                                                                                                                                                  |  | <b>Name of Employer</b><br>Dynamic Investments   |  | <b>Date (month, day, year)</b><br>07/21/1998                                  |                |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>President                   |  | <b>Amount of Each Receipt this Period</b><br>250.00                           |                |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 275.00        |  |                                                                               |                |
| <b>SUBTOTALS</b> of Receipts This Page (Optional) .....                                                                                                                                                                                                                              |  |                                                  |  |                                                                               |                |
| <b>TOTALS</b> This Period (last page this line number only) .....                                                                                                                                                                                                                    |  |                                                  |  |                                                                               |                |



| <b>SCHEDULE A</b>                                                                                                                                                                                                                                                                    |  | <b>ITEMIZED RECEIPTS</b>                       |  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | <b>17 / 59</b> |
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|                                                                                                                                                                                                                                                                                      |  |                                                |  | FOR LINE NUMBER<br><b>11A</b>                                                 |                |
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| <b>NAME OF COMMITTEE (In Full)</b><br><b>Inslee for Congress</b>                                                                                                                                                                                                                     |  |                                                |  |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>James D. Young<br>16311 NE 135th<br><br>Redmond WA 98052                                                                                                                                                                          |  | <b>Name of Employer</b><br>Grant Thornton, LLP |  | <b>Date (month, day, year)</b><br>07/21/1998                                  |                |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>CPA                       |  | <b>Amount of Each Receipt this Period</b><br>500.00                           |                |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 1500.00     |  |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Robert Dean<br>P.O. Box 10342<br><br>Bainbridge Island WA 98110                                                                                                                                                                   |  | <b>Name of Employer</b><br>Self Employed       |  | <b>Date (month, day, year)</b><br>07/21/1998                                  |                |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>D.O.M.                    |  | <b>Amount of Each Receipt this Period</b><br>500.00                           |                |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 500.00      |  |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Robin J. Hutton<br>2102 W/Yakima Ave.<br><br>Yakima WA 98902                                                                                                                                                                      |  | <b>Name of Employer</b><br>Self                |  | <b>Date (month, day, year)</b><br>07/21/1998                                  |                |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Homemaker                 |  | <b>Amount of Each Receipt this Period</b><br>200.00                           |                |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 350.00      |  |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Gretchen Garth<br>16347 Inglewood Pl. NE<br><br>Bothell WA 98011                                                                                                                                                                  |  | <b>Name of Employer</b><br>Self                |  | <b>Date (month, day, year)</b><br>07/21/1998                                  |                |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Homemaker                 |  | <b>Amount of Each Receipt this Period</b><br>400.00                           |                |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 400.00      |  |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Lori P. Patton<br>1432 8th Ave. West<br><br>Seattle WA 98119-3221                                                                                                                                                                 |  | <b>Name of Employer</b>                        |  | <b>Date (month, day, year)</b><br>07/21/1998                                  |                |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Pro Tem Judge             |  | <b>Amount of Each Receipt this Period</b><br>400.00                           |                |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 400.00      |  |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Julie Marler<br>11261 Wing Pt. Dr.<br><br>Bainbridge Island WA 98110                                                                                                                                                              |  | <b>Name of Employer</b><br>Self Employed       |  | <b>Date (month, day, year)</b><br>07/21/1998                                  |                |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Homemaker                 |  | <b>Amount of Each Receipt this Period</b><br>1000.00<br>Contribution In-Kind  |                |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 1500.00     |  |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Bill Tindall<br>2340 Broadmoor Drive E.<br><br>Seattle WA 98112                                                                                                                                                                   |  | <b>Name of Employer</b><br>Broadmoor Golf Club |  | <b>Date (month, day, year)</b><br>07/22/1998                                  |                |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Pro                       |  | <b>Amount of Each Receipt this Period</b><br>500.00                           |                |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 500.00      |  |                                                                               |                |
| <b>SUBTOTALS</b> of Receipts This Page (Optional) .....                                                                                                                                                                                                                              |  |                                                |  |                                                                               |                |
| <b>TOTALS</b> This Period (last page this line number only) .....                                                                                                                                                                                                                    |  |                                                |  |                                                                               |                |

| <b>SCHEDULE A</b>                                                                                                                                                                                                                                                                    |  | <b>ITEMIZED RECEIPTS</b>                          |  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | <b>18 / 59</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------|--|-------------------------------------------------------------------------------|----------------|
|                                                                                                                                                                                                                                                                                      |  |                                                   |  | FOR LINE NUMBER<br><b>11A</b>                                                 |                |
| 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. |  |                                                   |  |                                                                               |                |
| <b>NAME OF COMMITTEE (In Full)</b><br><b>Inslee for Congress</b>                                                                                                                                                                                                                     |  |                                                   |  |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Maxine Ratcliffe<br>1415 2nd Ave. Apt. 609<br><br>Seattle WA 98101                                                                                                                                                                |  | <b>Name of Employer</b><br>Self                   |  | <b>Date (month, day, year)</b><br>07/22/1998                                  |                |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Homemaker                    |  | <b>Amount of Each Receipt this Period</b><br>500.00                           |                |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 500.00         |  |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Daniel W. Weise<br>12810 NE 84th St.<br><br>Kirkland WA 98033                                                                                                                                                                     |  | <b>Name of Employer</b><br>Microsoft              |  | <b>Date (month, day, year)</b><br>07/22/1998                                  |                |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Researcher                   |  | <b>Amount of Each Receipt this Period</b><br>500.00                           |                |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 500.00         |  |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Nancy S. Rust<br>18747 Ridgfield Road NW<br><br>Shoreline WA 98177                                                                                                                                                                |  | <b>Name of Employer</b><br>Retired                |  | <b>Date (month, day, year)</b><br>07/22/1998                                  |                |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Retired                      |  | <b>Amount of Each Receipt this Period</b><br>125.00                           |                |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 250.00         |  |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Dorothy B. Gibson<br>1405 Pleasant Ave<br><br>Yaloma WA 98902-5412                                                                                                                                                                |  | <b>Name of Employer</b><br>Retired                |  | <b>Date (month, day, year)</b><br>07/22/1998                                  |                |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Retired                      |  | <b>Amount of Each Receipt this Period</b><br>100.00                           |                |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 300.00         |  |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Nancy Alvord<br>5601 NE Ambleside Rd.<br><br>Seattle WA 98105                                                                                                                                                                     |  | <b>Name of Employer</b><br>None                   |  | <b>Date (month, day, year)</b><br>07/22/1998                                  |                |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Homemaker                    |  | <b>Amount of Each Receipt this Period</b><br>250.00                           |                |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 500.00         |  |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>J. William Freudenberger<br>1704 Euclid Ave.<br><br>Bellingham WA 98226                                                                                                                                                           |  | <b>Name of Employer</b><br>Intalco Aluminum Corp. |  | <b>Date (month, day, year)</b><br>07/22/1998                                  |                |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Manager                      |  | <b>Amount of Each Receipt this Period</b><br>500.00                           |                |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 500.00         |  |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Ann L. Spiegel<br>2202 W. Chestnut Ave<br><br>Yakima WA 98902                                                                                                                                                                     |  | <b>Name of Employer</b><br>At Home                |  | <b>Date (month, day, year)</b><br>07/22/1998                                  |                |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>At Home                      |  | <b>Amount of Each Receipt this Period</b><br>25.00                            |                |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 275.00         |  |                                                                               |                |
| <b>SUBTOTALS</b> of Receipts This Page (Optional) .....                                                                                                                                                                                                                              |  |                                                   |  |                                                                               |                |
| <b>TOTALS</b> This Period (last page this line number only) .....                                                                                                                                                                                                                    |  |                                                   |  |                                                                               |                |

| <b>SCHEDULE A</b>                                                                                                                                                                                                                                                                    |  | <b>ITEMIZED RECEIPTS</b>                                                      |  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page                            | <b>19 / 59</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------|----------------|
|                                                                                                                                                                                                                                                                                      |  |                                                                               |  | FOR LINE NUMBER<br><b>11A</b>                                                                            |                |
| 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. |  |                                                                               |  |                                                                                                          |                |
| <b>NAME OF COMMITTEE (In Full)</b><br><b>Inslee for Congress</b>                                                                                                                                                                                                                     |  |                                                                               |  |                                                                                                          |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Warren Featherstone Reid<br>3545 14th West<br><br>Seattle WA 98119-1302                                                                                                                                                           |  | <b>Name of Employer</b><br>Self Employed<br><br><b>Occupation</b><br>Attorney |  | <b>Date (month, day, year)</b><br>07/22/1998<br><br><b>Amount of Each Receipt this Period</b><br>250.00  |                |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Aggregate Year-to-Date</b> > \$ 250.00                                     |  |                                                                                                          |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Karen Jensen<br>3211 165th Pl. NE<br><br>Bellevue WA 98006                                                                                                                                                                        |  | <b>Name of Employer</b><br>Microsoft<br><br><b>Occupation</b><br>Researcher   |  | <b>Date (month, day, year)</b><br>07/22/1998<br><br><b>Amount of Each Receipt this Period</b><br>1000.00 |                |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Aggregate Year-to-Date</b> > \$ 2000.00                                    |  |                                                                                                          |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Lucy J. Hadzo<br>5536 28th Ave. NE<br><br>Seattle WA 98105                                                                                                                                                                        |  | <b>Name of Employer</b><br>Retired<br><br><b>Occupation</b><br>Retired        |  | <b>Date (month, day, year)</b><br>07/22/1998<br><br><b>Amount of Each Receipt this Period</b><br>500.00  |                |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Aggregate Year-to-Date</b> > \$ 500.00                                     |  |                                                                                                          |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Salish Trust<br>819 S. March Pt. Rd.<br><br>Anacortes WA 98221                                                                                                                                                                    |  | <b>Name of Employer</b><br><br><br><b>Occupation</b>                          |  | <b>Date (month, day, year)</b><br>07/22/1998<br><br><b>Amount of Each Receipt this Period</b><br>1000.00 |                |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Aggregate Year-to-Date</b> > \$ 2000.00                                    |  |                                                                                                          |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Cheryl R. Berg<br>1517 Valley Dr. NW<br><br>Gig Harbor WA 98332                                                                                                                                                                   |  | <b>Name of Employer</b><br>Self Employed<br><br><b>Occupation</b><br>Attorney |  | <b>Date (month, day, year)</b><br>07/23/1998<br><br><b>Amount of Each Receipt this Period</b><br>500.00  |                |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Aggregate Year-to-Date</b> > \$ 500.00                                     |  |                                                                                                          |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Silas E. O'Quinn<br>918 W. Berlona St.<br><br>Seattle WA 98119                                                                                                                                                                    |  | <b>Name of Employer</b><br>Retired<br><br><b>Occupation</b><br>Retired        |  | <b>Date (month, day, year)</b><br>07/23/1998<br><br><b>Amount of Each Receipt this Period</b><br>500.00  |                |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Aggregate Year-to-Date</b> > \$ 500.00                                     |  |                                                                                                          |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Gordon M. Younger<br>3701 South Norfolk<br><br>Seattle WA 98118                                                                                                                                                                   |  | <b>Name of Employer</b><br>SEA Pac. Corp.<br><br><b>Occupation</b><br>Owner   |  | <b>Date (month, day, year)</b><br>07/23/1998<br><br><b>Amount of Each Receipt this Period</b><br>250.00  |                |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Aggregate Year-to-Date</b> > \$ 250.00                                     |  |                                                                                                          |                |
| <b>SUBTOTALS</b> of Receipts This Page (Optional) .....                                                                                                                                                                                                                              |  |                                                                               |  |                                                                                                          |                |
| <b>TOTALS</b> This Period (last page this line number only) .....                                                                                                                                                                                                                    |  |                                                                               |  |                                                                                                          |                |

| <b>SCHEDULE A</b>                                                                                                                                                                                                                                                                    |  | <b>ITEMIZED RECEIPTS</b>                                                                           |  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page                            | <b>20 / 59</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------|----------------|
|                                                                                                                                                                                                                                                                                      |  |                                                                                                    |  | FOR LINE NUMBER<br><b>11A</b>                                                                            |                |
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| <b>NAME OF COMMITTEE (In Full)</b><br><b>Inslee for Congress</b>                                                                                                                                                                                                                     |  |                                                                                                    |  |                                                                                                          |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>William F. Nelson<br>310 W 34th St.<br><br>Vancouver WA 98660                                                                                                                                                                     |  | <b>Name of Employer</b><br>Baumgartner, Nelson & Price<br><br><b>Occupation</b><br>Lawyer          |  | <b>Date (month, day, year)</b><br>07/28/1998<br><br><b>Amount of Each Receipt this Period</b><br>250.00  |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 250.00                                                          |  |                                                                                                          |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Bruce Jacobsen<br>122 Madrona Pl. East<br><br>Seattle WA 98112                                                                                                                                                                    |  | <b>Name of Employer</b><br>Information Requested<br><br><b>Occupation</b><br>Information Requested |  | <b>Date (month, day, year)</b><br>07/28/1998<br><br><b>Amount of Each Receipt this Period</b><br>1000.00 |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 2000.00                                                         |  |                                                                                                          |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Gretchen Jacobsen<br>122 Madrona Pl. East<br><br>Seattle WA 98112                                                                                                                                                                 |  | <b>Name of Employer</b><br>Information Requested<br><br><b>Occupation</b><br>Information Requested |  | <b>Date (month, day, year)</b><br>07/28/1998<br><br><b>Amount of Each Receipt this Period</b><br>1000.00 |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 2000.00                                                         |  |                                                                                                          |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>James A. Degel<br>922 20th Ave. East<br><br>Seattle WA 98112                                                                                                                                                                      |  | <b>Name of Employer</b><br>Self Employed<br><br><b>Occupation</b><br>Attorney                      |  | <b>Date (month, day, year)</b><br>07/28/1998<br><br><b>Amount of Each Receipt this Period</b><br>500.00  |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 500.00                                                          |  |                                                                                                          |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Jeanna E. Barwick<br>922 20th Ave. East<br><br>Seattle WA 98112                                                                                                                                                                   |  | <b>Name of Employer</b><br>Self Employed<br><br><b>Occupation</b><br>Attorney                      |  | <b>Date (month, day, year)</b><br>07/28/1998<br><br><b>Amount of Each Receipt this Period</b><br>500.00  |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 500.00                                                          |  |                                                                                                          |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Joe Cerrell<br>1318 N. 78th St.<br><br>Seattle WA 98103                                                                                                                                                                           |  | <b>Name of Employer</b><br>Pyramid Communications<br><br><b>Occupation</b><br>Owner                |  | <b>Date (month, day, year)</b><br>07/28/1998<br><br><b>Amount of Each Receipt this Period</b><br>400.00  |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 400.00                                                          |  |                                                                                                          |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Theodore R. Wilhite<br>2637 W. Viewmont Way West<br><br>Seattle WA 98199                                                                                                                                                          |  | <b>Name of Employer</b><br>Levinson, Friedman<br><br><b>Occupation</b><br>Lawyer                   |  | <b>Date (month, day, year)</b><br>07/28/1998<br><br><b>Amount of Each Receipt this Period</b><br>250.00  |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 250.00                                                          |  |                                                                                                          |                |
| <b>SUBTOTALS</b> of Receipts This Page (Optional) .....                                                                                                                                                                                                                              |  |                                                                                                    |  |                                                                                                          |                |
| <b>TOTALS</b> This Period (last page this line number only) .....                                                                                                                                                                                                                    |  |                                                                                                    |  |                                                                                                          |                |

| <b>SCHEDULE A</b>                                                                                                                                                                                                                                                                    |  | <b>ITEMIZED RECEIPTS</b>                               |  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | <b>21 / 59</b> |
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|                                                                                                                                                                                                                                                                                      |  |                                                        |  | FOR LINE NUMBER<br><b>11A</b>                                                 |                |
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| <b>NAME OF COMMITTEE (In Full)</b><br><b>Inslee for Congress</b>                                                                                                                                                                                                                     |  |                                                        |  |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Bruce Jacobsen<br>122 Madrona Pl. East<br><br>Seattle WA 98112                                                                                                                                                                    |  | <b>Name of Employer</b><br>Information Requested       |  | <b>Date (month, day, year)</b><br>07/28/1998                                  |                |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Occupation</b><br>Information Requested             |  | <b>Amount of Each Receipt this Period</b><br>1000.00                          |                |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 2000.00             |  |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Gretchen Jacobsen<br>122 Madrona Pl. East<br><br>Seattle WA 98112                                                                                                                                                                 |  | <b>Name of Employer</b><br>Information Requested       |  | <b>Date (month, day, year)</b><br>07/28/1998                                  |                |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Occupation</b><br>Information Requested             |  | <b>Amount of Each Receipt this Period</b><br>1000.00                          |                |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 2000.00             |  |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Dennis J. Braddock<br>P.O. Box 20516<br><br>Seattle WA 98102                                                                                                                                                                      |  | <b>Name of Employer</b><br>Community Health Plan of WA |  | <b>Date (month, day, year)</b><br>07/30/1998                                  |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Occupation</b><br>Health Care Specialist            |  | <b>Amount of Each Receipt this Period</b><br>200.00                           |                |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 450.00              |  |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Don G. Abel<br>1830 Broadmoor Dr. E<br><br>Seattle WA 98112                                                                                                                                                                       |  | <b>Name of Employer</b><br>Retired                     |  | <b>Date (month, day, year)</b><br>07/30/1998                                  |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Occupation</b><br>Retired                           |  | <b>Amount of Each Receipt this Period</b><br>250.00                           |                |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 750.00              |  |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Herbert L. Grant<br>5407 W. Arlington Ave.<br><br>Yakima WA 98908-4293                                                                                                                                                            |  | <b>Name of Employer</b><br>Grant's Brewery             |  | <b>Date (month, day, year)</b><br>07/30/1998                                  |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Occupation</b><br>Owner                             |  | <b>Amount of Each Receipt this Period</b><br>200.00                           |                |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 450.00              |  |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Candace O'Neill<br>7359 7th SW<br><br>Seattle WA 98106                                                                                                                                                                            |  | <b>Name of Employer</b><br>O'Neill & Associates        |  | <b>Date (month, day, year)</b><br>07/30/1998                                  |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Occupation</b><br>Owner                             |  | <b>Amount of Each Receipt this Period</b><br>250.00                           |                |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 250.00              |  |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Mabel M. Jones<br>223 East 65th<br><br>Tacoma WA 98404                                                                                                                                                                            |  | <b>Name of Employer</b><br>Boeing                      |  | <b>Date (month, day, year)</b><br>08/03/1998                                  |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Occupation</b><br>Inspector                         |  | <b>Amount of Each Receipt this Period</b><br>250.00                           |                |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 250.00              |  |                                                                               |                |
| <b>SUBTOTALS</b> of Receipts This Page (Optional) .....                                                                                                                                                                                                                              |  |                                                        |  |                                                                               |                |
| <b>TOTALS</b> This Period (last page this line number only) .....                                                                                                                                                                                                                    |  |                                                        |  |                                                                               |                |

