

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

12FE4M5

Dennis Anderson for Congress

ADDRESS (number and street) ▼

P.O. Box 8587

Check if different than previously reported. (ACC)

Gunree

IL

60031

2. **FEC IDENTIFICATION NUMBER** ▼

C C00507459

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

IL

14

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- Termination Report (TER)

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

- Primary (12P)  General (12G)  Runoff (12R)
- Convention (12C)  Special (12S)

Election on  /  /  in the State of

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

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

Election on  /  /  in the State of

5. Covering Period

/  /

through

/  /

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 Brett P. Smiley

Signature of Treasurer Brett P. Smiley

*[Electronically Filed]*

Date

/  /

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

Office Use Only								
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**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**Dennis Anderson for Congress**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	2311.00	17611.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	2311.00	17611.00
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	16477.38	47473.04
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	16477.38	47473.04
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	10137.96	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	40000.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Dennis Anderson for Congress**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	750.00	5450.00
(ii) Unitemized.....	1460.00	2960.00
(iii) TOTAL of contributions from individuals ▶	2210.00	8410.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	100.00	100.00
(d) The Candidate.....	1.00	9101.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	2311.00	17611.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	15000.00	40000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	15000.00	40000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	17311.00	57611.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	16477.38	47473.04
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	16477.38	47473.04

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	9304.34
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	17311.00
25. SUBTOTAL (add Line 23 and Line 24).....	26615.34
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	16477.38
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	10137.96

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 17
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**Dennis Anderson for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Charles Hemenway**

Mailing Address 1228 North Cleaver Street

City Chicago State IL Zip Code 60640

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

Name of Employer Loyola Occupation Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 22 / 2012

**Transaction ID : SA11AI.4316**

Amount of Each Receipt this Period  
250.00

Earmarked Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Democracy Engine PAC**

Mailing Address 850 Quincy Street

City Washington State DC Zip Code 20011

FEC ID number of contributing federal political committee. **C** C00468314

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
625.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 22 / 2012

**Transaction ID : SA11AI.4316.0**

Amount of Each Receipt this Period  
250.00

Earmarked Contribution

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**Richard Love**

Mailing Address 2706 Columbia Road

City Madison State WI Zip Code 53705

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

Name of Employer International Breast Cancer Re Occupation Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 13 / 2012

**Transaction ID : SA11AI.4289**

Amount of Each Receipt this Period  
500.00

Contribution

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

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

750.00

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 17
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Dennis Anderson for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Sheet Metal Workers Local 265 PAC**

Mailing Address 205 Alexandria Way

City State Zip Code  
Carol Stream IL 60188

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 14 / 2012

**Transaction ID : SA11C.4307**

Amount of Each Receipt this Period  
 Contribution 100.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

100.00

100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 17
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Dennis Anderson for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Dennis Anderson**

Mailing Address P.O. Box 8587

City Gurnee State IL Zip Code 60031

FEC ID number of contributing federal political committee. **C** H2IL14078

Name of Employer Self Occupation Candidate

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
34101.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 06 / 2012

**Transaction ID : SA11D.4279**

Amount of Each Receipt this Period  
 Contribution 1.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

1.00

1.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 17
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Dennis Anderson for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Dennis Anderson**

Mailing Address P.O. Box 8587

City Gurnee State IL Zip Code 60031

FEC ID number of contributing federal political committee. **C H2IL14078**

Name of Employer Self Occupation Candidate

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**39101.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 15 / 2012**

**Transaction ID : SA13A.4275**

Amount of Each Receipt this Period  
**5000.00**

Loan

**B.** Full Name (Last, First, Middle Initial)  
**Dennis Anderson**

Mailing Address P.O. Box 8587

City Gurnee State IL Zip Code 60031

FEC ID number of contributing federal political committee. **C H2IL14078**

Name of Employer Self Occupation Candidate

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**44101.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 27 / 2012**

**Transaction ID : SA13A.4338**

Amount of Each Receipt this Period  
**5000.00**

Loan

**C.** Full Name (Last, First, Middle Initial)  
**Dennis Anderson**

Mailing Address P.O. Box 8587

City Gurnee State IL Zip Code 60031

FEC ID number of contributing federal political committee. **C H2IL14078**

Name of Employer Self Occupation Candidate

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**49101.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 29 / 2012**

**Transaction ID : SA13A.4284**

Amount of Each Receipt this Period  
**5000.00**

Loan

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

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

**15000.00**

**15000.00**



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 17
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Dennis Anderson for Congress**

Full Name (Last, First, Middle Initial) <b>A. Argiris Consulting Group</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2012
Mailing Address 1830 Ridgefield Avenue		Amount of Each Disbursement this Period 8000.00 <b>Transaction ID : SB17.4218</b>
City Algonquin	State IL	
Zip Code 60102	Purpose of Disbursement Fundraising Consulting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2012
Mailing Address PO Box 6428		Amount of Each Disbursement this Period 251.32 <b>Transaction ID : SB17.4224</b>
City Carol Stream	State IL	
Zip Code 60197	Purpose of Disbursement Phones	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2012
Mailing Address PO Box 6428		Amount of Each Disbursement this Period 275.00 <b>Transaction ID : SB17.4236</b>
City Carol Stream	State IL	
Zip Code 60197	Purpose of Disbursement Phones	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8526.32
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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NAME OF COMMITTEE (In Full)  
**Dennis Anderson for Congress**