| <b>SCHEDULE A</b>                                                                                                                                                                                                                                                                    |  | <b>ITEMIZED RECEIPTS</b>                                                             |  | 22 / 59                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                      |  | Use separate schedule(s) for each category of the Detailed Summary Page              |  | FOR LINE NUMBER<br>11A1                                                                                  |
| 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. |  |                                                                                      |  |                                                                                                          |
| <b>NAME OF COMMITTEE (In Full)</b><br><b>Inslee for Congress</b>                                                                                                                                                                                                                     |  |                                                                                      |  |                                                                                                          |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Jan Eric Peterson<br>1501 4th Ave.<br><br>Seattle WA 98101                                                                                                                                                                        |  | <b>Name of Employer</b><br>Peterson, Young<br><br><b>Occupation</b><br>Attorney      |  | <b>Date (month, day, year)</b><br>08/03/1998<br><br><b>Amount of Each Receipt this Period</b><br>250.00  |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Aggregate Year-to-Date</b> > \$ 250.00                                            |  |                                                                                                          |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Harold Storm<br>7620 201st SW<br><br>Edmonds WA 98026                                                                                                                                                                             |  | <b>Name of Employer</b><br>Retired<br><br><b>Occupation</b><br>Retired               |  | <b>Date (month, day, year)</b><br>08/03/1998<br><br><b>Amount of Each Receipt this Period</b><br>250.00  |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Aggregate Year-to-Date</b> > \$ 250.00                                            |  |                                                                                                          |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>George W. Aldaya<br>8830 Lane Scott Ct.<br><br>Manassas Park VA 20110                                                                                                                                                             |  | <b>Name of Employer</b><br>U.S. Government<br><br><b>Occupation</b><br>Deputy Admin. |  | <b>Date (month, day, year)</b><br>08/03/1998<br><br><b>Amount of Each Receipt this Period</b><br>100.00  |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Aggregate Year-to-Date</b> > \$ 250.00                                            |  |                                                                                                          |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>William J. Sample<br>4624 194th Way NE<br><br>Redmond WA 98053                                                                                                                                                                    |  | <b>Name of Employer</b><br>Microsoft<br><br><b>Occupation</b><br>Finance             |  | <b>Date (month, day, year)</b><br>08/03/1998<br><br><b>Amount of Each Receipt this Period</b><br>250.00  |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Aggregate Year-to-Date</b> > \$ 250.00                                            |  |                                                                                                          |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Robert B. Gould<br>999 Third Avenue Ste. 3330<br><br>Seattle WA 98104-4015                                                                                                                                                        |  | <b>Name of Employer</b><br>Self Employed<br><br><b>Occupation</b><br>Attorney        |  | <b>Date (month, day, year)</b><br>08/03/1998<br><br><b>Amount of Each Receipt this Period</b><br>250.00  |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Aggregate Year-to-Date</b> > \$ 500.00                                            |  |                                                                                                          |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Erik Breivik<br>1220 Warren Ave.<br><br>Seattle WA 98109                                                                                                                                                                          |  | <b>Name of Employer</b><br>Glacier Fish Co.<br><br><b>Occupation</b><br>CEO          |  | <b>Date (month, day, year)</b><br>08/03/1998<br><br><b>Amount of Each Receipt this Period</b><br>1000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Aggregate Year-to-Date</b> > \$ 1000.00                                           |  |                                                                                                          |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Robert D. Glaser<br>1425 Western Ave. Apt. 110<br><br>Seattle WA 98101                                                                                                                                                            |  | <b>Name of Employer</b><br>RealNetworks, Inc.<br><br><b>Occupation</b><br>CEO        |  | <b>Date (month, day, year)</b><br>08/03/1998<br><br><b>Amount of Each Receipt this Period</b><br>1000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Aggregate Year-to-Date</b> > \$ 2000.00                                           |  |                                                                                                          |
| <b>SUBTOTALS</b> of Receipts This Page (Optional) .....                                                                                                                                                                                                                              |  |                                                                                      |  |                                                                                                          |
| <b>TOTALS</b> This Period (last page this line number only) .....                                                                                                                                                                                                                    |  |                                                                                      |  |                                                                                                          |

| <b>SCHEDULE A</b>                                                                                                                                                                                                                                                                    |  | <b>ITEMIZED RECEIPTS</b>                                                                    |  | 23 / 59                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                      |  | Use separate schedule(s) for each category of the Detailed Summary Page                     |  | FOR LINE NUMBER<br>11A                                                                                   |
| 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. |  |                                                                                             |  |                                                                                                          |
| <b>NAME OF COMMITTEE (In Full)</b><br><b>Inslee for Congress</b>                                                                                                                                                                                                                     |  |                                                                                             |  |                                                                                                          |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Robert D. Glaser<br>1425 Western Ave. Apt. 110<br><br>Seattle WA 98101                                                                                                                                                            |  | <b>Name of Employer</b><br>RealNetworks, Inc.<br><br><b>Occupation</b><br>CEO               |  | <b>Date (month, day, year)</b><br>08/03/1998<br><br><b>Amount of Each Receipt this Period</b><br>1000.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Aggregate Year-to-Date</b> > \$ 2000.00                                                  |  |                                                                                                          |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Franklin O. Greer<br>620 W. Howe St.<br><br>Seattle WA 98119-2952                                                                                                                                                                 |  | <b>Name of Employer</b><br>GMMB & A, Inc.<br><br><b>Occupation</b><br>Advertising           |  | <b>Date (month, day, year)</b><br>08/03/1998<br><br><b>Amount of Each Receipt this Period</b><br>1000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Aggregate Year-to-Date</b> > \$ 1000.00                                                  |  |                                                                                                          |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>James S. Sorrels<br>17205 Palatine Ave. N.<br><br>Seattle WA 98133                                                                                                                                                                |  | <b>Name of Employer</b><br>Sorrels & Wans<br><br><b>Occupation</b><br>Attorney              |  | <b>Date (month, day, year)</b><br>08/04/1998<br><br><b>Amount of Each Receipt this Period</b><br>500.00  |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Aggregate Year-to-Date</b> > \$ 500.00                                                   |  |                                                                                                          |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Suzanne E. Edison<br>736 Belmont Place E.<br><br>Seattle WA 98102-4425                                                                                                                                                            |  | <b>Name of Employer</b><br>Self Employed<br><br><b>Occupation</b><br>Landscape Design       |  | <b>Date (month, day, year)</b><br>08/04/1998<br><br><b>Amount of Each Receipt this Period</b><br>500.00  |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Aggregate Year-to-Date</b> > \$ 500.00                                                   |  |                                                                                                          |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Michael Olver<br>9222 Lake City Way NE<br><br>Seattle WA 98115-3268                                                                                                                                                               |  | <b>Name of Employer</b><br>Merrick & Olver<br><br><b>Occupation</b><br>Attorney             |  | <b>Date (month, day, year)</b><br>08/04/1998<br><br><b>Amount of Each Receipt this Period</b><br>250.00  |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Aggregate Year-to-Date</b> > \$ 500.00                                                   |  |                                                                                                          |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Brent F. Blackwelder<br>3517 Rodman St. NW<br><br>Washington DC 20008-3116                                                                                                                                                        |  | <b>Name of Employer</b><br>Friends of the Earth<br><br><b>Occupation</b><br>Conservationist |  | <b>Date (month, day, year)</b><br>08/04/1998<br><br><b>Amount of Each Receipt this Period</b><br>500.00  |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Aggregate Year-to-Date</b> > \$ 500.00                                                   |  |                                                                                                          |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Michael J. Clementz<br>P.O. Box 1779<br><br>Poulsbo WA 98370                                                                                                                                                                      |  | <b>Name of Employer</b><br>NSB<br><br><b>Occupation</b><br>President                        |  | <b>Date (month, day, year)</b><br>08/04/1998<br><br><b>Amount of Each Receipt this Period</b><br>1000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Aggregate Year-to-Date</b> > \$ 1000.00                                                  |  |                                                                                                          |
| <b>SUBTOTALS</b> of Receipts This Page (Optional) .....                                                                                                                                                                                                                              |  |                                                                                             |  |                                                                                                          |
| <b>TOTALS</b> This Period (last page this line number only) .....                                                                                                                                                                                                                    |  |                                                                                             |  |                                                                                                          |

| <b>SCHEDULE A</b>                                                                                                                                                                                                                                                                    |  | <b>ITEMIZED RECEIPTS</b>                                                                           |  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page                            | <b>24 / 59</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------|----------------|
|                                                                                                                                                                                                                                                                                      |  |                                                                                                    |  | FOR LINE NUMBER<br><b>11A</b>                                                                            |                |
| 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. |  |                                                                                                    |  |                                                                                                          |                |
| <b>NAME OF COMMITTEE (In Full)</b><br><b>Inslee for Congress</b>                                                                                                                                                                                                                     |  |                                                                                                    |  |                                                                                                          |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Robert B. Spitzer<br>4528 Forest Ave. SE<br><br>Mercer Island WA 98040                                                                                                                                                            |  | <b>Name of Employer</b><br>Garvey Schubert & Barer<br><br><b>Occupation</b><br>Lawyer              |  | <b>Date (month, day, year)</b><br>08/04/1998<br><br><b>Amount of Each Receipt this Period</b><br>500.00  |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 500.00                                                          |  |                                                                                                          |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Isabel Foster Carpenter<br>2700 Boyer Ave. East<br><br>Seattle WA 98102                                                                                                                                                           |  | <b>Name of Employer</b><br>Information Requested<br><br><b>Occupation</b><br>Information Requested |  | <b>Date (month, day, year)</b><br>08/04/1998<br><br><b>Amount of Each Receipt this Period</b><br>500.00  |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 500.00                                                          |  |                                                                                                          |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Judith A. Shuman<br>18440 16th Ave. NW<br><br>Shoreline WA 98177                                                                                                                                                                  |  | <b>Name of Employer</b><br>Pharos Corp.<br><br><b>Occupation</b><br>Consultant                     |  | <b>Date (month, day, year)</b><br>08/06/1998<br><br><b>Amount of Each Receipt this Period</b><br>500.00  |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 500.00                                                          |  |                                                                                                          |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Herbert I. Rosen<br>9110 NE 38th St.<br><br>Bellevue WA 98004                                                                                                                                                                     |  | <b>Name of Employer</b><br>Self Employed<br><br><b>Occupation</b><br>Real Estate Investor          |  | <b>Date (month, day, year)</b><br>08/06/1998<br><br><b>Amount of Each Receipt this Period</b><br>1000.00 |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 2000.00                                                         |  |                                                                                                          |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Herbert I. Rosen<br>9110 NE 38th St.<br><br>Bellevue WA 98004                                                                                                                                                                     |  | <b>Name of Employer</b><br>Self Employed<br><br><b>Occupation</b><br>Real Estate Investor          |  | <b>Date (month, day, year)</b><br>08/06/1998<br><br><b>Amount of Each Receipt this Period</b><br>1000.00 |                |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 2000.00                                                         |  |                                                                                                          |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Rita R. Rosen<br>9110 NE 38th St.<br><br>Bellevue WA 98004                                                                                                                                                                        |  | <b>Name of Employer</b><br>None<br><br><b>Occupation</b><br>Housewife                              |  | <b>Date (month, day, year)</b><br>08/06/1998<br><br><b>Amount of Each Receipt this Period</b><br>1000.00 |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 2000.00                                                         |  |                                                                                                          |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Rita R. Rosen<br>9110 NE 38th St.<br><br>Bellevue WA 98004                                                                                                                                                                        |  | <b>Name of Employer</b><br>None<br><br><b>Occupation</b><br>Housewife                              |  | <b>Date (month, day, year)</b><br>08/06/1998<br><br><b>Amount of Each Receipt this Period</b><br>1000.00 |                |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 2000.00                                                         |  |                                                                                                          |                |
| <b>SUBTOTALS</b> of Receipts This Page (Optional) .....                                                                                                                                                                                                                              |  |                                                                                                    |  |                                                                                                          |                |
| <b>TOTALS</b> This Period (last page this line number only) .....                                                                                                                                                                                                                    |  |                                                                                                    |  |                                                                                                          |                |



| <b>SCHEDULE A</b>                                                                                                                                                                                                                                                                    |  | <b>ITEMIZED RECEIPTS</b>                           |  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | <b>25 / 59</b>                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------|--|-------------------------------------------------------------------------------|-----------------------------------------------------|
|                                                                                                                                                                                                                                                                                      |  |                                                    |  | FOR LINE NUMBER<br><b>11A</b>                                                 |                                                     |
| 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. |  |                                                    |  |                                                                               |                                                     |
| <b>NAME OF COMMITTEE (In Full)</b><br><b>Inslee for Congress</b>                                                                                                                                                                                                                     |  |                                                    |  |                                                                               |                                                     |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Herbert L. Grant<br>5407 W. Arlington Ave.<br><br>Yakima WA 98908-4293                                                                                                                                                            |  | <b>Name of Employer</b><br>Grant's Brewery         |  | <b>Date (month, day, year)</b><br>08/06/1998                                  | <b>Amount of Each Receipt this Period</b><br>250.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Occupation</b><br>Owner                         |  |                                                                               |                                                     |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 450.00          |  |                                                                               |                                                     |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Ann L. Bawner<br>2426 148th Ct. SE<br><br>Mill Creek WA 98012-5723                                                                                                                                                                |  | <b>Name of Employer</b><br>Retired                 |  | <b>Date (month, day, year)</b><br>08/06/1998                                  | <b>Amount of Each Receipt this Period</b><br>250.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Occupation</b><br>Retired                       |  |                                                                               |                                                     |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 350.00          |  |                                                                               |                                                     |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Kenneth Ahlstedt<br>615 Second Ave. Ste 100<br><br>Seattle WA 98104                                                                                                                                                               |  | <b>Name of Employer</b><br>Milken Properties, Inc. |  | <b>Date (month, day, year)</b><br>08/06/1998                                  | <b>Amount of Each Receipt this Period</b><br>500.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Occupation</b><br>CEO                           |  |                                                                               |                                                     |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 1250.00         |  |                                                                               |                                                     |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Lemhard G. Howell<br>Padfi Bldg., Suite 2105<br><br>Seattle WA 98104                                                                                                                                                              |  | <b>Name of Employer</b><br>Self Employed           |  | <b>Date (month, day, year)</b><br>08/06/1998                                  | <b>Amount of Each Receipt this Period</b><br>250.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Occupation</b><br>Attorney                      |  |                                                                               |                                                     |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 250.00          |  |                                                                               |                                                     |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Richard Conway, Jr.<br>5753 27th Ave. NE<br><br>Seattle WA 98105                                                                                                                                                                  |  | <b>Name of Employer</b><br>Self Employed           |  | <b>Date (month, day, year)</b><br>08/06/1998                                  | <b>Amount of Each Receipt this Period</b><br>200.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Occupation</b><br>Economist                     |  |                                                                               |                                                     |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 400.00          |  |                                                                               |                                                     |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Donovan R. Flora<br>501 Crockett St.<br><br>Seattle WA 98109                                                                                                                                                                      |  | <b>Name of Employer</b><br>Self Employed           |  | <b>Date (month, day, year)</b><br>08/06/1998                                  | <b>Amount of Each Receipt this Period</b><br>500.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Occupation</b><br>Attorney                      |  |                                                                               |                                                     |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 500.00          |  |                                                                               |                                                     |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Thomas C. Evans<br>P.O. Box 408<br><br>Olga WA 98270                                                                                                                                                                              |  | <b>Name of Employer</b><br>Self Employed           |  | <b>Date (month, day, year)</b><br>08/06/1998                                  | <b>Amount of Each Receipt this Period</b><br>250.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Occupation</b><br>Trial Lawyer                  |  |                                                                               |                                                     |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 250.00          |  |                                                                               |                                                     |
| <b>SUBTOTALS</b> of Receipts This Page (Optional) .....                                                                                                                                                                                                                              |  |                                                    |  |                                                                               |                                                     |
| <b>TOTALS</b> This Period (last page this line number only) .....                                                                                                                                                                                                                    |  |                                                    |  |                                                                               |                                                     |

| <b>SCHEDULE A</b>                                                                                                                                                                                                                                                                    |  | <b>ITEMIZED RECEIPTS</b>                                                                                                                      |  | 26 / 59                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                      |  | Use separate schedule(s) for each category of the Detailed Summary Page                                                                       |  | FOR LINE NUMBER<br>11A                                                                                  |
| 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. |  |                                                                                                                                               |  |                                                                                                         |
| <b>NAME OF COMMITTEE (In Full)</b><br><b>Inslee for Congress</b>                                                                                                                                                                                                                     |  |                                                                                                                                               |  |                                                                                                         |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Mark Alan Johnson<br>701 Fifth Avenue<br><br>Seattle WA 98104-7016                                                                                                                                                                |  | <b>Name of Employer</b><br>Self Employed<br><br><b>Occupation</b><br>Attorney<br><br><b>Aggregate Year-to-Date</b> > \$ 500.00                |  | <b>Date (month, day, year)</b><br>08/06/1998<br><br><b>Amount of Each Receipt this Period</b><br>500.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  |                                                                                                                                               |  |                                                                                                         |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Tom Cordell<br>P.O. Box 1547<br><br>Moses Lake WA 98837                                                                                                                                                                           |  | <b>Name of Employer</b><br>Self Employed<br><br><b>Occupation</b><br>Lawyer<br><br><b>Aggregate Year-to-Date</b> > \$ 500.00                  |  | <b>Date (month, day, year)</b><br>08/06/1998<br><br><b>Amount of Each Receipt this Period</b><br>500.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  |                                                                                                                                               |  |                                                                                                         |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Barbara S. Colthem<br>20006 4th Ave. SE<br><br>Bothell WA 98012                                                                                                                                                                   |  | <b>Name of Employer</b><br>Sheltonish County<br><br><b>Occupation</b><br>County Councilwoman<br><br><b>Aggregate Year-to-Date</b> > \$ 250.00 |  | <b>Date (month, day, year)</b><br>08/06/1998<br><br><b>Amount of Each Receipt this Period</b><br>200.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  |                                                                                                                                               |  |                                                                                                         |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Grace S. Rubin<br>8105 SE 32nd St.<br><br>Mercer Island WA 98040                                                                                                                                                                  |  | <b>Name of Employer</b><br>Retired<br><br><b>Occupation</b><br>Retired<br><br><b>Aggregate Year-to-Date</b> > \$ 250.00                       |  | <b>Date (month, day, year)</b><br>08/06/1998<br><br><b>Amount of Each Receipt this Period</b><br>250.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  |                                                                                                                                               |  |                                                                                                         |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Herbert Pruzen<br>P.O. Box 9836<br><br>Seattle WA 98109                                                                                                                                                                           |  | <b>Name of Employer</b><br>Retired<br><br><b>Occupation</b><br>Retired<br><br><b>Aggregate Year-to-Date</b> > \$ 750.00                       |  | <b>Date (month, day, year)</b><br>08/06/1998<br><br><b>Amount of Each Receipt this Period</b><br>250.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  |                                                                                                                                               |  |                                                                                                         |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Cyrus E. Rubin<br>8105 SE 32nd St.<br><br>Mercer Island WA 98040                                                                                                                                                                  |  | <b>Name of Employer</b><br>U of W<br><br><b>Occupation</b><br>Professor Emeritus<br><br><b>Aggregate Year-to-Date</b> > \$ 250.00             |  | <b>Date (month, day, year)</b><br>08/06/1998<br><br><b>Amount of Each Receipt this Period</b><br>250.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  |                                                                                                                                               |  |                                                                                                         |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Kenneth Ahadeff<br>815 Second Ave. Ste 100<br><br>Seattle WA 98104                                                                                                                                                                |  | <b>Name of Employer</b><br>Milken Properties, Inc.<br><br><b>Occupation</b><br>CEO<br><br><b>Aggregate Year-to-Date</b> > \$ 1250.00          |  | <b>Date (month, day, year)</b><br>08/06/1998<br><br><b>Amount of Each Receipt this Period</b><br>250.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  |                                                                                                                                               |  |                                                                                                         |
| <b>SUBTOTALS</b> of Receipts This Page (Optional) .....                                                                                                                                                                                                                              |  |                                                                                                                                               |  |                                                                                                         |
| <b>TOTALS</b> This Period (last page this line number only) .....                                                                                                                                                                                                                    |  |                                                                                                                                               |  |                                                                                                         |

| <b>SCHEDULE A</b>                                                                                                                                                                                                                                                                    |  | <b>ITEMIZED RECEIPTS</b>                           |  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | <b>27 / 59</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------|--|-------------------------------------------------------------------------------|----------------|
|                                                                                                                                                                                                                                                                                      |  |                                                    |  | FOR LINE NUMBER<br><b>11A</b>                                                 |                |
| 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. |  |                                                    |  |                                                                               |                |
| <b>NAME OF COMMITTEE (In Full)</b><br><b>Inslee for Congress</b>                                                                                                                                                                                                                     |  |                                                    |  |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Jeffrey M. Sconyers<br>8217 Ashworth Ave. N.<br><br>Seattle WA 98103                                                                                                                                                              |  | <b>Name of Employer</b><br>Children's Hospital     |  | <b>Date (month, day, year)</b><br>08/10/1998                                  |                |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Attorney                      |  | <b>Amount of Each Receipt this Period</b><br>1000.00                          |                |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 1000.00         |  |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Alta J. Barer<br>3048 E. Laurelhurst Dr. NE<br><br>Seattle WA 98105                                                                                                                                                               |  | <b>Name of Employer</b><br>Homemaker               |  | <b>Date (month, day, year)</b><br>08/10/1998                                  |                |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Homemaker                     |  | <b>Amount of Each Receipt this Period</b><br>1000.00                          |                |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 1000.00         |  |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Walter Walkinshaw<br>1303 East Lynn<br><br>Seattle WA 98102                                                                                                                                                                       |  | <b>Name of Employer</b><br>Retired                 |  | <b>Date (month, day, year)</b><br>08/10/1998                                  |                |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Retired                       |  | <b>Amount of Each Receipt this Period</b><br>150.00                           |                |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 400.00          |  |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Audrey Gruger<br>3727 NE 193rd St.<br><br>Lake Forest Park WA 98155                                                                                                                                                               |  | <b>Name of Employer</b><br>Retired                 |  | <b>Date (month, day, year)</b><br>08/10/1998                                  |                |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Retired                       |  | <b>Amount of Each Receipt this Period</b><br>100.00                           |                |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 250.00          |  |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Herbert M. Kagi<br>19553 35th NE<br><br>Seattle WA 98155                                                                                                                                                                          |  | <b>Name of Employer</b><br>Self Employed           |  | <b>Date (month, day, year)</b><br>08/10/1998                                  |                |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Bookstore Owner               |  | <b>Amount of Each Receipt this Period</b><br>250.00                           |                |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 250.00          |  |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Peter Bogdanoff<br>4212 Eastern Ave. N.<br><br>Seattle WA 98103                                                                                                                                                                   |  | <b>Name of Employer</b><br>Seattle School District |  | <b>Date (month, day, year)</b><br>08/10/1998                                  |                |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Teacher                       |  | <b>Amount of Each Receipt this Period</b><br>200.00                           |                |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 500.00          |  |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Raelene J. Gold<br>4028 NE 196th St.<br><br>Seattle WA 98155                                                                                                                                                                      |  | <b>Name of Employer</b><br>Self Employed           |  | <b>Date (month, day, year)</b><br>08/12/1998                                  |                |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Psychiatrist                  |  | <b>Amount of Each Receipt this Period</b><br>250.00                           |                |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 250.00          |  |                                                                               |                |
| <b>SUBTOTALS</b> of Receipts This Page (Optional) .....                                                                                                                                                                                                                              |  |                                                    |  |                                                                               |                |
| <b>TOTALS</b> This Period (last page this line number only) .....                                                                                                                                                                                                                    |  |                                                    |  |                                                                               |                |

| <b>SCHEDULE A</b>                                                                                                                                                                                                                                                                    |  | <b>ITEMIZED RECEIPTS</b>                                                             |  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | <b>28 / 59</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------|----------------|
|                                                                                                                                                                                                                                                                                      |  |                                                                                      |  | FOR LINE NUMBER<br><b>11A</b>                                                 |                |
| 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. |  |                                                                                      |  |                                                                               |                |
| <b>NAME OF COMMITTEE (In Full)</b><br><b>Inslee for Congress</b>                                                                                                                                                                                                                     |  |                                                                                      |  |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Tina M. Podlodowski<br>2600 2nd Ave. #604<br><br>Seattle WA 98121                                                                                                                                                                 |  | <b>Name of Employer</b><br>City of Seattle<br><br><b>Occupation</b><br>Councilmember |  | <b>Date (month, day, year)</b><br>08/12/1998<br><br>Redesignation Requested   |                |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Aggregate Year-to-Date</b> > \$ 2000.00                                           |  | <b>Amount of Each Receipt this Period</b><br>1000.00                          |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Tom Chambers<br>1400 Broadway<br><br>Seattle WA 98122-3809                                                                                                                                                                        |  | <b>Name of Employer</b><br>Self Employed<br><br><b>Occupation</b><br>Lawyer          |  | <b>Date (month, day, year)</b><br>08/13/1998                                  |                |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Aggregate Year-to-Date</b> > \$ 500.00                                            |  | <b>Amount of Each Receipt this Period</b><br>500.00                           |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>James D. Bums<br>2200 Fourth Ave.<br><br>Seattle WA 98121                                                                                                                                                                         |  | <b>Name of Employer</b><br>Self Employed<br><br><b>Occupation</b><br>Attorney        |  | <b>Date (month, day, year)</b><br>08/13/1998                                  |                |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Aggregate Year-to-Date</b> > \$ 250.00                                            |  | <b>Amount of Each Receipt this Period</b><br>250.00                           |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Michael Olver<br>9222 Lake City Way NE<br><br>Seattle WA 98115-3268                                                                                                                                                               |  | <b>Name of Employer</b><br>Merrick & Olver<br><br><b>Occupation</b><br>Attorney      |  | <b>Date (month, day, year)</b><br>08/13/1998                                  |                |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Aggregate Year-to-Date</b> > \$ 500.00                                            |  | <b>Amount of Each Receipt this Period</b><br>250.00                           |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Maria Cantwell<br>23405 Lakeview Dr. No. H-202<br><br>Mountlake Terrace WA 98043                                                                                                                                                  |  | <b>Name of Employer</b><br>RealNetworks<br><br><b>Occupation</b><br>CEO              |  | <b>Date (month, day, year)</b><br>08/13/1998<br><br>Redesignation Requested   |                |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Aggregate Year-to-Date</b> > \$ 2000.00                                           |  | <b>Amount of Each Receipt this Period</b><br>1000.00                          |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Priscilla B. Cadwell<br>1675 Brantingham<br><br>Richland WA 99352                                                                                                                                                                 |  | <b>Name of Employer</b><br>Cadwell Industries<br><br><b>Occupation</b><br>Engineer   |  | <b>Date (month, day, year)</b><br>08/15/1998                                  |                |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Aggregate Year-to-Date</b> > \$ 300.00                                            |  | <b>Amount of Each Receipt this Period</b><br>300.00                           |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Joseph H. Tratheway<br>Two Union Square<br>601 Union St. Suite 2600<br>Seattle WA 98101-4000                                                                                                                                      |  | <b>Name of Employer</b><br>Self Employed<br><br><b>Occupation</b><br>Lawyer          |  | <b>Date (month, day, year)</b><br>08/15/1998                                  |                |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Aggregate Year-to-Date</b> > \$ 500.00                                            |  | <b>Amount of Each Receipt this Period</b><br>500.00                           |                |
| <b>SUBTOTALS</b> of Receipts This Page (Optional) .....                                                                                                                                                                                                                              |  |                                                                                      |  |                                                                               |                |
| <b>TOTALS</b> This Period (last page this line number only) .....                                                                                                                                                                                                                    |  |                                                                                      |  |                                                                               |                |

| <b>SCHEDULE A</b>                                                                                                                                                                                                                                                                    |  | <b>ITEMIZED RECEIPTS</b>            |  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page                                      | <b>29 / 59</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------|--|--------------------------------------------------------------------------------------------------------------------|----------------|
|                                                                                                                                                                                                                                                                                      |  |                                     |  | FOR LINE NUMBER<br><b>11A</b>                                                                                      |                |
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| <b>NAME OF COMMITTEE (In Full)</b><br><b>Inslee for Congress</b>                                                                                                                                                                                                                     |  |                                     |  |                                                                                                                    |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Stanley N. McInnis<br>P.O. Box 20006<br><br>Seattle WA 98102-1006                                                                                                                                                                 |  | Name of Employer<br>Self Employed   |  | Date (month, day, year)<br>08/15/1998<br><br>Amount of Each Receipt this Period<br>1000.00                         |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | Occupation<br>Investor              |  |                                                                                                                    |                |
|                                                                                                                                                                                                                                                                                      |  | Aggregate Year-to-Date > \$ 1000.00 |  |                                                                                                                    |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>David Shorelt<br>119 1st<br><br>Seattle WA 98104                                                                                                                                                                                  |  | Name of Employer<br>Self Employed   |  | Date (month, day, year)<br>08/15/1998<br><br>Amount of Each Receipt this Period<br>500.00                          |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | Occupation<br>Attorney              |  |                                                                                                                    |                |
|                                                                                                                                                                                                                                                                                      |  | Aggregate Year-to-Date > \$ 500.00  |  |                                                                                                                    |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Shanlana Restaurant<br>10724 NE 68th St.<br><br>Kirkland WA 98033                                                                                                                                                                 |  | Name of Employer                    |  | Date (month, day, year)<br>08/16/1998<br><br>Amount of Each Receipt this Period<br>1000.00<br>Contribution In-Kind |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | Occupation                          |  |                                                                                                                    |                |
|                                                                                                                                                                                                                                                                                      |  | Aggregate Year-to-Date > \$ 1000.00 |  |                                                                                                                    |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>John R. Connely<br>12622 Lakeland Dr. SW<br><br>Tacoma WA 98498-5208                                                                                                                                                              |  | Name of Employer<br>Self Employed   |  | Date (month, day, year)<br>08/17/1998<br><br>Amount of Each Receipt this Period<br>500.00                          |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | Occupation<br>Attorney              |  |                                                                                                                    |                |
|                                                                                                                                                                                                                                                                                      |  | Aggregate Year-to-Date > \$ 500.00  |  |                                                                                                                    |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Agua Caliente Band of Cahuilla Indians<br>600 East Tahquitz Canyon Way<br><br>Palm Springs CA 92262                                                                                                                               |  | Name of Employer                    |  | Date (month, day, year)<br>08/17/1998<br><br>Amount of Each Receipt this Period<br>1000.00                         |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | Occupation                          |  |                                                                                                                    |                |
|                                                                                                                                                                                                                                                                                      |  | Aggregate Year-to-Date > \$ 1000.00 |  |                                                                                                                    |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Nancy Bourgeois Graham<br>10628 Riviera Pl. NE<br><br>Seattle WA 98125                                                                                                                                                            |  | Name of Employer<br>Russo & Graham  |  | Date (month, day, year)<br>08/17/1998<br><br>Amount of Each Receipt this Period<br>400.00                          |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | Occupation<br>Attorney              |  |                                                                                                                    |                |
|                                                                                                                                                                                                                                                                                      |  | Aggregate Year-to-Date > \$ 400.00  |  |                                                                                                                    |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Harold N. Thompson<br>5040 W. Clearwater<br><br>Kennebec WA 98336-1810                                                                                                                                                            |  | Name of Employer<br>Self Employed   |  | Date (month, day, year)<br>08/17/1998<br><br>Amount of Each Receipt this Period<br>500.00                          |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | Occupation<br>Developer             |  |                                                                                                                    |                |
|                                                                                                                                                                                                                                                                                      |  | Aggregate Year-to-Date > \$ 500.00  |  |                                                                                                                    |                |
| <b>SUBTOTALS</b> of Receipts This Page (Optional) .....                                                                                                                                                                                                                              |  |                                     |  |                                                                                                                    |                |
| <b>TOTALS</b> This Period (last page this line number only) .....                                                                                                                                                                                                                    |  |                                     |  |                                                                                                                    |                |

| <b>SCHEDULE A</b>                                                                                                                                                                                                                                                                    |  | <b>ITEMIZED RECEIPTS</b>                                                             |  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page                                                                                          | <b>30 / 59</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
|                                                                                                                                                                                                                                                                                      |  |                                                                                      |  | FOR LINE NUMBER<br><b>11A</b>                                                                                                                                          |                |
| 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. |  |                                                                                      |  |                                                                                                                                                                        |                |
| <b>NAME OF COMMITTEE (In Full)</b><br><b>Inslee for Congress</b>                                                                                                                                                                                                                     |  |                                                                                      |  |                                                                                                                                                                        |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>J. Christian Madison<br>17791 Fjord Drive N.E. Suite 164<br><br>Poulsbo WA 98370-8482                                                                                                                                             |  | <b>Name of Employer</b><br>Self Employed<br><br><b>Occupation</b><br>Insurance Agent |  | <b>Date (month, day, year)</b><br>08/17/1998<br><br><b>Amount of Each Receipt this Period</b><br>200.00                                                                |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 300.00                                            |  |                                                                                                                                                                        |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Carol Keyes<br>14328 Sunrise Dr. NE<br><br>Bainbridge Island WA 98110-4103                                                                                                                                                        |  | <b>Name of Employer</b><br>Commuter Comforts<br><br><b>Occupation</b><br>Owner       |  | <b>Date (month, day, year)</b><br>08/17/1998<br><br><b>Amount of Each Receipt this Period</b><br>150.00                                                                |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 220.00                                            |  |                                                                                                                                                                        |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Gregory N. Hullender<br>12211 NE 97th St.<br><br>Kirkland WA 98033                                                                                                                                                                |  | <b>Name of Employer</b><br>Microsoft<br><br><b>Occupation</b><br>Manager             |  | <b>Date (month, day, year)</b><br>08/18/1998<br><br><b>Amount of Each Receipt this Period</b><br>1000.00                                                               |                |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 2000.00                                           |  |                                                                                                                                                                        |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Bud Hollingberry<br>4881 Lat 1 Rd.<br><br>Wapato WA 98951                                                                                                                                                                         |  | <b>Name of Employer</b><br>Hollingberry & Son<br><br><b>Occupation</b><br>Hop Broker |  | <b>Date (month, day, year)</b><br>08/18/1998<br><br><b>Amount of Each Receipt this Period</b><br>1000.00                                                               |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 1000.00                                           |  |                                                                                                                                                                        |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Muckleshoot Indian Tribe<br>39015 172nd Ave. SE<br><br>Auburn WA 98092                                                                                                                                                            |  | <b>Name of Employer</b><br><br><br><b>Occupation</b>                                 |  | <b>Date (month, day, year)</b><br>08/18/1998<br><br><b>Amount of Each Receipt this Period</b><br>1500.00<br><br>Resignation Requested                                  |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 1500.00                                           |  |                                                                                                                                                                        |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Charles T. Collins<br>4505 W. Mercer Way<br><br>Mercer Island WA 98040                                                                                                                                                            |  | <b>Name of Employer</b><br>Colspur Corp.<br><br><b>Occupation</b><br>President       |  | <b>Date (month, day, year)</b><br>08/18/1998<br><br><b>Amount of Each Receipt this Period</b><br>1000.00<br><br>To record occupation and employer information received |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 1000.00                                           |  |                                                                                                                                                                        |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>G. James Roush<br>2441 Evergreen Point Rd.<br><br>Medina WA 98030                                                                                                                                                                 |  | <b>Name of Employer</b><br>Self Employed<br><br><b>Occupation</b><br>Investor        |  | <b>Date (month, day, year)</b><br>08/18/1998<br><br><b>Amount of Each Receipt this Period</b><br>1000.00<br><br>To record occupation and employer information received |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 1000.00                                           |  |                                                                                                                                                                        |                |
| <b>SUBTOTALS</b> of Receipts This Page (Optional) .....                                                                                                                                                                                                                              |  |                                                                                      |  |                                                                                                                                                                        |                |
| <b>TOTALS</b> This Period (last page this line number only) .....                                                                                                                                                                                                                    |  |                                                                                      |  |                                                                                                                                                                        |                |

| <b>SCHEDULE A</b>                                                                                                                                                                                                                                                                    |  | <b>ITEMIZED RECEIPTS</b>                             |  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page                              | <b>31 / 59</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------|----------------|
|                                                                                                                                                                                                                                                                                      |  |                                                      |  | FOR LINE NUMBER<br><b>11A</b>                                                                              |                |
| 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. |  |                                                      |  |                                                                                                            |                |
| <b>NAME OF COMMITTEE (In Full)</b><br><b>Inslee for Congress</b>                                                                                                                                                                                                                     |  |                                                      |  |                                                                                                            |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Henry D. Lord<br>313 Audubon Court<br><br>New Haven CT 06510                                                                                                                                                                      |  | <b>Name of Employer</b><br>Population Institute      |  | <b>Date (month, day, year)</b><br>08/19/1998                                                               |                |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Public Policy Analyst           |  | <b>Amount of Each Receipt this Period</b><br>1000.00<br>PeacePAC                                           |                |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 1000.00           |  |                                                                                                            |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>James C. Speck<br>P.O. Box 889<br><br>Sunnyside WA 98944                                                                                                                                                                          |  | <b>Name of Employer</b><br>Self Employed             |  | <b>Date (month, day, year)</b><br>08/19/1998                                                               |                |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Auto Dealer                     |  | <b>Amount of Each Receipt this Period</b><br>500.00                                                        |                |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 1000.00           |  |                                                                                                            |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Elaine Phelps<br>17238 10th Ave. NW<br><br>Seattle WA 98177                                                                                                                                                                       |  | <b>Name of Employer</b><br>University of Washington  |  | <b>Date (month, day, year)</b><br>08/20/1998<br><br>To report occupation and employer information received |                |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Professor                       |  | <b>Amount of Each Receipt this Period</b><br>1000.00                                                       |                |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 1000.00           |  |                                                                                                            |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Charlotte Spitzer<br>P.O. Box 2008<br><br>Kirkland WA 98083                                                                                                                                                                       |  | <b>Name of Employer</b><br>Retired                   |  | <b>Date (month, day, year)</b><br>08/20/1998<br><br>Redesignation Requested                                |                |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Retired                         |  | <b>Amount of Each Receipt this Period</b><br>1000.00                                                       |                |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 2000.00           |  |                                                                                                            |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Rodney B. Ray<br>One Pacific Building<br>621 Pacific Avenue<br>Tacoma WA 98402                                                                                                                                                    |  | <b>Name of Employer</b><br>Margulis, Luedtke and Ray |  | <b>Date (month, day, year)</b><br>08/20/1998                                                               |                |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Attorney                        |  | <b>Amount of Each Receipt this Period</b><br>250.00                                                        |                |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 250.00            |  |                                                                                                            |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Karoline Ann Johnson<br>15120 Washington Ave. NE<br><br>Bainbridge Island WA 98110                                                                                                                                                |  | <b>Name of Employer</b><br>Wyman J. Johnson, D.D.S.  |  | <b>Date (month, day, year)</b><br>08/20/1998                                                               |                |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Bookkeeper                      |  | <b>Amount of Each Receipt this Period</b><br>150.00                                                        |                |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 300.00            |  |                                                                                                            |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Sherry Roberts<br>7745 Hansen Rd. NE<br><br>Bainbridge Island WA 98110                                                                                                                                                            |  | <b>Name of Employer</b><br>At Home                   |  | <b>Date (month, day, year)</b><br>08/20/1998                                                               |                |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>At Home                         |  | <b>Amount of Each Receipt this Period</b><br>150.00                                                        |                |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 450.00            |  |                                                                                                            |                |
| <b>SUBTOTALS</b> of Receipts This Page (Optional) .....                                                                                                                                                                                                                              |  |                                                      |  |                                                                                                            |                |
| <b>TOTALS</b> This Period (last page this line number only) .....                                                                                                                                                                                                                    |  |                                                      |  |                                                                                                            |                |