Full Name (Last, First, Middle Initial) <b>A. Christensen &amp; Associates</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2012	
Mailing Address 209 Pennsylvania Avenue SE			Amount of Each Disbursement this Period 2000.00	
City Washington	State DC	Zip Code 20003	Transaction ID : SB17.4207	
Purpose of Disbursement Fundraising Consulting		Category/ Type 001		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) <b>B. Christensen &amp; Associates</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2012	
Mailing Address 209 Pennsylvania Avenue SE			Amount of Each Disbursement this Period 2000.00	
City Washington	State DC	Zip Code 20003	Transaction ID : SB17.4237	
Purpose of Disbursement Fundraising Consulting		Category/ Type 001		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) <b>c. FLT Corporation</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2012	
Mailing Address 181 N Virginia St			Amount of Each Disbursement this Period 1000.00	
City Crystal Lake	State IL	Zip Code 60014	Transaction ID : SB17.4235	
Purpose of Disbursement Office Rent		Category/ Type 001		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 OF 17	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Dennis Anderson for Congress**

Full Name (Last, First, Middle Initial) <b>A. GoDaddy.com</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2012
Mailing Address 14455 N. Hayden Rd., Ste. 226		Amount of Each Disbursement this Period 79.68 <b>Transaction ID : SB17.4232</b>
City State Zip Code Scotsdale AZ 85260	Purpose of Disbursement Web Expense 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. North Shore Printers</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2012
Mailing Address 535 South Sheridan Road		Amount of Each Disbursement this Period 1078.58 <b>Transaction ID : SB17.4208</b>
City State Zip Code Waukegan IL 60085	Purpose of Disbursement Printing (Fundraising) 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. North Shore Printers</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2012
Mailing Address 535 South Sheridan Road		Amount of Each Disbursement this Period 335.86 <b>Transaction ID : SB17.4214</b>
City State Zip Code Waukegan IL 60085	Purpose of Disbursement Printing (Fundraisign) 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1494.12
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 17			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Dennis Anderson for Congress**

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Date of Disbursement
Mailing Address 1 North Oplaine Road		M M / D D / Y Y Y Y 03 / 01 / 2012
City Gurnee	State IL	Zip Code 60031
Purpose of Disbursement Postage (Fundraising)	Amount of Each Disbursement this Period 380.00	
Candidate Name	Transaction ID : SB17.4209	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/ Type 001	

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Date of Disbursement
Mailing Address 1 North Oplaine Road		M M / D D / Y Y Y Y 03 / 05 / 2012
City Gurnee	State IL	Zip Code 60031
Purpose of Disbursement Postage (Fundraising)	Amount of Each Disbursement this Period 120.00	
Candidate Name	Transaction ID : SB17.4213	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/ Type 001	

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Date of Disbursement
Mailing Address 1 North Oplaine Road		M M / D D / Y Y Y Y 03 / 05 / 2012
City Gurnee	State IL	Zip Code 60031
Purpose of Disbursement Postage (Fundraising)	Amount of Each Disbursement this Period 250.00	
Candidate Name	Transaction ID : SB17.4215	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/ Type 001	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	750.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 17			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Dennis Anderson for Congress**

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2012
Mailing Address 1 North Oplaine Road		Amount of Each Disbursement this Period 18.00 <b>Transaction ID : SB17.4225</b>
City Gurnee State IL Zip Code 60031	Purpose of Disbursement Postage (Fundraising) Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	18.00
<b>TOTAL</b> This Period (last page this line number only).....	15788.44

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : **SC/10.4113**

Dennis Anderson for Congress

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

**[PERSONAL FUNDS]**

Election: 2012

Dennis Anderson

Primary  
 General  
 Other (specify) ▼

Mailing Address  
P.O. Box 8587

City State ZIP Code  
Gurnee IL 60031

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
25000.00 0.00 25000.00

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
M 12 / D 16 / Y 2011 M M / D D / Y 12/31/2012 0.00 % (apr)  Yes  No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶ 25000.00

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

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

**SCHEDULE C (FEC Form 3)  
LOANS**

NAME OF COMMITTEE (In Full) **Dennis Anderson for Congress** Transaction ID : **SC/10.4275**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2012  
**Dennis Anderson**  Primary  
 Mailing Address P.O. Box 8587  General  
 Other (specify) ▼

City State ZIP Code  
 Gurnee IL 60031

Original Amount of Loan 5000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 5000.00
------------------------------------	------------------------------------	--

**TERMS** Date Incurred Date Due Interest Rate Secured:  
 M 03 / D 15 / Y 2012 M M / D D / Y 12/31/2012 0.00 % (apr)  Yes  No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

**SUBTOTALS** This Period This Page (optional)..... ▶ 5000.00  
**TOTALS** This Period (last page in this line only)..... ▶ [ ]  
 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4338

Dennis Anderson for Congress

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

[PERSONAL FUNDS]

Election: 2012

Dennis Anderson

Primary

General

Other (specify) ▼

Mailing Address  
P.O. Box 8587

City State ZIP Code  
Gurnee IL 60031

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
5000.00 0.00 5000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

03 / 27 / 2012

12/31/2012

0.00 % (apr)

Yes  No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional)..... 5000.00

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

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



# SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4284

Dennis Anderson for Congress

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

[PERSONAL FUNDS]

Election: 2012

Dennis Anderson

Primary

General

Other (specify) ▼

Mailing Address  
P.O. Box 8587

City State ZIP Code  
Gurnee IL 60031

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
5000.00 0.00 5000.00

### TERMS

Date Incurred

Date Due

Interest Rate

Secured:

03

29

2012

09

01

0011

0.00

% (apr)

Yes

No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... 5000.00  
TOTALS This Period (last page in this line only)..... 40000.00

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