| <b>SCHEDULE A</b>                                                                                                                                                                                                                                                                    |  | <b>ITEMIZED RECEIPTS</b>                                                                 |  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page                                                   | <b>32 / 59</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------|----------------|
|                                                                                                                                                                                                                                                                                      |  |                                                                                          |  | FOR LINE NUMBER<br><b>11A</b>                                                                                                   |                |
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| <b>NAME OF COMMITTEE (In Full)</b><br><b>Inslee for Congress</b>                                                                                                                                                                                                                     |  |                                                                                          |  |                                                                                                                                 |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Brewster Bede<br>720 Olive Way, Ste 800<br><br>Seattle WA 98101                                                                                                                                                                   |  | <b>Name of Employer</b><br>Self Employed<br><br><b>Occupation</b><br>Dentist             |  | <b>Date (month, day, year)</b><br>08/21/1998<br><br><b>Amount of Each Receipt this Period</b><br>1000.00                        |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 1000.00                                               |  |                                                                                                                                 |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Eric S. Bremner<br>1119 1st Ave. Ste 304<br><br>Seattle WA 98101                                                                                                                                                                  |  | <b>Name of Employer</b><br>Retired<br><br><b>Occupation</b><br>Retired                   |  | <b>Date (month, day, year)</b><br>08/21/1998<br><br><b>Amount of Each Receipt this Period</b><br>250.00                         |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 250.00                                                |  |                                                                                                                                 |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Randall Leeland<br>6 S. 2nd St. Ste 1118<br><br>Yakima WA 98901                                                                                                                                                                   |  | <b>Name of Employer</b><br>Self Employed<br><br><b>Occupation</b><br>Attorney            |  | <b>Date (month, day, year)</b><br>08/21/1998<br><br><b>Amount of Each Receipt this Period</b><br>500.00                         |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 1000.00                                               |  |                                                                                                                                 |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>G. Joe Schwab<br>P.O. Drawer 1429<br><br>Moses Lake WA 98837                                                                                                                                                                      |  | <b>Name of Employer</b><br>Calborn & Schwab<br><br><b>Occupation</b><br>Lawyer           |  | <b>Date (month, day, year)</b><br>08/21/1998<br><br><b>Amount of Each Receipt this Period</b><br>1000.00                        |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 1000.00                                               |  |                                                                                                                                 |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Tim Bradbury<br>2723 Boylston E.<br><br>Seattle WA 98102                                                                                                                                                                          |  | <b>Name of Employer</b><br>Self Employed<br><br><b>Occupation</b><br>Attorney            |  | <b>Date (month, day, year)</b><br>08/23/1998<br><br><b>Amount of Each Receipt this Period</b><br>300.00<br>Contribution In-Kind |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 300.00                                                |  |                                                                                                                                 |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>James J. Buchanan, Jr.<br>633 NW 110th St.<br><br>Seattle WA 98177                                                                                                                                                                |  | <b>Name of Employer</b><br>Shoreline School District<br><br><b>Occupation</b><br>Teacher |  | <b>Date (month, day, year)</b><br>08/24/1998<br><br><b>Amount of Each Receipt this Period</b><br>6.00<br>Peace PAC              |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 231.00                                                |  |                                                                                                                                 |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Jody R. Buckley<br>1300 San Mateo Dr.<br><br>Menlo Park CA 94025                                                                                                                                                                  |  | <b>Name of Employer</b><br>Self Employed<br><br><b>Occupation</b><br>Philanthropist      |  | <b>Date (month, day, year)</b><br>08/24/1998<br><br><b>Amount of Each Receipt this Period</b><br>1000.00                        |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 2000.00                                               |  |                                                                                                                                 |                |
| <b>SUBTOTALS</b> of Receipts This Page (Optional) .....                                                                                                                                                                                                                              |  |                                                                                          |  |                                                                                                                                 |                |
| <b>TOTALS</b> This Period (last page this line number only) .....                                                                                                                                                                                                                    |  |                                                                                          |  |                                                                                                                                 |                |



| <b>SCHEDULE A</b>                                                                                                                                                                                                                                                                    |  | <b>ITEMIZED RECEIPTS</b>                                     |  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page                            | <b>33 / 59</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------|----------------|
|                                                                                                                                                                                                                                                                                      |  |                                                              |  | FOR LINE NUMBER<br><b>11A</b>                                                                            |                |
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| <b>NAME OF COMMITTEE (In Full)</b><br><b>Inslee for Congress</b>                                                                                                                                                                                                                     |  |                                                              |  |                                                                                                          |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Jody R. Buckley<br>1309 San Mateo Dr.<br><br>Menlo Park CA 94025                                                                                                                                                                  |  | <b>Name of Employer</b><br>Self Employed                     |  | <b>Date (month, day, year)</b><br>08/24/1998<br><br><b>Amount of Each Receipt this Period</b><br>1000.00 |                |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Philanthropist                          |  |                                                                                                          |                |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 2000.00                   |  |                                                                                                          |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Michael S. Krebs<br>6301 161st Ave. NE Suite 202<br><br>Redmond WA 98052                                                                                                                                                          |  | <b>Name of Employer</b><br>Red. Associates                   |  | <b>Date (month, day, year)</b><br>08/24/1998<br><br><b>Amount of Each Receipt this Period</b><br>300.00  |                |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Physician                               |  |                                                                                                          |                |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 300.00                    |  |                                                                                                          |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Geraldine A. Haynes<br>10885 NE 120th<br><br>Woodinville WA 98072                                                                                                                                                                 |  | <b>Name of Employer</b><br>Children's Hospital & Med. Center |  | <b>Date (month, day, year)</b><br>08/24/1998<br><br><b>Amount of Each Receipt this Period</b><br>250.00  |                |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Hospice Consultant                      |  |                                                                                                          |                |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 250.00                    |  |                                                                                                          |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Ric Weiland<br>1415 McGilvra Blvd. E #54<br><br>Seattle WA 98112                                                                                                                                                                  |  | <b>Name of Employer</b><br>Self Employed                     |  | <b>Date (month, day, year)</b><br>08/24/1998<br><br><b>Amount of Each Receipt this Period</b><br>1000.00 |                |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Investor                                |  |                                                                                                          |                |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 1000.00                   |  |                                                                                                          |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Samuel Stroum Enterprises<br>1420 Fifth Avenue, Suite 3000<br><br>Seattle WA 98101-2370                                                                                                                                           |  | <b>Name of Employer</b>                                      |  | <b>Date (month, day, year)</b><br>08/24/1998<br><br><b>Amount of Each Receipt this Period</b><br>500.00  |                |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b>                                            |  |                                                                                                          |                |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 1000.00                   |  |                                                                                                          |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Samuel Stroum Enterprises<br>1420 Fifth Avenue, Suite 3000<br><br>Seattle WA 98101-2370                                                                                                                                           |  | <b>Name of Employer</b>                                      |  | <b>Date (month, day, year)</b><br>08/24/1998<br><br><b>Amount of Each Receipt this Period</b><br>500.00  |                |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b>                                            |  |                                                                                                          |                |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 1000.00                   |  |                                                                                                          |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Victor J. Barry<br>600 Broadway Med. Ctr. Ste 330<br><br>Seattle WA 98122                                                                                                                                                         |  | <b>Name of Employer</b><br>Self Employed                     |  | <b>Date (month, day, year)</b><br>08/24/1998<br><br><b>Amount of Each Receipt this Period</b><br>500.00  |                |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Dentist                                 |  |                                                                                                          |                |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 1000.00                   |  |                                                                                                          |                |
| <b>SUBTOTALS</b> of Receipts This Page (Optional) .....                                                                                                                                                                                                                              |  |                                                              |  |                                                                                                          |                |
| <b>TOTALS</b> This Period (last page this line number only) .....                                                                                                                                                                                                                    |  |                                                              |  |                                                                                                          |                |

| <b>SCHEDULE A</b>                                                                                                                                                                                                                                                                    |  | <b>ITEMIZED RECEIPTS</b>                     |  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | <b>34 / 59</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------|--|-------------------------------------------------------------------------------|----------------|
|                                                                                                                                                                                                                                                                                      |  |                                              |  | FOR LINE NUMBER<br><b>11A</b>                                                 |                |
| 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. |  |                                              |  |                                                                               |                |
| <b>NAME OF COMMITTEE (In Full)</b><br><b>Inlee for Congress</b>                                                                                                                                                                                                                      |  |                                              |  |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Paul K. Goode<br>16734 NE 41st St.<br><br>Redmond WA 98052                                                                                                                                                                        |  | <b>Name of Employer</b><br>Retired           |  | <b>Date (month, day, year)</b><br>08/24/1998                                  |                |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Retired                 |  | <b>Amount of Each Receipt this Period</b><br>500.00                           |                |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 1000.00   |  |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Laura R. Pitt-Goode<br>16734 NE 41st St.<br><br>Redmond WA 98052                                                                                                                                                                  |  | <b>Name of Employer</b><br>Retired           |  | <b>Date (month, day, year)</b><br>08/24/1998                                  |                |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Retired                 |  | <b>Amount of Each Receipt this Period</b><br>1000.00                          |                |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 1000.00   |  |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Sherry Roberts<br>7745 Hansen Rd. NE<br><br>Bainbridge Island WA 98110                                                                                                                                                            |  | <b>Name of Employer</b><br>At Home           |  | <b>Date (month, day, year)</b><br>08/24/1998                                  |                |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>At Home                 |  | <b>Amount of Each Receipt this Period</b><br>100.00                           |                |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 450.00    |  |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Christopher Olorowski<br>298 Winslow Way West<br><br>Bainbridge Island WA 98110                                                                                                                                                   |  | <b>Name of Employer</b><br>Self              |  | <b>Date (month, day, year)</b><br>08/24/1998                                  |                |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Attorney                |  | <b>Amount of Each Receipt this Period</b><br>220.00                           |                |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 620.00    |  |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Rolin A. Fatland<br>4919 53rd Ave. South<br><br>Seattle WA 98118                                                                                                                                                                  |  | <b>Name of Employer</b><br>Apco Trades       |  | <b>Date (month, day, year)</b><br>08/24/1998                                  |                |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Consultant              |  | <b>Amount of Each Receipt this Period</b><br>320.00                           |                |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 320.00    |  |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Carol Keyes<br>14328 Sunrise Dr. NE<br><br>Bainbridge Island WA 98110-4103                                                                                                                                                        |  | <b>Name of Employer</b><br>Commuter Comforts |  | <b>Date (month, day, year)</b><br>08/24/1998                                  |                |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Owner                   |  | <b>Amount of Each Receipt this Period</b><br>70.00                            |                |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 220.00    |  |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Trudi Inlee<br>578 Azalea NE<br><br>Bainbridge Island WA 98110                                                                                                                                                                    |  | <b>Name of Employer</b><br>Steve Schwager    |  | <b>Date (month, day, year)</b><br>08/24/1998                                  |                |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Dental Receptionist     |  | <b>Amount of Each Receipt this Period</b><br>280.80<br>Contribution In-Kind   |                |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 380.80    |  |                                                                               |                |
| <b>SUBTOTALS</b> of Receipts This Page (Optional) .....                                                                                                                                                                                                                              |  |                                              |  |                                                                               |                |
| <b>TOTALS</b> This Period (last page this line number only) .....                                                                                                                                                                                                                    |  |                                              |  |                                                                               |                |

| <b>SCHEDULE A</b>                                                                                                                                                                                                                                                                    |  | <b>ITEMIZED RECEIPTS</b>                         |  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | <b>35 / 59</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------|--|-------------------------------------------------------------------------------|----------------|
|                                                                                                                                                                                                                                                                                      |  |                                                  |  | FOR LINE NUMBER<br><b>11A</b>                                                 |                |
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| <b>NAME OF COMMITTEE (In Full)</b><br><b>Inslee for Congress</b>                                                                                                                                                                                                                     |  |                                                  |  |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Catherine M. Conover<br>1666 Connecticut Ave. NW Ste. 300<br><br>Washington DC 20009                                                                                                                                              |  | <b>Name of Employer</b><br>Self Employed         |  | <b>Date (month, day, year)</b><br>08/25/1998                                  |                |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Private Investor            |  | <b>Amount of Each Receipt this Period</b><br>300.00                           |                |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 300.00        |  |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Richard K. Bodlaender<br>12307 NE 97th ST.<br><br>Kirkland WA 98033                                                                                                                                                               |  | <b>Name of Employer</b><br>Information Requested |  | <b>Date (month, day, year)</b><br>08/25/1998                                  |                |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Information Requested       |  | <b>Amount of Each Receipt this Period</b><br>500.00                           |                |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 500.00        |  |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Kyle Kincaid<br>16290 Reifen Rd.<br><br>Bainbridge Island WA 98110                                                                                                                                                                |  | <b>Name of Employer</b><br>Parker Lumber         |  | <b>Date (month, day, year)</b><br>08/25/1998                                  |                |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Treasurer                   |  | <b>Amount of Each Receipt this Period</b><br>964.00<br>Contribution In-Kind   |                |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 964.00        |  |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Mike McCormack<br>1706 Radio Rd.<br><br>Ellensburg WA 98926                                                                                                                                                                       |  | <b>Name of Employer</b><br>I.S.S.                |  | <b>Date (month, day, year)</b><br>08/26/1998                                  |                |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Educator                    |  | <b>Amount of Each Receipt this Period</b><br>250.00                           |                |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 250.00        |  |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Chester C. Jolly<br>P.O. Box 1742<br><br>Aberdeen WA 98520                                                                                                                                                                        |  | <b>Name of Employer</b><br>Self Employed         |  | <b>Date (month, day, year)</b><br>08/26/1998                                  |                |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Physical Therapist          |  | <b>Amount of Each Receipt this Period</b><br>500.00                           |                |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 1000.00       |  |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Gregory L. Shaw<br>5402 Lk. WA. Blvd. NE #E<br><br>Kirkland WA 98033                                                                                                                                                              |  | <b>Name of Employer</b><br>Microsoft             |  | <b>Date (month, day, year)</b><br>08/26/1998                                  |                |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Computer Programmer         |  | <b>Amount of Each Receipt this Period</b><br>500.00                           |                |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 2000.00       |  |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Gregory L. Shaw<br>5402 Lk. WA. Blvd. NE #E<br><br>Kirkland WA 98033                                                                                                                                                              |  | <b>Name of Employer</b><br>Microsoft             |  | <b>Date (month, day, year)</b><br>08/26/1998                                  |                |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Computer Programmer         |  | <b>Amount of Each Receipt this Period</b><br>1000.00                          |                |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 2000.00       |  |                                                                               |                |
| <b>SUBTOTALS</b> of Receipts This Page (Optional) .....                                                                                                                                                                                                                              |  |                                                  |  |                                                                               |                |
| <b>TOTALS</b> This Period (last page this line number only) .....                                                                                                                                                                                                                    |  |                                                  |  |                                                                               |                |

| <b>SCHEDULE A</b>                                                                                                                                                                                                                                                                    |  | <b>ITEMIZED RECEIPTS</b>                         |  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | <b>36 / 59</b>   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------|--|-------------------------------------------------------------------------------|------------------|
|                                                                                                                                                                                                                                                                                      |  |                                                  |  | FOR LINE NUMBER<br><b>11A</b>                                                 |                  |
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| <b>NAME OF COMMITTEE (In Full)</b><br><b>Inslee for Congress</b>                                                                                                                                                                                                                     |  |                                                  |  |                                                                               |                  |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Kenneth A. Dayton<br>2339 11th Ave. East<br><br>Seattle WA 98102                                                                                                                                                                  |  | <b>Name of Employer</b><br>Information Requested |  | <b>Date (month, day, year)</b><br>08/26/1998                                  |                  |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Information Requested       |  | <b>Amount of Each Receipt this Period</b><br>250.00                           |                  |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 250.00        |  |                                                                               |                  |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Maureen Thompson<br>6206 Woodlawn Ave. N<br><br>Seattle WA 98105                                                                                                                                                                  |  | <b>Name of Employer</b><br>None                  |  | <b>Date (month, day, year)</b><br>08/26/1998                                  |                  |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Student                     |  | <b>Amount of Each Receipt this Period</b><br>500.00                           |                  |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 500.00        |  |                                                                               |                  |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Maggi Finia<br>728 North 148th St.<br><br>Shoreline WA 98133                                                                                                                                                                      |  | <b>Name of Employer</b><br>King County Council   |  | <b>Date (month, day, year)</b><br>08/26/1998                                  |                  |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Council Member              |  | <b>Amount of Each Receipt this Period</b><br>350.00<br>Contribution In-Kind   |                  |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 350.00        |  |                                                                               |                  |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Audrey Gruger<br>3727 NE 193rd St.<br><br>Lake Forest Park WA 98155                                                                                                                                                               |  | <b>Name of Employer</b><br>Retired               |  | <b>Date (month, day, year)</b><br>08/26/1998                                  |                  |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Retired                     |  | <b>Amount of Each Receipt this Period</b><br>100.00                           |                  |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 250.00        |  |                                                                               |                  |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Ruth Lacoq Kagi<br>19553 35th Ave. NE<br><br>Lake Forest Park WA 98155                                                                                                                                                            |  | <b>Name of Employer</b><br>Self Employed         |  | <b>Date (month, day, year)</b><br>08/26/1998                                  |                  |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Commercial Real Estate      |  | <b>Amount of Each Receipt this Period</b><br>250.00                           |                  |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 750.00        |  |                                                                               |                  |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Doug Hansen<br>P.O. Box 788<br><br>Kentfield CA 94904                                                                                                                                                                             |  | <b>Name of Employer</b><br>Retired               |  | <b>Date (month, day, year)</b><br>08/26/1998                                  |                  |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                       |  | <b>Occupation</b><br>Retired                     |  | <b>Amount of Each Receipt this Period</b><br>200.00                           |                  |
|                                                                                                                                                                                                                                                                                      |  | <b>Aggregate Year-to-Date</b> > \$ 700.00        |  |                                                                               |                  |
|                                                                                                                                                                                                                                                                                      |  |                                                  |  |                                                                               |                  |
| <b>SUBTOTALS</b> of Receipts This Page (Optional) .....                                                                                                                                                                                                                              |  |                                                  |  |                                                                               |                  |
| <b>TOTALS</b> This Period (last page this line number only) .....                                                                                                                                                                                                                    |  |                                                  |  |                                                                               | <b>103535.80</b> |

| <b>SCHEDULE A</b>                                                                                                                                                                                                                                                                    |  | <b>ITEMIZED RECEIPTS</b>                         |  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | <b>37 / 59</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------|--|-------------------------------------------------------------------------------|----------------|
|                                                                                                                                                                                                                                                                                      |  |                                                  |  | FOR LINE NUMBER<br><b>11B</b>                                                 |                |
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| <b>NAME OF COMMITTEE (In Full)</b><br><b>Inslee for Congress</b>                                                                                                                                                                                                                     |  |                                                  |  |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>GH Democratic Comm.<br>P.O. Box 1423<br><br>Aberdeen WA 98520-0299                                                                                                                                                                |  | <b>Name of Employer</b><br><br><b>Occupation</b> |  | <b>Date (month, day, year)</b><br>07/14/1998<br><br>Redesignation Requested   |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | Aggregate Year-to-Date > \$ 25.00                |  | <b>Amount of Each Receipt this Period</b><br>25.00                            |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Democratic Congressional Campaign Committee<br>430 South Capitol Street<br><br>Washington DC 20005                                                                                                                                |  | <b>Name of Employer</b><br><br><b>Occupation</b> |  | <b>Date (month, day, year)</b><br>07/15/1998<br><br>Contribution In-Kind      |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | Aggregate Year-to-Date > \$ 520.89               |  | <b>Amount of Each Receipt this Period</b><br>10.39                            |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>48th District Democrats<br>16239 SE Phantom Way<br><br>Bellevue WA 98008                                                                                                                                                          |  | <b>Name of Employer</b><br><br><b>Occupation</b> |  | <b>Date (month, day, year)</b><br>07/17/1998<br><br>500.00                    |                |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | Aggregate Year-to-Date > \$ 500.00               |  | <b>Amount of Each Receipt this Period</b><br>500.00                           |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>WA State Democratic Central Committee<br>1701 Smith Tower<br><br>Seattle WA 98104                                                                                                                                                 |  | <b>Name of Employer</b><br><br><b>Occupation</b> |  | <b>Date (month, day, year)</b><br>07/21/1998<br><br>500.00                    |                |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | Aggregate Year-to-Date > \$ 5500.00              |  | <b>Amount of Each Receipt this Period</b><br>500.00                           |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>First District Democrats - H<br>606 240th St. SW<br><br>Bothell WA 98021-9510                                                                                                                                                     |  | <b>Name of Employer</b><br><br><b>Occupation</b> |  | <b>Date (month, day, year)</b><br>08/25/1998<br><br>300.00                    |                |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | Aggregate Year-to-Date > \$ 300.00               |  | <b>Amount of Each Receipt this Period</b><br>300.00                           |                |
|                                                                                                                                                                                                                                                                                      |  |                                                  |  |                                                                               |                |
| <b>SUBTOTALS</b> of Receipts This Page (Optional) .....                                                                                                                                                                                                                              |  |                                                  |  |                                                                               |                |
| <b>TOTALS</b> This Period (last page this line number only) .....                                                                                                                                                                                                                    |  |                                                  |  |                                                                               | <b>1335.39</b> |

| <b>SCHEDULE A</b>                                                                                                                                                                                                                                                                    |  | <b>ITEMIZED RECEIPTS</b>                         |  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page                            | <b>38 / 59</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------|--|----------------------------------------------------------------------------------------------------------|----------------|
|                                                                                                                                                                                                                                                                                      |  |                                                  |  | FOR LINE NUMBER<br><b>11C</b>                                                                            |                |
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| <b>NAME OF COMMITTEE (In Full)</b><br><b>Inslee for Congress</b>                                                                                                                                                                                                                     |  |                                                  |  |                                                                                                          |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Graphic Commun. Intrl. Union-Pol. Act. Fund<br>1900 L St. NW<br><br>Washington DC 20036-5002                                                                                                                                      |  | <b>Name of Employer</b><br><br><b>Occupation</b> |  | <b>Date (month, day, year)</b><br>07/03/1998<br><br><b>Amount of Each Receipt this Period</b><br>500.00  |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 500.00        |  |                                                                                                          |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Stupak for Congress<br>P.O. Box 143<br><br>Menominee MI 49856-3146                                                                                                                                                                |  | <b>Name of Employer</b><br><br><b>Occupation</b> |  | <b>Date (month, day, year)</b><br>07/03/1998<br><br><b>Amount of Each Receipt this Period</b><br>1000.00 |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 1000.00       |  |                                                                                                          |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>John Lewis for Congress Committee<br>P.O. Box 2323<br><br>Atlanta GA 30301-2323                                                                                                                                                   |  | <b>Name of Employer</b><br><br><b>Occupation</b> |  | <b>Date (month, day, year)</b><br>07/03/1998<br><br><b>Amount of Each Receipt this Period</b><br>1000.00 |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 1000.00       |  |                                                                                                          |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Ntrl. Comm. to Preserve S. S. & Mcare.-Federal<br>10 G. Street NE Suite 600<br><br>Washington DC 20002-4215                                                                                                                       |  | <b>Name of Employer</b><br><br><b>Occupation</b> |  | <b>Date (month, day, year)</b><br>07/06/1998<br><br><b>Amount of Each Receipt this Period</b><br>1000.00 |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 1000.00       |  |                                                                                                          |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Responsible Citizens Political League<br>3 Research Place<br><br>Rockville MD 20850                                                                                                                                               |  | <b>Name of Employer</b><br><br><b>Occupation</b> |  | <b>Date (month, day, year)</b><br>07/07/1998<br><br><b>Amount of Each Receipt this Period</b><br>500.00  |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 500.00        |  |                                                                                                          |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Barrett for Congress<br>7720 Rogers Ave.<br><br>Wauwatosa WI 53215                                                                                                                                                                |  | <b>Name of Employer</b><br><br><b>Occupation</b> |  | <b>Date (month, day, year)</b><br>07/07/1998<br><br><b>Amount of Each Receipt this Period</b><br>1000.00 |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 1000.00       |  |                                                                                                          |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Woolsey for Congress<br>P.O. Box 750176<br><br>Petaluma CA 94975                                                                                                                                                                  |  | <b>Name of Employer</b><br><br><b>Occupation</b> |  | <b>Date (month, day, year)</b><br>07/10/1998<br><br><b>Amount of Each Receipt this Period</b><br>500.00  |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 500.00        |  |                                                                                                          |                |
| <b>SUBTOTALS</b> of Receipts This Page (Optional) .....                                                                                                                                                                                                                              |  |                                                  |  |                                                                                                          |                |
| <b>TOTALS</b> This Period (last page this line number only) .....                                                                                                                                                                                                                    |  |                                                  |  |                                                                                                          |                |

| <b>SCHEDULE A</b>                                                                                                                                                                                                                                                                    |  | <b>ITEMIZED RECEIPTS</b>                         |  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page                            | <b>39 / 59</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------|--|----------------------------------------------------------------------------------------------------------|----------------|
|                                                                                                                                                                                                                                                                                      |  |                                                  |  | FOR LINE NUMBER<br><b>11C</b>                                                                            |                |
| 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. |  |                                                  |  |                                                                                                          |                |
| <b>NAME OF COMMITTEE (In Full)</b><br><b>Inslee for Congress</b>                                                                                                                                                                                                                     |  |                                                  |  |                                                                                                          |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Comm. of Pol. Education, AFL-CIO<br>815 16th Street NW<br><br>Washington DC 20006                                                                                                                                                 |  | <b>Name of Employer</b><br><br><b>Occupation</b> |  | <b>Date (month, day, year)</b><br>07/10/1998<br><br><b>Amount of Each Receipt this Period</b><br>5000.00 |                |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 10000.00      |  |                                                                                                          |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>United Food & Commercial Workers Intnl. Union<br>1775 K Street N.W.<br><br>Washington DC 20006-1598                                                                                                                               |  | <b>Name of Employer</b><br><br><b>Occupation</b> |  | <b>Date (month, day, year)</b><br>07/10/1998<br><br><b>Amount of Each Receipt this Period</b><br>4000.00 |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 4000.00       |  |                                                                                                          |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Intnl. Longshoremen's Assoc.-Comm. on Politic<br>17 Battery Place<br><br>New York NY 10004                                                                                                                                        |  | <b>Name of Employer</b><br><br><b>Occupation</b> |  | <b>Date (month, day, year)</b><br>07/14/1998<br><br><b>Amount of Each Receipt this Period</b><br>1500.00 |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 1500.00       |  |                                                                                                          |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Transport Workers Union-Pol. Contrib. Committe<br>80 West End Avenue<br><br>New York NY 10025                                                                                                                                     |  | <b>Name of Employer</b><br><br><b>Occupation</b> |  | <b>Date (month, day, year)</b><br>07/14/1998<br><br><b>Amount of Each Receipt this Period</b><br>1000.00 |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 1000.00       |  |                                                                                                          |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>National Unity Caucus Tecumseh Club<br>601 Pennsylvania Ave. NW Ste 900<br><br>Washington DC 20004                                                                                                                                |  | <b>Name of Employer</b><br><br><b>Occupation</b> |  | <b>Date (month, day, year)</b><br>07/14/1998<br><br><b>Amount of Each Receipt this Period</b><br>2000.00 |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 2000.00       |  |                                                                                                          |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Natl. Education Assn. Political Action Comm.<br>1201 16th Street NW<br><br>Washington DC 20036                                                                                                                                    |  | <b>Name of Employer</b><br><br><b>Occupation</b> |  | <b>Date (month, day, year)</b><br>07/17/1998<br><br><b>Amount of Each Receipt this Period</b><br>5000.00 |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 5000.00       |  |                                                                                                          |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Earl Pomeroy for Congress<br>P.O. Box 746<br><br>Bismarck ND 58502-0746                                                                                                                                                           |  | <b>Name of Employer</b><br><br><b>Occupation</b> |  | <b>Date (month, day, year)</b><br>07/17/1998<br><br><b>Amount of Each Receipt this Period</b><br>1000.00 |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 1000.00       |  |                                                                                                          |                |
| <b>SUBTOTALS</b> of Receipts This Page (Optional) .....                                                                                                                                                                                                                              |  |                                                  |  |                                                                                                          |                |
| <b>TOTALS</b> This Period (last page this line number only) .....                                                                                                                                                                                                                    |  |                                                  |  |                                                                                                          |                |

| <b>SCHEDULE A</b>                                                                                                                                                                                                                                                                    |  | <b>ITEMIZED RECEIPTS</b>                         |  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page                            | <b>40 / 59</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------|--|----------------------------------------------------------------------------------------------------------|----------------|
|                                                                                                                                                                                                                                                                                      |  |                                                  |  | FOR LINE NUMBER<br><b>11C</b>                                                                            |                |
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| <b>NAME OF COMMITTEE (In Full)</b><br><b>Inslee for Congress</b>                                                                                                                                                                                                                     |  |                                                  |  |                                                                                                          |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Evergreen Fund<br>607 Fourteenth Street NW<br><br>Washington DC 20005                                                                                                                                                             |  | <b>Name of Employer</b><br><br><b>Occupation</b> |  | <b>Date (month, day, year)</b><br>07/21/1998<br><br><b>Amount of Each Receipt this Period</b><br>500.00  |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 1000.00       |  |                                                                                                          |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Laborers' Political League Seattle<br>905 18th Street N.W.<br><br>Washington DC 20006                                                                                                                                             |  | <b>Name of Employer</b><br><br><b>Occupation</b> |  | <b>Date (month, day, year)</b><br>07/22/1998<br><br><b>Amount of Each Receipt this Period</b><br>3000.00 |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 3000.00       |  |                                                                                                          |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>AAP/PLAN<br>P.O. Box 38120<br><br>Colorado Springs CO 80937                                                                                                                                                                       |  | <b>Name of Employer</b><br><br><b>Occupation</b> |  | <b>Date (month, day, year)</b><br>07/22/1998<br><br><b>Amount of Each Receipt this Period</b><br>500.00  |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 500.00        |  |                                                                                                          |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>CWA-COPE FCC<br>501 3rd St. NW<br><br>Washington DC 20001                                                                                                                                                                         |  | <b>Name of Employer</b><br><br><b>Occupation</b> |  | <b>Date (month, day, year)</b><br>07/23/1998<br><br><b>Amount of Each Receipt this Period</b><br>2000.00 |                |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 2000.00       |  |                                                                                                          |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Boilermakers-Blacksmiths LEAP<br>733 State Avenue Suite #565<br><br>Kansas City KS 66101                                                                                                                                          |  | <b>Name of Employer</b><br><br><b>Occupation</b> |  | <b>Date (month, day, year)</b><br>07/28/1998<br><br><b>Amount of Each Receipt this Period</b><br>1000.00 |                |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 1000.00       |  |                                                                                                          |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>American Podiatric Medical Assn.- PPAC<br>9312 Old Georgetown Road<br><br>Bethesda MD 20814-1898                                                                                                                                  |  | <b>Name of Employer</b><br><br><b>Occupation</b> |  | <b>Date (month, day, year)</b><br>07/30/1998<br><br><b>Amount of Each Receipt this Period</b><br>1000.00 |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 1000.00       |  |                                                                                                          |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Treasury Employees PAC<br>901 E. Street NW Suite 600<br><br>Washington DC 20004                                                                                                                                                   |  | <b>Name of Employer</b><br><br><b>Occupation</b> |  | <b>Date (month, day, year)</b><br>08/03/1998<br><br><b>Amount of Each Receipt this Period</b><br>500.00  |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 500.00        |  |                                                                                                          |                |
| <b>SUBTOTALS</b> of Receipts This Page (Optional) .....                                                                                                                                                                                                                              |  |                                                  |  |                                                                                                          |                |
| <b>TOTALS</b> This Period (last page this line number only) .....                                                                                                                                                                                                                    |  |                                                  |  |                                                                                                          |                |



| <b>SCHEDULE A</b>                                                                                                                                                                                                                                                                    |  | <b>ITEMIZED RECEIPTS</b>                         |  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page                            | <b>41 / 59</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------|--|----------------------------------------------------------------------------------------------------------|----------------|
|                                                                                                                                                                                                                                                                                      |  |                                                  |  | FOR LINE NUMBER<br><b>11C</b>                                                                            |                |
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| <b>NAME OF COMMITTEE (In Full)</b><br><b>Inslee for Congress</b>                                                                                                                                                                                                                     |  |                                                  |  |                                                                                                          |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>ZACKPAC<br>2500 N. Military Trl., Ste 288<br><br>Boca Raton FL 33431                                                                                                                                                              |  | <b>Name of Employer</b><br><br><b>Occupation</b> |  | <b>Date (month, day, year)</b><br>08/03/1998<br><br><b>Amount of Each Receipt this Period</b><br>1000.00 |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 1000.00       |  |                                                                                                          |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>United Steel Workers of America- Pol. Action F<br>5 Gateway Center<br><br>Pittsburgh PA 15222                                                                                                                                     |  | <b>Name of Employer</b><br><br><b>Occupation</b> |  | <b>Date (month, day, year)</b><br>08/03/1998<br><br><b>Amount of Each Receipt this Period</b><br>2500.00 |                |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 7500.00       |  |                                                                                                          |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Committee on Political Action of the American<br>1300 L Street N.W.<br><br>Washington DC 20005                                                                                                                                    |  | <b>Name of Employer</b><br><br><b>Occupation</b> |  | <b>Date (month, day, year)</b><br>08/03/1998<br><br><b>Amount of Each Receipt this Period</b><br>500.00  |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 500.00        |  |                                                                                                          |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Ted Strickland for Congress<br>P.O. Box 580<br><br>Lucasville OH 45648                                                                                                                                                            |  | <b>Name of Employer</b><br><br><b>Occupation</b> |  | <b>Date (month, day, year)</b><br>08/04/1998<br><br><b>Amount of Each Receipt this Period</b><br>1000.00 |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 1000.00       |  |                                                                                                          |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>American Crystal Sugar PAC<br>101 North Third Street<br><br>Moorhead MN 56560                                                                                                                                                     |  | <b>Name of Employer</b><br><br><b>Occupation</b> |  | <b>Date (month, day, year)</b><br>08/10/1998<br><br><b>Amount of Each Receipt this Period</b><br>500.00  |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 500.00        |  |                                                                                                          |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Battelle Good Government Committee<br>24 Wiveliscombe<br><br>New Albany OH 43054                                                                                                                                                  |  | <b>Name of Employer</b><br><br><b>Occupation</b> |  | <b>Date (month, day, year)</b><br>08/10/1998<br><br><b>Amount of Each Receipt this Period</b><br>500.00  |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 500.00        |  |                                                                                                          |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>The National Leadership PAC<br>P.O. Box 5577<br><br>New York NY 10027                                                                                                                                                             |  | <b>Name of Employer</b><br><br><b>Occupation</b> |  | <b>Date (month, day, year)</b><br>08/10/1998<br><br><b>Amount of Each Receipt this Period</b><br>1000.00 |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 1000.00       |  |                                                                                                          |                |
| <b>SUBTOTALS</b> of Receipts This Page (Optional) .....                                                                                                                                                                                                                              |  |                                                  |  |                                                                                                          |                |
| <b>TOTALS</b> This Period (last page this line number only) .....                                                                                                                                                                                                                    |  |                                                  |  |                                                                                                          |                |

| <b>SCHEDULE A</b>                                                                                                                                                                                                                                                                    |  | <b>ITEMIZED RECEIPTS</b>                         |  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page                            | <b>42 / 59</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------|--|----------------------------------------------------------------------------------------------------------|----------------|
|                                                                                                                                                                                                                                                                                      |  |                                                  |  | FOR LINE NUMBER<br><b>11C</b>                                                                            |                |
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| <b>NAME OF COMMITTEE (In Full)</b><br><b>Inslee for Congress</b>                                                                                                                                                                                                                     |  |                                                  |  |                                                                                                          |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Intl. Brotherhood of Electrical Workers - C.O.<br>1125 15th Street N.W.<br><br>Washington DC 20005                                                                                                                                |  | <b>Name of Employer</b><br><br><b>Occupation</b> |  | <b>Date (month, day, year)</b><br>08/13/1998<br><br><b>Amount of Each Receipt this Period</b><br>5000.00 |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 5000.00       |  |                                                                                                          |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Quigley for Congress Committee<br>1029 Springbrook Rd.<br><br>Lake Stevens WA 98256                                                                                                                                               |  | <b>Name of Employer</b><br><br><b>Occupation</b> |  | <b>Date (month, day, year)</b><br>08/13/1998<br><br><b>Amount of Each Receipt this Period</b><br>1000.00 |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 2000.00       |  |                                                                                                          |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Quigley for Congress Committee<br>1029 Springbrook Rd.<br><br>Lake Stevens WA 98258                                                                                                                                               |  | <b>Name of Employer</b><br><br><b>Occupation</b> |  | <b>Date (month, day, year)</b><br>08/13/1998<br><br><b>Amount of Each Receipt this Period</b><br>1000.00 |                |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 2000.00       |  |                                                                                                          |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Federal Managers Association PAC<br>1841 Prince Street<br><br>Alexandria VA 22314                                                                                                                                                 |  | <b>Name of Employer</b><br><br><b>Occupation</b> |  | <b>Date (month, day, year)</b><br>08/14/1998<br><br><b>Amount of Each Receipt this Period</b><br>500.00  |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 500.00        |  |                                                                                                          |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>National Committee for an Effective Congress<br>10 East 39th Street<br><br>New York NY 10016                                                                                                                                      |  | <b>Name of Employer</b><br><br><b>Occupation</b> |  | <b>Date (month, day, year)</b><br>08/17/1998<br><br><b>Amount of Each Receipt this Period</b><br>2500.00 |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 5000.00       |  |                                                                                                          |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>National Air Traffic Controllers Association<br>1150 17th Street, NW Suite 701<br><br>Washington DC 20036                                                                                                                         |  | <b>Name of Employer</b><br><br><b>Occupation</b> |  | <b>Date (month, day, year)</b><br>08/17/1998<br><br><b>Amount of Each Receipt this Period</b><br>2500.00 |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 2500.00       |  |                                                                                                          |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>ATLA PAC<br>1050 31st Street NW<br><br>Washington DC 20007                                                                                                                                                                        |  | <b>Name of Employer</b><br><br><b>Occupation</b> |  | <b>Date (month, day, year)</b><br>08/17/1998<br><br><b>Amount of Each Receipt this Period</b><br>5000.00 |                |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 10000.00      |  |                                                                                                          |                |
| <b>SUBTOTALS</b> of Receipts This Page (Optional) .....                                                                                                                                                                                                                              |  |                                                  |  |                                                                                                          |                |
| <b>TOTALS</b> This Period (last page this line number only) .....                                                                                                                                                                                                                    |  |                                                  |  |                                                                                                          |                |

| <b>SCHEDULE A</b>                                                                                                                                                                                                                                                                    |  | <b>ITEMIZED RECEIPTS</b>                         |  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page                            | <b>43 / 59</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------|--|----------------------------------------------------------------------------------------------------------|----------------|
|                                                                                                                                                                                                                                                                                      |  |                                                  |  | FOR LINE NUMBER<br><b>11C</b>                                                                            |                |
| 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. |  |                                                  |  |                                                                                                          |                |
| <b>NAME OF COMMITTEE (In Full)</b><br><b>Inslee for Congress</b>                                                                                                                                                                                                                     |  |                                                  |  |                                                                                                          |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>American Federation of Musicians-TEMPO, POC<br>1501 Broadway<br><br>New York NY 10036                                                                                                                                             |  | <b>Name of Employer</b><br><br><b>Occupation</b> |  | <b>Date (month, day, year)</b><br>08/18/1998<br><br><b>Amount of Each Receipt this Period</b><br>250.00  |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 250.00        |  |                                                                                                          |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>O.C.A.W. Local<br>P.O. Box 524<br><br>Richland WA 99352                                                                                                                                                                           |  | <b>Name of Employer</b><br><br><b>Occupation</b> |  | <b>Date (month, day, year)</b><br>08/19/1998<br><br><b>Amount of Each Receipt this Period</b><br>1000.00 |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 1000.00       |  |                                                                                                          |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Mike Kreidler for Congress Committee<br>P.O. Box 4839<br><br>Federal Way WA 98003                                                                                                                                                 |  | <b>Name of Employer</b><br><br><b>Occupation</b> |  | <b>Date (month, day, year)</b><br>08/21/1998<br><br><b>Amount of Each Receipt this Period</b><br>1000.00 |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 1000.00       |  |                                                                                                          |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Menendez for Congress<br>P.O. Box 848<br><br>Union City NJ 07087                                                                                                                                                                  |  | <b>Name of Employer</b><br><br><b>Occupation</b> |  | <b>Date (month, day, year)</b><br>08/21/1998<br><br><b>Amount of Each Receipt this Period</b><br>1000.00 |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 1000.00       |  |                                                                                                          |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>U.A. Political Education Committee<br>901 Massachusetts Ave. NW<br><br>Washington DC 20001                                                                                                                                        |  | <b>Name of Employer</b><br><br><b>Occupation</b> |  | <b>Date (month, day, year)</b><br>08/21/1998<br><br><b>Amount of Each Receipt this Period</b><br>2500.00 |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 2500.00       |  |                                                                                                          |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Physical Therapy PAC<br>1111 N. Fairfax St.<br><br>Alexandria VA 22314                                                                                                                                                            |  | <b>Name of Employer</b><br><br><b>Occupation</b> |  | <b>Date (month, day, year)</b><br>08/21/1998<br><br><b>Amount of Each Receipt this Period</b><br>500.00  |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 500.00        |  |                                                                                                          |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>International Union of Operating Engineers-Eng.<br>1125 Seventeenth Street NW<br><br>Washington DC 20036                                                                                                                          |  | <b>Name of Employer</b><br><br><b>Occupation</b> |  | <b>Date (month, day, year)</b><br>08/21/1998<br><br><b>Amount of Each Receipt this Period</b><br>500.00  |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | <b>Aggregate Year-to-Date</b> > \$ 1000.00       |  |                                                                                                          |                |
| <b>SUBTOTALS</b> of Receipts This Page (Optional) .....                                                                                                                                                                                                                              |  |                                                  |  |                                                                                                          |                |
| <b>TOTALS</b> This Period (last page this line number only) .....                                                                                                                                                                                                                    |  |                                                  |  |                                                                                                          |                |

| <b>SCHEDULE A</b>                                                                                                                                                                                                                                                                    |  | <b>ITEMIZED RECEIPTS</b>             |  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page                                      | <b>44 / 59</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------|--|--------------------------------------------------------------------------------------------------------------------|----------------|
|                                                                                                                                                                                                                                                                                      |  |                                      |  | FOR LINE NUMBER<br><b>11C</b>                                                                                      |                |
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| <b>NAME OF COMMITTEE (In Full)</b><br><b>Inslee for Congress</b>                                                                                                                                                                                                                     |  |                                      |  |                                                                                                                    |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Amer. Fed. of Teachers - Committee of Politica<br>555 New Jersey Ave. NW<br><br>Washington DC 20001                                                                                                                               |  | Name of Employer<br><br>Occupation   |  | Date (month, day, year)<br>08/24/1998<br><br>Amount of Each Receipt this Period<br>5000.00                         |                |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | Aggregate Year-to-Date > \$ 10000.00 |  |                                                                                                                    |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Ceasefire Action Committee<br>P.O. Box 20248<br><br>Seattle WA 98102-1248                                                                                                                                                         |  | Name of Employer<br><br>Occupation   |  | Date (month, day, year)<br>08/25/1998<br><br>Amount of Each Receipt this Period<br>500.00                          |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | Aggregate Year-to-Date > \$ 500.00   |  |                                                                                                                    |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Planned Parenthood Action Fund, Inc., PAC<br>810 Seventh Ave.<br><br>New York NY 10010                                                                                                                                            |  | Name of Employer<br><br>Occupation   |  | Date (month, day, year)<br>08/26/1998<br><br>Amount of Each Receipt this Period<br>2500.00                         |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | Aggregate Year-to-Date > \$ 2500.00  |  |                                                                                                                    |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>United Mine Workers of America<br>900 15th Street NW<br><br>Washington DC 20005                                                                                                                                                   |  | Name of Employer<br><br>Occupation   |  | Date (month, day, year)<br>08/26/1998<br><br>Amount of Each Receipt this Period<br>1000.00                         |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | Aggregate Year-to-Date > \$ 1000.00  |  |                                                                                                                    |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Transportation Political Education League<br>14800 Detroit Avenue<br><br>Cleveland OH 44107                                                                                                                                       |  | Name of Employer<br><br>Occupation   |  | Date (month, day, year)<br>08/26/1998<br><br>Amount of Each Receipt this Period<br>5000.00                         |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | Aggregate Year-to-Date > \$ 5000.00  |  |                                                                                                                    |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Human Rights Campaign...<br>1104 14th Street NW<br><br>Washington DC 20005                                                                                                                                                        |  | Name of Employer<br><br>Occupation   |  | Date (month, day, year)<br>08/26/1998<br><br>Amount of Each Receipt this Period<br>1268.72<br>Contribution In-Kind |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | Aggregate Year-to-Date > \$ 1268.72  |  |                                                                                                                    |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Committee on Letter Carriers Political Educati<br>100 Indiana Ave. NW<br><br>Washington DC 20001                                                                                                                                  |  | Name of Employer<br><br>Occupation   |  | Date (month, day, year)<br>08/26/1998<br><br>Amount of Each Receipt this Period<br>5000.00                         |                |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | Aggregate Year-to-Date > \$ 5000.00  |  |                                                                                                                    |                |
| <b>SUBTOTALS</b> of Receipts This Page (Optional) .....                                                                                                                                                                                                                              |  |                                      |  |                                                                                                                    |                |
| <b>TOTALS</b> This Period (last page this line number only) .....                                                                                                                                                                                                                    |  |                                      |  |                                                                                                                    |                |

|                                                                                                                                                                                                                                                                                      |  |                                        |  |                                                                               |                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------|--|-------------------------------------------------------------------------------|--------------------------------------------------|
| <b>SCHEDULE A</b>                                                                                                                                                                                                                                                                    |  | <b>ITEMIZED RECEIPTS</b>               |  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | 45 / 59                                          |
|                                                                                                                                                                                                                                                                                      |  |                                        |  |                                                                               | FOR LINE NUMBER<br>11C                           |
| 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)<br>Inslee for Congress                                                                                                                                                                                                                                   |  |                                        |  |                                                                               |                                                  |
| Full Name, Mailing Address, and ZIP Code<br>American Nurses Association PAC<br>600 Maryland Ave.SW Suite 100 W.<br><br>Washington DC 20024-2571                                                                                                                                      |  | Name of Employer<br><br><br>Occupation |  | Date (month,<br>day, year)<br>08/26/1998                                      | Amount of Each<br>Receipt this Period<br>5000.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                                                                                                                              |  | Aggregate Year-to-Date > 5             |  | 5000.00                                                                       |                                                  |
|                                                                                                                                                                                                                                                                                      |  |                                        |  |                                                                               |                                                  |
| SUBTOTALS of Receipts This Page (Optional) .....                                                                                                                                                                                                                                     |  |                                        |  |                                                                               |                                                  |
| TOTALS This Period (last page this line number only) .....                                                                                                                                                                                                                           |  |                                        |  |                                                                               | 90018.72                                         |

| <b>SCHEDULE B</b>                                                                                                                                                                                                                                                                    |  | <b>ITEMIZED DISBURSEMENTS</b>                                                                                                                                                                               |  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | <b>46 / 59</b>                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------|---------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                             |  | FOR LINE NUMBER<br>17                                                         |                                                                           |
| 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. |  |                                                                                                                                                                                                             |  |                                                                               |                                                                           |
| <b>NAME OF COMMITTEE (In Full)</b><br><b>Inslee for Congress</b>                                                                                                                                                                                                                     |  |                                                                                                                                                                                                             |  |                                                                               |                                                                           |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Ruth Lecoq Kagi<br>19553 35th Ave. NE<br><br>Lake Forest Park WA 98155                                                                                                                                                            |  | <b>Purpose of Disbursement</b><br>Room rent-two months-camp. empl.<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : |  | Date (month, day, year)<br>07/01/1998                                         | Amount of Each Disbursement This Period<br>400.00<br>Contribution In-Kind |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Charla Neuman<br>1305 NE 43rd St. #407<br><br>Seattle WA 98105                                                                                                                                                                    |  | <b>Purpose of Disbursement</b><br>Postage<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                          |  | Date (month, day, year)<br>07/03/1998                                         | Amount of Each Disbursement This Period<br>192.00<br>Reimbursement        |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Susan Picatti Design<br>711 20th Ave. East<br><br>Seattle WA 98112                                                                                                                                                                |  | <b>Purpose of Disbursement</b><br>Graphics<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                         |  | Date (month, day, year)<br>07/04/1998                                         | Amount of Each Disbursement This Period<br>60.00                          |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Personal Computer Rentals<br>13240 Northup Way Ste 1<br><br>Bellevue WA 98005                                                                                                                                                     |  | <b>Purpose of Disbursement</b><br>One Month Computer Rental<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :        |  | Date (month, day, year)<br>07/04/1998                                         | Amount of Each Disbursement This Period<br>102.08                         |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Katherine Carter<br>66 Gilpin Road<br><br>Akron OH 44313                                                                                                                                                                          |  | <b>Purpose of Disbursement</b><br>Mileage & Copies<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                 |  | Date (month, day, year)<br>07/04/1998                                         | Amount of Each Disbursement This Period<br>32.21<br>Reimbursement         |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Trudi Inslee<br>575 Azalea Ave. NE<br><br>Bainbridge Island WA 98110-3930                                                                                                                                                         |  | <b>Purpose of Disbursement</b><br>Ferry Tickets<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                    |  | Date (month, day, year)<br>07/04/1998                                         | Amount of Each Disbursement This Period<br>123.50<br>Reimbursement        |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Sina Nazerni<br>16221 150th Pl. NE<br><br>Woodinville WA 98072                                                                                                                                                                    |  | <b>Purpose of Disbursement</b><br>Supplies & Parking<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :               |  | Date (month, day, year)<br>07/06/1998                                         | Amount of Each Disbursement This Period<br>14.32<br>Reimbursement         |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Katherine Carter<br>66 Gilpin Road<br><br>Akron OH 44313                                                                                                                                                                          |  | <b>Purpose of Disbursement</b><br>Parking/Mileage/Supplies<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :         |  | Date (month, day, year)<br>07/06/1998                                         | Amount of Each Disbursement This Period<br>54.81<br>Reimbursement         |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Bankamerica Merchant Services, Inc.<br>Dept. 12134<br>P.O. Box 37000<br>San Francisco CA 94137                                                                                                                                    |  | <b>Purpose of Disbursement</b><br>Credit Card Fees<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                 |  | Date (month, day, year)<br>07/06/1998                                         | Amount of Each Disbursement This Period<br>140.58                         |
| <b>SUBTOTALS</b> of Disbursements This Page (Optional) .....                                                                                                                                                                                                                         |  |                                                                                                                                                                                                             |  |                                                                               |                                                                           |
| <b>TOTALS</b> This Period (last page this line number only) .....                                                                                                                                                                                                                    |  |                                                                                                                                                                                                             |  |                                                                               |                                                                           |

| <b>SCHEDULE B</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                          | <b>ITEMIZED DISBURSEMENTS</b>                                           |                                                                           | <b>47 / 59</b>               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------------------------|------------------------------|
| 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. |                                                                                                                                                                                                          | Use separate schedule(s) for each category of the Detailed Summary Page |                                                                           | <b>FOR LINE NUMBER</b><br>17 |
| <b>NAME OF COMMITTEE (In Full)</b><br><b>Inslee for Congress</b>                                                                                                                                                                                                                     |                                                                                                                                                                                                          |                                                                         |                                                                           |                              |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Office Depot<br>13501 Aurora Ave. N.<br><br>Seattle WA 98133                                                                                                                                                                      | <b>Purpose of Disbursement</b><br><br>Office Supplies<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :           | <b>Date (month, day, year)</b><br>07/08/1998                            | <b>Amount of Each Disbursement This Period</b><br>124.85                  |                              |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Car Toys<br>12815 Aurora Ave. North<br><br>Seattle WA 98133                                                                                                                                                                       | <b>Purpose of Disbursement</b><br><br>Pagers & Fees<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :             | <b>Date (month, day, year)</b><br>07/10/1998                            | <b>Amount of Each Disbursement This Period</b><br>207.40                  |                              |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Trudi Inslee<br>575 Azalea Ave. NE<br><br>Bainbridge Island WA 98110-3930                                                                                                                                                         | <b>Purpose of Disbursement</b><br><br>Parking & Phone<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :           | <b>Date (month, day, year)</b><br>07/10/1998                            | <b>Amount of Each Disbursement This Period</b><br>40.72<br>Reimbursement  |                              |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Katherine Carter<br>88 Gilpin Road<br><br>Akron OH 44315                                                                                                                                                                          | <b>Purpose of Disbursement</b><br><br>Mileage/Office Supplies<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :   | <b>Date (month, day, year)</b><br>07/10/1998                            | <b>Amount of Each Disbursement This Period</b><br>245.93<br>Reimbursement |                              |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Trudi Inslee<br>575 Azalea Ave. NE<br><br>Bainbridge Island WA 98110-3930                                                                                                                                                         | <b>Purpose of Disbursement</b><br><br>Postage<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                   | <b>Date (month, day, year)</b><br>07/10/1998                            | <b>Amount of Each Disbursement This Period</b><br>800.00<br>Reimbursement |                              |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>First Choice Business Machines<br>P.O. Box 3036<br><br>Redmond WA 98075                                                                                                                                                           | <b>Purpose of Disbursement</b><br><br>Equipment rental & copies<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : | <b>Date (month, day, year)</b><br>07/13/1998                            | <b>Amount of Each Disbursement This Period</b><br>613.66                  |                              |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Seafirst<br>Houghton Branch<br><br>Kirkland WA 98033                                                                                                                                                                              | <b>Purpose of Disbursement</b><br><br>Payroll Taxes Deposit<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :     | <b>Date (month, day, year)</b><br>07/13/1998                            | <b>Amount of Each Disbursement This Period</b><br>3014.40                 |                              |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Employment Security Department<br>P.O. Box 34166<br><br>Seattle WA 98124-1166                                                                                                                                                     | <b>Purpose of Disbursement</b><br><br>Payroll Taxes<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :             | <b>Date (month, day, year)</b><br>07/13/1998                            | <b>Amount of Each Disbursement This Period</b><br>467.40                  |                              |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>U.S. Postal Service<br>Bitterlake Station<br><br>Shoreline WA 98133                                                                                                                                                               | <b>Purpose of Disbursement</b><br><br>Postage<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                   | <b>Date (month, day, year)</b><br>07/13/1998                            | <b>Amount of Each Disbursement This Period</b><br>385.70                  |                              |
| <b>SUBTOTALS</b> of Disbursements This Page (Optional) .....                                                                                                                                                                                                                         |                                                                                                                                                                                                          |                                                                         |                                                                           |                              |
| <b>TOTALS</b> This Period (last page this line number only) .....                                                                                                                                                                                                                    |                                                                                                                                                                                                          |                                                                         |                                                                           |                              |

| SCHEDULE B                                                                                                                                                                                                                                                                           |  | ITEMIZED DISBURSEMENTS                                                                                                                                  |                         | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | 48 / 59               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------------------------------------------------------------|-----------------------|
|                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                         |                         |                                                                               | FOR LINE NUMBER<br>17 |
| 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)<br>Inslee for Congress                                                                                                                                                                                                                                   |  |                                                                                                                                                         |                         |                                                                               |                       |
| Full Name, Mailing Address, and ZIP Code                                                                                                                                                                                                                                             |  | Purpose of Disbursement                                                                                                                                 | Date (month, day, year) | Amount of Each Disbursement This Period                                       |                       |
| Katherine Carter<br>88 Gilpin Road<br><br>Akron OH 44313                                                                                                                                                                                                                             |  | Copies<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :             | 07/13/1998              | 46.95<br>Reimbursement                                                        |                       |
| Full Name, Mailing Address, and ZIP Code                                                                                                                                                                                                                                             |  | Purpose of Disbursement                                                                                                                                 | Date (month, day, year) | Amount of Each Disbursement This Period                                       |                       |
| Office Depot<br>13501 Aurora Ave. N.<br><br>Seattle WA 98133                                                                                                                                                                                                                         |  | Office Supplies<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :    | 07/13/1998              | 26.36                                                                         |                       |
| Full Name, Mailing Address, and ZIP Code                                                                                                                                                                                                                                             |  | Purpose of Disbursement                                                                                                                                 | Date (month, day, year) | Amount of Each Disbursement This Period                                       |                       |
| Sina Nazemi<br>18221 150th Pl. NE<br><br>Woodinville WA 98072                                                                                                                                                                                                                        |  | Keys<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :    | 07/14/1998              | 17.34                                                                         |                       |
| Full Name, Mailing Address, and ZIP Code                                                                                                                                                                                                                                             |  | Purpose of Disbursement                                                                                                                                 | Date (month, day, year) | Amount of Each Disbursement This Period                                       |                       |
| Johanna Shimomura<br>435 Summit Ave. East #104<br><br>Seattle WA 98102                                                                                                                                                                                                               |  | Computer equipment<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : | 07/14/1998              | 301.14                                                                        |                       |
| Full Name, Mailing Address, and ZIP Code                                                                                                                                                                                                                                             |  | Purpose of Disbursement                                                                                                                                 | Date (month, day, year) | Amount of Each Disbursement This Period                                       |                       |
| Johanna Shimomura<br>435 Summit Ave. East #104<br><br>Seattle WA 98102                                                                                                                                                                                                               |  | Payroll<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :            | 07/15/1998              | 1509.00                                                                       |                       |
| Full Name, Mailing Address, and ZIP Code                                                                                                                                                                                                                                             |  | Purpose of Disbursement                                                                                                                                 | Date (month, day, year) | Amount of Each Disbursement This Period                                       |                       |
| Charla Neuman<br>1305 NE 43rd St. #407<br><br>Seattle WA 98105                                                                                                                                                                                                                       |  | Payroll<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :            | 07/15/1998              | 496.10                                                                        |                       |
| Full Name, Mailing Address, and ZIP Code                                                                                                                                                                                                                                             |  | Purpose of Disbursement                                                                                                                                 | Date (month, day, year) | Amount of Each Disbursement This Period                                       |                       |
| Katherine Carter<br>88 Gilpin Road<br><br>Akron OH 44313                                                                                                                                                                                                                             |  | Payroll<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :            | 07/15/1998              | 805.50                                                                        |                       |
| Full Name, Mailing Address, and ZIP Code                                                                                                                                                                                                                                             |  | Purpose of Disbursement                                                                                                                                 | Date (month, day, year) | Amount of Each Disbursement This Period                                       |                       |
| Brian Bonlander<br>435 Summit Ave. E. #104<br><br>Seattle WA 98102                                                                                                                                                                                                                   |  | Payroll<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :            | 07/15/1998              | 1017.37                                                                       |                       |
| Full Name, Mailing Address, and ZIP Code                                                                                                                                                                                                                                             |  | Purpose of Disbursement                                                                                                                                 | Date (month, day, year) | Amount of Each Disbursement This Period                                       |                       |
| Jean-Ann Batchelder<br>11502 NE 139th Place<br><br>Kirkland WA 98034                                                                                                                                                                                                                 |  | Payroll<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :            | 07/15/1998              | 401.75                                                                        |                       |
| SUBTOTALS of Disbursements This Page (Optional) .....                                                                                                                                                                                                                                |  |                                                                                                                                                         |                         |                                                                               |                       |
| TOTALS This Period (last page this line number only) .....                                                                                                                                                                                                                           |  |                                                                                                                                                         |                         |                                                                               |                       |



| <b>SCHEDULE B</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                        | <b>ITEMIZED DISBURSEMENTS</b>                                           |                                                                                 | <b>49 / 59</b>               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------|
| 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. |                                                                                                                                                                                                                        | Use separate schedule(s) for each category of the Detailed Summary Page |                                                                                 | <b>FOR LINE NUMBER</b><br>17 |
| <b>NAME OF COMMITTEE (In Full)</b><br><b>Inslee for Congress</b>                                                                                                                                                                                                                     |                                                                                                                                                                                                                        |                                                                         |                                                                                 |                              |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Elizabeth Andrews<br>206 12th Ave. East Apt. 1<br><br>Seattle WA 98102                                                                                                                                                            | <b>Purpose of Disbursement</b><br><br>Payroll<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                 | <b>Date (month, day, year)</b><br>07/15/1998                            | <b>Amount of Each Disbursement This Period</b><br>643.89                        |                              |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Sina Nazerni<br>16221 150th Pl. NE<br><br>Woodinville WA 98072                                                                                                                                                                    | <b>Purpose of Disbursement</b><br><br>Stipend<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                 | <b>Date (month, day, year)</b><br>07/15/1998                            | <b>Amount of Each Disbursement This Period</b><br>100.00                        |                              |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Democratic Congressional Campaign Committee<br>430 South Capitol Street<br><br>Washington DC 20003                                                                                                                                | <b>Purpose of Disbursement</b><br><br>Fundraising Services<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                    | <b>Date (month, day, year)</b><br>07/15/1998                            | <b>Amount of Each Disbursement This Period</b><br>10.39<br>Contribution In-Kind |                              |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Rocky Mountain Productions<br>P.O. Box 1296<br><br>New York NY 10025                                                                                                                                                              | <b>Purpose of Disbursement</b><br><br>Fund Raising Event Expenses<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :             | <b>Date (month, day, year)</b><br>07/16/1998                            | <b>Amount of Each Disbursement This Period</b><br>550.00                        |                              |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>U.S. West Communications<br>P.O. Box 12460<br><br>Seattle WA 98111-4460                                                                                                                                                           | <b>Purpose of Disbursement</b><br><br>Telephone<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                               | <b>Date (month, day, year)</b><br>07/16/1998                            | <b>Amount of Each Disbursement This Period</b><br>186.70                        |                              |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>A.T. & T Wireless<br>P.O. Box 78224<br><br>Phoenix AZ 85062-8224                                                                                                                                                                  | <b>Purpose of Disbursement</b><br><br>Telephone<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                               | <b>Date (month, day, year)</b><br>07/16/1998                            | <b>Amount of Each Disbursement This Period</b><br>347.04                        |                              |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Trudi Inslee<br>575 Azalea Ave. NE<br><br>Bainbridge Island WA 98110-3930                                                                                                                                                         | <b>Purpose of Disbursement</b><br><br>Reimbursement for phone charges<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :         | <b>Date (month, day, year)</b><br>07/16/1998                            | <b>Amount of Each Disbursement This Period</b><br>25.31                         |                              |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Trudi Inslee<br>575 Azalea Ave. NE<br><br>Bainbridge Island WA 98110-3930                                                                                                                                                         | <b>Purpose of Disbursement</b><br><br>Hotel for meeting/Mileage<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :               | <b>Date (month, day, year)</b><br>07/16/1998                            | <b>Amount of Each Disbursement This Period</b><br>248.95<br>Reimbursement       |                              |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Rod A. van der Lugt<br>6 Abwell Court<br><br>Potomac MD 20854                                                                                                                                                                     | <b>Purpose of Disbursement</b><br><br>Consulting/copies/mileage/phone/postage<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : | <b>Date (month, day, year)</b><br>07/17/1998                            | <b>Amount of Each Disbursement This Period</b><br>324.98                        |                              |
| <b>SUBTOTALS</b> of Disbursements This Page (Optional) .....                                                                                                                                                                                                                         |                                                                                                                                                                                                                        |                                                                         |                                                                                 |                              |
| <b>TOTALS</b> This Period (last page this line number only) .....                                                                                                                                                                                                                    |                                                                                                                                                                                                                        |                                                                         |                                                                                 |                              |

| <b>SCHEDULE B</b>                                                                                                                                                                                                                                                                    |  | <b>ITEMIZED DISBURSEMENTS</b>                                                                                                                                                                                        |  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | <b>50 / 59</b>                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------|---------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                      |  | FOR LINE NUMBER<br>17                                                         |                                                                           |
| 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. |  |                                                                                                                                                                                                                      |  |                                                                               |                                                                           |
| <b>NAME OF COMMITTEE (In Full)</b><br><b>Inslee for Congress</b>                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                      |  |                                                                               |                                                                           |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Johanna Shimomura<br>435 Summit Ave. East #104<br><br>Seattle WA 98102                                                                                                                                                            |  | <b>Purpose of Disbursement</b><br>Office Supplies<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                           |  | Date (month, day, year)<br>07/17/1998                                         | Amount of Each Disbursement This Period<br>77.05<br>Contribution In-Kind  |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Linda Duschang<br>414 E. Pine St.<br><br>Seattle WA 98122                                                                                                                                                                         |  | <b>Purpose of Disbursement</b><br>Rental of Restaurant for Party<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : |  | Date (month, day, year)<br>07/19/1998                                         | Amount of Each Disbursement This Period<br>500.00<br>Contribution In-Kind |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Katherine Carter<br>66 Gilpin Road<br><br>Akron OH 44313                                                                                                                                                                          |  | <b>Purpose of Disbursement</b><br>Mileage/Supplies for fund raising event<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :   |  | Date (month, day, year)<br>07/20/1998                                         | Amount of Each Disbursement This Period<br>736.00<br>Reimbursement        |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Julie R. Klein Co.<br>7511 36th Ave. NE<br><br>Seattle WA 98115                                                                                                                                                                   |  | <b>Purpose of Disbursement</b><br>Consulting<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                |  | Date (month, day, year)<br>07/20/1998                                         | Amount of Each Disbursement This Period<br>750.00                         |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Pepper Hill Center L.L.C.<br>3316 Fuhrman Ave. E. Ste 100<br><br>Seattle WA 98102                                                                                                                                                 |  | <b>Purpose of Disbursement</b><br>Office Rent<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                               |  | Date (month, day, year)<br>07/20/1998                                         | Amount of Each Disbursement This Period<br>1225.00                        |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>R.T. Telecommunications, Inc.<br>855 South Orcas St. Ste 100<br><br>Seattle WA 98108-2548                                                                                                                                         |  | <b>Purpose of Disbursement</b><br>Phone<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                     |  | Date (month, day, year)<br>07/21/1998                                         | Amount of Each Disbursement This Period<br>1146.58                        |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Allen's Press Clipping Bureau<br>1218 3rd Ave. Ste. 1010<br><br>Seattle WA 98101                                                                                                                                                  |  | <b>Purpose of Disbursement</b><br>Press clippings<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                           |  | Date (month, day, year)<br>07/21/1998                                         | Amount of Each Disbursement This Period<br>80.15                          |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Brian DalBalcon Photography<br>4006 N. 7th St.<br><br>Tacoma WA 98406                                                                                                                                                             |  | <b>Purpose of Disbursement</b><br>Black & White Photos<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                      |  | Date (month, day, year)<br>07/21/1998                                         | Amount of Each Disbursement This Period<br>216.80                         |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Overnight Printing<br>1025 Stewart St.<br><br>Seattle WA 98101                                                                                                                                                                    |  | <b>Purpose of Disbursement</b><br>Envelopes/ Stationary/Invitations<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :         |  | Date (month, day, year)<br>07/21/1998                                         | Amount of Each Disbursement This Period<br>4260.55                        |
| <b>SUBTOTALS</b> of Disbursements This Page (Optional) .....                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                      |  |                                                                               |                                                                           |
| <b>TOTALS</b> This Period (last page this line number only) .....                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                      |  |                                                                               |                                                                           |

| <b>SCHEDULE B</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                      | <b>ITEMIZED DISBURSEMENTS</b>                |                                                                                              | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | <b>51 / 59</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|----------------|
|                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                      |                                              |                                                                                              | FOR LINE NUMBER<br>17                                                         |                |
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| <b>NAME OF COMMITTEE (In Full)</b><br><b>Inslee for Congress</b>                                                                                                                                                                                                                     |                                                                                                                                                                                                                      |                                              |                                                                                              |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Julie Marler<br>11261 Wing Pt. Dr.<br><br>Bainbridge Island                      WA   98110                                                                                                                                       | <b>Purpose of Disbursement</b><br><br>Food & facility rental for fundraiser<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : | <b>Date (month, day, year)</b><br>07/21/1998 | <b>Amount of Each Disbursement This Period</b><br>1000.00<br><br><b>Contribution In-Kind</b> |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Trudi Inslee<br>575 Azalea Ave. NE<br><br>Bainbridge Island                      WA   98110-3930                                                                                                                                  | <b>Purpose of Disbursement</b><br><br>Event fee/Parking/Ferry Tickets<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :       | <b>Date (month, day, year)</b><br>07/22/1998 | <b>Amount of Each Disbursement This Period</b><br>131.60<br><br><b>Reimbursement</b>         |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>U.S. Postal Service<br>Bitterlake Station<br><br>Shoreline                                      WA   98133                                                                                                                        | <b>Purpose of Disbursement</b><br><br>Postage<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                               | <b>Date (month, day, year)</b><br>07/22/1998 | <b>Amount of Each Disbursement This Period</b><br>480.00                                     |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Elizabeth Andrews<br>206 12th Ave. East Apt. 1<br><br>Seattle                                              WA   98102                                                                                                             | <b>Purpose of Disbursement</b><br><br>Office Supplies<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                       | <b>Date (month, day, year)</b><br>07/23/1998 | <b>Amount of Each Disbursement This Period</b><br>4.77<br><br><b>Reimbursement</b>           |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Brian Bonlander<br>435 Summit Ave. E. #104<br><br>Seattle                                              WA   98102                                                                                                                 | <b>Purpose of Disbursement</b><br><br>Copies/Office Supplies/Postage<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :        | <b>Date (month, day, year)</b><br>07/24/1998 | <b>Amount of Each Disbursement This Period</b><br>667.26<br><br><b>Reimbursement</b>         |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Charla Neuman<br>1305 NE 43rd St. #407<br><br>Seattle                                              WA   98105                                                                                                                     | <b>Purpose of Disbursement</b><br><br>Payroll<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                    | <b>Date (month, day, year)</b><br>07/24/1998 | <b>Amount of Each Disbursement This Period</b><br>496.10                                     |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Office Depot<br>13501 Aurora Ave. N.<br><br>Seattle                                              WA   98133                                                                                                                       | <b>Purpose of Disbursement</b><br><br>Office Supplies<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                       | <b>Date (month, day, year)</b><br>07/24/1998 | <b>Amount of Each Disbursement This Period</b><br>52.28                                      |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Bonuck Printing<br>412 NE 72nd<br><br>Seattle                                              WA   98115                                                                                                                             | <b>Purpose of Disbursement</b><br><br>Flyers<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                | <b>Date (month, day, year)</b><br>07/27/1998 | <b>Amount of Each Disbursement This Period</b><br>119.46                                     |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Washington Secretary of State<br>Legislative Building<br><br>Olympia                                              WA   98504-0220                                                                                                 | <b>Purpose of Disbursement</b><br><br>Filing Fee<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                            | <b>Date (month, day, year)</b><br>07/27/1998 | <b>Amount of Each Disbursement This Period</b><br>1367.00                                    |                                                                               |                |
| <b>SUBTOTALS</b> of Disbursements This Page (Optional) .....                                                                                                                                                                                                                         |                                                                                                                                                                                                                      |                                              |                                                                                              |                                                                               |                |
| <b>TOTALS</b> This Period (last page this line number only) .....                                                                                                                                                                                                                    |                                                                                                                                                                                                                      |                                              |                                                                                              |                                                                               |                |

| <b>SCHEDULE B</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                        | <b>ITEMIZED DISBURSEMENTS</b>                |                                                           | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | <b>52 / 59</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------------------|-------------------------------------------------------------------------------|----------------|
|                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                        |                                              |                                                           | FOR LINE NUMBER<br>17                                                         |                |
| 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. |                                                                                                                                                                                        |                                              |                                                           |                                                                               |                |
| <b>NAME OF COMMITTEE (In Full)</b><br><b>Inslee for Congress</b>                                                                                                                                                                                                                     |                                                                                                                                                                                        |                                              |                                                           |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Johanna Shimomura<br>435 Summit Ave. East #104<br><br>Seattle WA 98102                                                                                                                                                            | <b>Purpose of Disbursement</b><br><br>Payroll<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : | <b>Date (month, day, year)</b><br>07/31/1998 | <b>Amount of Each Disbursement This Period</b><br>1500.00 |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Hazel A. Russel<br>4507 105th NE<br><br>Kirkland WA 98033                                                                                                                                                                         | <b>Purpose of Disbursement</b><br><br>Payroll<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : | <b>Date (month, day, year)</b><br>07/31/1998 | <b>Amount of Each Disbursement This Period</b><br>851.50  |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Katherine Carter<br>68 Gilpin Road<br><br>Akron OH 44313                                                                                                                                                                          | <b>Purpose of Disbursement</b><br><br>Payroll<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : | <b>Date (month, day, year)</b><br>07/31/1998 | <b>Amount of Each Disbursement This Period</b><br>805.50  |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Brian Bonlander<br>435 Summit Ave. E. #104<br><br>Seattle WA 98102                                                                                                                                                                | <b>Purpose of Disbursement</b><br><br>Payroll<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : | <b>Date (month, day, year)</b><br>07/31/1998 | <b>Amount of Each Disbursement This Period</b><br>1017.37 |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Jean-Ann Batchelder<br>11502 NE 139th Place<br><br>Kirkland WA 98034                                                                                                                                                              | <b>Purpose of Disbursement</b><br><br>Payroll<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : | <b>Date (month, day, year)</b><br>07/31/1998 | <b>Amount of Each Disbursement This Period</b><br>401.75  |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Elizabeth Andrews<br>206 12th Ave. East Apt. 1<br><br>Seattle WA 98102                                                                                                                                                            | <b>Purpose of Disbursement</b><br><br>Payroll<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : | <b>Date (month, day, year)</b><br>07/31/1998 | <b>Amount of Each Disbursement This Period</b><br>855.85  |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Sara O'Connell<br>218 Main Street Suite 198<br><br>Kirkland WA 98033                                                                                                                                                              | <b>Purpose of Disbursement</b><br><br>Payroll<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : | <b>Date (month, day, year)</b><br>07/31/1998 | <b>Amount of Each Disbursement This Period</b><br>546.90  |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Allyson Williams<br>516 E. Union Street Apt. 1<br><br>Seattle WA 98122                                                                                                                                                            | <b>Purpose of Disbursement</b><br><br>Payroll<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : | <b>Date (month, day, year)</b><br>07/31/1998 | <b>Amount of Each Disbursement This Period</b><br>340.31  |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Sina Nazerni<br>18221 150th Pl. NE<br><br>Woodinville WA 98072                                                                                                                                                                    | <b>Purpose of Disbursement</b><br><br>Stipend<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : | <b>Date (month, day, year)</b><br>07/31/1998 | <b>Amount of Each Disbursement This Period</b><br>100.00  |                                                                               |                |
| <b>SUBTOTALS</b> of Disbursements This Page (Optional) .....                                                                                                                                                                                                                         |                                                                                                                                                                                        |                                              |                                                           |                                                                               |                |
| <b>TOTALS</b> This Period (last page this line number only) .....                                                                                                                                                                                                                    |                                                                                                                                                                                        |                                              |                                                           |                                                                               |                |

| <b>SCHEDULE B</b>                                                                                                                                                                                                                                                                    |  | <b>ITEMIZED DISBURSEMENTS</b>                                                                                                                                                                                 |  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | <b>53 / 59</b>                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------|---------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                               |  | FOR LINE NUMBER<br>17                                                         |                                                                           |
| 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. |  |                                                                                                                                                                                                               |  |                                                                               |                                                                           |
| <b>NAME OF COMMITTEE (In Full)</b><br><b>Inslee for Congress</b>                                                                                                                                                                                                                     |  |                                                                                                                                                                                                               |  |                                                                               |                                                                           |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Katherine Carter<br>88 Gilpin Road<br><br>Akron OH 44313                                                                                                                                                                          |  | <b>Purpose of Disbursement</b><br>Mileage<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                            |  | <b>Date (month, day, year)</b><br>07/31/1998                                  | <b>Amount of Each Disbursement This Period</b><br>9.30                    |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Bankamerica Merchant Services, Inc.<br>Dept. 12134<br>P.O. Box 37000<br>San Francisco CA 94137                                                                                                                                    |  | <b>Purpose of Disbursement</b><br>Credit Card Fees<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                   |  | <b>Date (month, day, year)</b><br>08/01/1998                                  | <b>Amount of Each Disbursement This Period</b><br>342.34                  |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Personal Computer Rentals<br>13240 Northup Way Ste 1<br><br>Bellevue WA 98005                                                                                                                                                     |  | <b>Purpose of Disbursement</b><br>Computer Rental<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                    |  | <b>Date (month, day, year)</b><br>08/03/1998                                  | <b>Amount of Each Disbursement This Period</b><br>102.08                  |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Trudi Inslee<br>575 Azalea Ave. NE<br><br>Bainbridge Island WA 98110-3930                                                                                                                                                         |  | <b>Purpose of Disbursement</b><br>Ferry Tickets, Parking, Taxi, Food<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : |  | <b>Date (month, day, year)</b><br>08/03/1998                                  | <b>Amount of Each Disbursement This Period</b><br>542.64                  |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Sina Nazemi<br>16221 150th Pl. NE<br><br>Woodinville WA 98072                                                                                                                                                                     |  | <b>Purpose of Disbursement</b><br>Mileage<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                            |  | <b>Date (month, day, year)</b><br>08/03/1998                                  | <b>Amount of Each Disbursement This Period</b><br>30.60                   |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>The Sign Shop<br>1381 Linwood ave. SW<br><br>Tumwater WA 98512                                                                                                                                                                    |  | <b>Purpose of Disbursement</b><br>Yard Signs<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                         |  | <b>Date (month, day, year)</b><br>08/03/1998                                  | <b>Amount of Each Disbursement This Period</b><br>1814.40                 |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Trudi Inslee<br>575 Azalea Ave. NE<br><br>Bainbridge Island WA 98110-3930                                                                                                                                                         |  | <b>Purpose of Disbursement</b><br>Travel expenses for D.C. Trip<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :      |  | <b>Date (month, day, year)</b><br>08/04/1998                                  | <b>Amount of Each Disbursement This Period</b><br>725.07<br>Reimbursement |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Elizabeth Andrews<br>206 12th Ave. East Apt. 1<br><br>Seattle WA 98102                                                                                                                                                            |  | <b>Purpose of Disbursement</b><br>Mileage<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                            |  | <b>Date (month, day, year)</b><br>08/04/1998                                  | <b>Amount of Each Disbursement This Period</b><br>31.20<br>Reimbursement  |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>A T & T Wireless<br>P.O. Box 78224<br><br>Phoenix AZ 85062-8224                                                                                                                                                                   |  | <b>Purpose of Disbursement</b><br>Telephone charges<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                  |  | <b>Date (month, day, year)</b><br>08/04/1998                                  | <b>Amount of Each Disbursement This Period</b><br>1982.63                 |
| <b>SUBTOTALS</b> of Disbursements This Page (Optional) .....                                                                                                                                                                                                                         |  |                                                                                                                                                                                                               |  |                                                                               |                                                                           |
| <b>TOTALS</b> This Period (last page this line number only) .....                                                                                                                                                                                                                    |  |                                                                                                                                                                                                               |  |                                                                               |                                                                           |

| <b>SCHEDULE B</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                             | <b>ITEMIZED DISBURSEMENTS</b>                                           |                                                                           | <b>54 / 59</b>               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------------------------|------------------------------|
| 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. |                                                                                                                                                                                                             | Use separate schedule(s) for each category of the Detailed Summary Page |                                                                           | <b>FOR LINE NUMBER</b><br>17 |
| <b>NAME OF COMMITTEE (In Full)</b><br><b>Inslee for Congress</b>                                                                                                                                                                                                                     |                                                                                                                                                                                                             |                                                                         |                                                                           |                              |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Sina Nazemi<br>18221 150th Pl. NE<br><br>Woodinville WA 98072                                                                                                                                                                     | <b>Purpose of Disbursement</b><br><br>Stipend<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                      | <b>Date (month, day, year)</b><br>08/07/1998                            | <b>Amount of Each Disbursement This Period</b><br>40.00                   |                              |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Brian Bontender<br>435 Summit Ave. E. #104<br><br>Seattle WA 98102                                                                                                                                                                | <b>Purpose of Disbursement</b><br><br>Office Supplies<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :              | <b>Date (month, day, year)</b><br>08/07/1998                            | <b>Amount of Each Disbursement This Period</b><br>200.00<br>Reimbursement |                              |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Allen's Press Clipping Bureau<br>1218 3rd Ave. Ste. 1010<br><br>Seattle WA 98101                                                                                                                                                  | <b>Purpose of Disbursement</b><br><br>Press clippings<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :              | <b>Date (month, day, year)</b><br>08/10/1998                            | <b>Amount of Each Disbursement This Period</b><br>86.73                   |                              |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Pepper Hill Center L.L.C.<br>3316 Fuhman Ave. E. Ste 100<br><br>Seattle WA 98102                                                                                                                                                  | <b>Purpose of Disbursement</b><br><br>Office Rent<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                  | <b>Date (month, day, year)</b><br>08/10/1998                            | <b>Amount of Each Disbursement This Period</b><br>1225.00                 |                              |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Katherine Carter<br>66 Gilpin Road<br><br>Akron OH 44313                                                                                                                                                                          | <b>Purpose of Disbursement</b><br><br>Copies, Off. Suppl., Mileage<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : | <b>Date (month, day, year)</b><br>08/10/1998                            | <b>Amount of Each Disbursement This Period</b><br>112.28<br>Reimbursement |                              |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>First Choice Business Machines<br>P.O. Box 3036<br><br>Redmond WA 98073                                                                                                                                                           | <b>Purpose of Disbursement</b><br><br>Copier rental & copies<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :       | <b>Date (month, day, year)</b><br>08/11/1998                            | <b>Amount of Each Disbursement This Period</b><br>743.60                  |                              |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Susan Picatti Design<br>711 20th Ave. East<br><br>Seattle WA 98112                                                                                                                                                                | <b>Purpose of Disbursement</b><br><br>Graphics<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                     | <b>Date (month, day, year)</b><br>08/11/1998                            | <b>Amount of Each Disbursement This Period</b><br>180.00                  |                              |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Office Depot<br>13501 Aurora Ave. N.<br><br>Seattle WA 98133                                                                                                                                                                      | <b>Purpose of Disbursement</b><br><br>Office Supplies<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :              | <b>Date (month, day, year)</b><br>08/13/1998                            | <b>Amount of Each Disbursement This Period</b><br>20.61                   |                              |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>U.S. West Communications<br>P.O. Box 12460<br><br>Seattle WA 98111-4460                                                                                                                                                           | <b>Purpose of Disbursement</b><br><br>Telephones<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                   | <b>Date (month, day, year)</b><br>08/13/1998                            | <b>Amount of Each Disbursement This Period</b><br>1635.40                 |                              |
| <b>SUBTOTALS</b> of Disbursements This Page (Optional) .....                                                                                                                                                                                                                         |                                                                                                                                                                                                             |                                                                         |                                                                           |                              |
| <b>TOTALS</b> This Period (last page this line number only) .....                                                                                                                                                                                                                    |                                                                                                                                                                                                             |                                                                         |                                                                           |                              |

| <b>SCHEDULE B</b>                                                                                                                                                                                                                                                                    |  | <b>ITEMIZED DISBURSEMENTS</b>                                                                                                                                                                     |  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | <b>55 / 59</b>                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------|----------------------------------------------------|
|                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                   |  | FOR LINE NUMBER<br>17                                                         |                                                    |
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| <b>NAME OF COMMITTEE (In Full)</b><br><b>Inslee for Congress</b>                                                                                                                                                                                                                     |  |                                                                                                                                                                                                   |  |                                                                               |                                                    |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Seafirst<br>Houghton Branch<br><br>Kirkland WA 98033                                                                                                                                                                              |  | <b>Purpose of Disbursement</b><br><br>Payroll Taxes<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :      |  | Date (month, day, year)<br>08/14/1998                                         | Amount of Each Disbursement This Period<br>4113.22 |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Sina Nazemi<br>16221 150th Pl. NE<br><br>Woodinville WA 98072                                                                                                                                                                     |  | <b>Purpose of Disbursement</b><br><br>Stipend<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :            |  | Date (month, day, year)<br>08/14/1998                                         | Amount of Each Disbursement This Period<br>100.00  |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Jean-Ann Batchelder<br>11502 NE 139th Place<br><br>Kirkland WA 98034                                                                                                                                                              |  | <b>Purpose of Disbursement</b><br><br>Payroll<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :            |  | Date (month, day, year)<br>08/14/1998                                         | Amount of Each Disbursement This Period<br>401.75  |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Brian Bonlander<br>435 Summit Ave. E. #104<br><br>Seattle WA 98102                                                                                                                                                                |  | <b>Purpose of Disbursement</b><br><br>Payroll<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :            |  | Date (month, day, year)<br>08/14/1998                                         | Amount of Each Disbursement This Period<br>1017.37 |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Katherine Carter<br>66 Gilpin Road<br><br>Akron OH 44313                                                                                                                                                                          |  | <b>Purpose of Disbursement</b><br><br>Payroll<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : |  | Date (month, day, year)<br>08/14/1998                                         | Amount of Each Disbursement This Period<br>805.50  |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Sara O'Connell<br>218 Main Street Suite 198<br><br>Kirkland WA 98033                                                                                                                                                              |  | <b>Purpose of Disbursement</b><br><br>Payroll<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :            |  | Date (month, day, year)<br>08/14/1998                                         | Amount of Each Disbursement This Period<br>1111.81 |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Johanna Shimomura<br>435 Summit Ave. East #104<br><br>Seattle WA 98102                                                                                                                                                            |  | <b>Purpose of Disbursement</b><br><br>Payroll<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :            |  | Date (month, day, year)<br>08/14/1998                                         | Amount of Each Disbursement This Period<br>1509.00 |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Allyson Williams<br>516 E. Union Street Apt. 1<br><br>Seattle WA 98122                                                                                                                                                            |  | <b>Purpose of Disbursement</b><br><br>Payroll<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :            |  | Date (month, day, year)<br>08/14/1998                                         | Amount of Each Disbursement This Period<br>435.75  |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Elizabeth Andrews<br>206 12th Ave. East Apt. 1<br><br>Seattle WA 98102                                                                                                                                                            |  | <b>Purpose of Disbursement</b><br><br>Payroll<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :            |  | Date (month, day, year)<br>08/14/1998                                         | Amount of Each Disbursement This Period<br>855.85  |
| <b>SUBTOTALS</b> of Disbursements This Page (Optional) .....                                                                                                                                                                                                                         |  |                                                                                                                                                                                                   |  |                                                                               |                                                    |
| <b>TOTALS</b> This Period (last page this line number only) .....                                                                                                                                                                                                                    |  |                                                                                                                                                                                                   |  |                                                                               |                                                    |

| <b>SCHEDULE B</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                              | <b>ITEMIZED DISBURSEMENTS</b>                |                                                                                   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | <b>56 / 59</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------|----------------|
|                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                              |                                              |                                                                                   | FOR LINE NUMBER<br>17                                                         |                |
| 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. |                                                                                                                                                                                                                              |                                              |                                                                                   |                                                                               |                |
| <b>NAME OF COMMITTEE (In Full)</b><br><b>Inslee for Congress</b>                                                                                                                                                                                                                     |                                                                                                                                                                                                                              |                                              |                                                                                   |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>A T & T Wireless<br>P.O. Box 78224<br><br>Phoenix                      AZ    85062-8224                                                                                                                                           | <b>Purpose of Disbursement</b><br><br>Telephone<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                     | <b>Date (month, day, year)</b><br>08/15/1998 | <b>Amount of Each Disbursement This Period</b><br>176.03                          |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Shamiana Restaurant<br>10724 NE 86th St.<br><br>Kirkland                      WA    98033                                                                                                                                         | <b>Purpose of Disbursement</b><br><br>Food and Facilities for fundraiser<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : | <b>Date (month, day, year)</b><br>08/16/1998 | <b>Amount of Each Disbursement This Period</b><br>1000.00<br>Contribution In-Kind |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>World Class Mailing<br>15520 Woodinville Redmond Rd.<br><br>Woodinville                      WA    98072                                                                                                                          | <b>Purpose of Disbursement</b><br><br>Mailing service & Postage<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                     | <b>Date (month, day, year)</b><br>08/17/1998 | <b>Amount of Each Disbursement This Period</b><br>4848.29                         |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Sina Nazerni<br>18221 150th Pl. NE<br><br>Woodinville                      WA    98072                                                                                                                                            | <b>Purpose of Disbursement</b><br><br>Office Supplies & Mileage<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                     | <b>Date (month, day, year)</b><br>08/17/1998 | <b>Amount of Each Disbursement This Period</b><br>46.98<br>Reimbursement          |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Trudi Inslee<br>575 Azalea Ave. NE<br><br>Bainbridge Island                      WA    98110-3930                                                                                                                                 | <b>Purpose of Disbursement</b><br><br>Yard sign supplies, phone, research book<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :      | <b>Date (month, day, year)</b><br>08/18/1998 | <b>Amount of Each Disbursement This Period</b><br>121.05<br>Reimbursement         |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>U.S. Postal Service<br>Bitterlake Station<br><br>Shoreline                      WA    98133                                                                                                                                       | <b>Purpose of Disbursement</b><br><br>Postage & Supplies<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                            | <b>Date (month, day, year)</b><br>08/18/1998 | <b>Amount of Each Disbursement This Period</b><br>50.00                           |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Overnight Printing<br>1025 Stewart St.<br><br>Seattle                      WA    98101                                                                                                                                            | <b>Purpose of Disbursement</b><br><br>Printing<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                      | <b>Date (month, day, year)</b><br>08/19/1998 | <b>Amount of Each Disbursement This Period</b><br>135.99                          |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Allyson Williams<br>516 E. Union Street Apt. 1<br><br>Seattle                      WA    98122                                                                                                                                    | <b>Purpose of Disbursement</b><br><br>Postage<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                       | <b>Date (month, day, year)</b><br>08/19/1998 | <b>Amount of Each Disbursement This Period</b><br>24.84<br>Reimbursement          |                                                                               |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>U.S. West Communications<br>P.O. Box 12460<br><br>Seattle                      WA    98111-4460                                                                                                                                   | <b>Purpose of Disbursement</b><br><br>Phone<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                         | <b>Date (month, day, year)</b><br>08/20/1998 | <b>Amount of Each Disbursement This Period</b><br>120.37                          |                                                                               |                |
| <b>SUBTOTALS</b> of Disbursements This Page (Optional) .....                                                                                                                                                                                                                         |                                                                                                                                                                                                                              |                                              |                                                                                   |                                                                               |                |
| <b>TOTALS</b> This Period (last page this line number only) .....                                                                                                                                                                                                                    |                                                                                                                                                                                                                              |                                              |                                                                                   |                                                                               |                |



| <b>SCHEDULE B</b>                                                                                                                                                                                                                                                                    |  | <b>ITEMIZED DISBURSEMENTS</b>                                                                                                                                                                                           |  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | <b>57 / 59</b>                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------|---------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                         |  | FOR LINE NUMBER<br>17                                                         |                                                                           |
| 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. |  |                                                                                                                                                                                                                         |  |                                                                               |                                                                           |
| <b>NAME OF COMMITTEE (In Full)</b><br><b>Insee for Congress</b>                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                         |  |                                                                               |                                                                           |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Sina Nazerni<br>18221 150th Pl. NE<br><br>Woodinville WA 98072                                                                                                                                                                    |  | <b>Purpose of Disbursement</b><br><br>Stipend<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                  |  | Date (month, day, year)<br>08/21/1998                                         | Amount of Each Disbursement This Period<br>100.00                         |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Katherine Carter<br>88 Gilpin Road<br><br>Akron OH 44313                                                                                                                                                                          |  | <b>Purpose of Disbursement</b><br><br>Payroll<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                  |  | Date (month, day, year)<br>08/21/1998                                         | Amount of Each Disbursement This Period<br>402.75                         |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>U.S. Postal Service<br>Bitterlake Station<br><br>Shoreline WA 98133                                                                                                                                                               |  | <b>Purpose of Disbursement</b><br><br>Postage<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                  |  | Date (month, day, year)<br>08/21/1998                                         | Amount of Each Disbursement This Period<br>243.33                         |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Complete Pictures<br>16 North Carolina Ave. SE<br><br>Washington DC 20003                                                                                                                                                         |  | <b>Purpose of Disbursement</b><br><br>T.V. Production<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                          |  | Date (month, day, year)<br>08/22/1998                                         | Amount of Each Disbursement This Period<br>22484.00                       |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Trudi Insee<br>575 Azalea Ave. NE<br><br>Bainbridge Island WA 98110-3930                                                                                                                                                          |  | <b>Purpose of Disbursement</b><br><br>D.C. Trip meals/Parking/Ferry Tickets<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :    |  | Date (month, day, year)<br>08/22/1998                                         | Amount of Each Disbursement This Period<br>235.63<br>Reimbursement        |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>U.S. West Communications<br>P.O. Box 12480<br><br>Seattle WA 98111-4480                                                                                                                                                           |  | <b>Purpose of Disbursement</b><br><br>Phone<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                    |  | Date (month, day, year)<br>08/22/1998                                         | Amount of Each Disbursement This Period<br>923.03                         |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Tim Bradbury<br>2723 Boylston E.<br><br>Seattle WA 98102                                                                                                                                                                          |  | <b>Purpose of Disbursement</b><br><br>Rental of room for 1 month for volunteer<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : |  | Date (month, day, year)<br>08/23/1998                                         | Amount of Each Disbursement This Period<br>300.00<br>Contribution In-Kind |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Allyson Williams<br>516 E. Union Street Apt. 1<br><br>Seattle WA 98122                                                                                                                                                            |  | <b>Purpose of Disbursement</b><br><br>Office Supplies<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                          |  | Date (month, day, year)<br>08/23/1998                                         | Amount of Each Disbursement This Period<br>111.62<br>Reimbursement        |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Trudi Insee<br>575 Azalea NE<br><br>Bainbridge Island WA 98110                                                                                                                                                                    |  | <b>Purpose of Disbursement</b><br><br>Yard Signs<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                               |  | Date (month, day, year)<br>08/24/1998                                         | Amount of Each Disbursement This Period<br>280.80<br>Contribution In-Kind |
| <b>SUBTOTALS</b> of Disbursements This Page (Optional) .....                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                         |  |                                                                               |                                                                           |
| <b>TOTALS</b> This Period (last page this line number only) .....                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                         |  |                                                                               |                                                                           |

| <b>SCHEDULE B</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                      | <b>ITEMIZED DISBURSEMENTS</b>                |                                                                                  | <b>58 / 59</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------------------------------|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page                                                                                                                                                                                                              |                                                                                                                                                                                                      | <b>FOR LINE NUMBER</b><br>17                 |                                                                                  |                |
| 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. |                                                                                                                                                                                                      |                                              |                                                                                  |                |
| <b>NAME OF COMMITTEE (In Full)</b><br><b>Inslee for Congress</b>                                                                                                                                                                                                                     |                                                                                                                                                                                                      |                                              |                                                                                  |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Elizabeth Andrews<br>206 12th Ave. East Apt. 1<br><br>Seattle WA 98102                                                                                                                                                            | <b>Purpose of Disbursement</b><br><br>Postage<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :               | <b>Date (month, day, year)</b><br>08/24/1998 | <b>Amount of Each Disbursement This Period</b><br>128.00<br>Reimbursement        |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Kyle Kincaid<br>16250 Reitan Rd.<br><br>Bainbridge Island WA 98110                                                                                                                                                                | <b>Purpose of Disbursement</b><br><br>Lumber for yard signs<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : | <b>Date (month, day, year)</b><br>08/24/1998 | <b>Amount of Each Disbursement This Period</b><br>964.00<br>Contribution In-Kind |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Elizabeth Andrews<br>206 12th Ave. East Apt. 1<br><br>Seattle WA 98102                                                                                                                                                            | <b>Purpose of Disbursement</b><br><br>Office Supplies<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :       | <b>Date (month, day, year)</b><br>08/25/1998 | <b>Amount of Each Disbursement This Period</b><br>31.78<br>Reimbursement         |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Boruck Printing<br>412 NE 72nd<br><br>Seattle WA 98115                                                                                                                                                                            | <b>Purpose of Disbursement</b><br><br>Yard Signs<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :            | <b>Date (month, day, year)</b><br>08/25/1998 | <b>Amount of Each Disbursement This Period</b><br>868.80                         |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Allyson Williams<br>516 E. Union Street Apt. 1<br><br>Seattle WA 98122                                                                                                                                                            | <b>Purpose of Disbursement</b><br><br>Printing<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :              | <b>Date (month, day, year)</b><br>08/25/1998 | <b>Amount of Each Disbursement This Period</b><br>93.94<br>Reimbursement         |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>U.S. Postal Service<br>Bitterlake Station<br><br>Shoreline WA 98133                                                                                                                                                               | <b>Purpose of Disbursement</b><br><br>Postage<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :               | <b>Date (month, day, year)</b><br>08/25/1998 | <b>Amount of Each Disbursement This Period</b><br>164.00                         |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Gordon & Schwenkmeyer, Inc.<br>550 N. Continental Blvd. #180<br><br>El Segundo CA 90245                                                                                                                                           | <b>Purpose of Disbursement</b><br><br>Phone Calls<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :           | <b>Date (month, day, year)</b><br>08/25/1998 | <b>Amount of Each Disbursement This Period</b><br>1936.38                        |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Overnight Printing<br>1025 Stewart St.<br><br>Seattle WA 98101                                                                                                                                                                    | <b>Purpose of Disbursement</b><br><br>Printing<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :              | <b>Date (month, day, year)</b><br>08/26/1998 | <b>Amount of Each Disbursement This Period</b><br>2665.80                        |                |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Brian DalBalcon Photography<br>4006 N. 7th St.<br><br>Tacoma WA 98406                                                                                                                                                             | <b>Purpose of Disbursement</b><br><br>Photos<br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                | <b>Date (month, day, year)</b><br>08/26/1998 | <b>Amount of Each Disbursement This Period</b><br>162.60                         |                |
| <b>SUBTOTALS</b> of Disbursements This Page (Optional) .....                                                                                                                                                                                                                         |                                                                                                                                                                                                      |                                              |                                                                                  |                |
| <b>TOTALS</b> This Period (last page this line number only) .....                                                                                                                                                                                                                    |                                                                                                                                                                                                      |                                              |                                                                                  |                |

|                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                               |  |                                                                               |                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| <b>SCHEDULE B</b>                                                                                                                                                                                                                                                                    |  | <b>ITEMIZED DISBURSEMENTS</b>                                                                                                                                                                                 |  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | <b>59 / 59</b>                                                             |
|                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                               |  |                                                                               | FOR LINE NUMBER<br>17                                                      |
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| <b>NAME OF COMMITTEE (In Full)</b><br><b>Inslee for Congress</b>                                                                                                                                                                                                                     |  |                                                                                                                                                                                                               |  |                                                                               |                                                                            |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Labels & Lists<br>2500 116th N.E.<br><br>Bellevue WA 98004                                                                                                                                                                        |  | <b>Purpose of Disbursement</b><br>Labels<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                                 |  | Date (month, day, year)<br>08/26/1998                                         | Amount of Each Disbursement This Period<br>529.31                          |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Maggi Fimia<br>725 North 140th St.<br><br>Shoreline WA 98133                                                                                                                                                                      |  | <b>Purpose of Disbursement</b><br>Food, etc. for fund raiser<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :             |  | Date (month, day, year)<br>08/26/1998                                         | Amount of Each Disbursement This Period<br>350.00<br>Contribution In-Kind  |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Julie Marler<br>11261 Wing Pt. Dr.<br><br>Bainbridge Island WA 98110                                                                                                                                                              |  | <b>Purpose of Disbursement</b><br>Food & facility rental for fund raiser<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : |  | Date (month, day, year)<br>08/26/1998                                         | Amount of Each Disbursement This Period<br>627.93                          |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Human Rights Campaign<br>1101 14th Street NW<br><br>Washington DC 20005                                                                                                                                                           |  | <b>Purpose of Disbursement</b><br>Plane Ticket/Stipend<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                   |  | Date (month, day, year)<br>08/26/1998                                         | Amount of Each Disbursement This Period<br>1268.72<br>Contribution In-Kind |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Shamiana Restaurant<br>10724 NE 86th St.<br><br>Kirkland WA 98033                                                                                                                                                                 |  | <b>Purpose of Disbursement</b><br>Food and Facilities for fundraiser<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :     |  | Date (month, day, year)<br>08/26/1998                                         | Amount of Each Disbursement This Period<br>376.33                          |
|                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                               |  |                                                                               |                                                                            |
| <b>SUBTOTALS</b> of Disbursements This Page (Optional) .....                                                                                                                                                                                                                         |  |                                                                                                                                                                                                               |  |                                                                               |                                                                            |
| <b>TOTALS</b> This Period (last page this line number only) .....                                                                                                                                                                                                                    |  |                                                                                                                                                                                                               |  |                                                                               | <b>95763.63</b>                                                            |