

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
ERIKA FOR CONGRESS

ADDRESS (number and street) PO BOX 368
 Check if different than previously reported. (ACC) URBANA IL 61803

2. **FEC IDENTIFICATION NUMBER** C C00545822 3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT
IL 13

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 M M / D D / Y Y Y Y in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y 10 / 01 / 2013 through M M / D D / Y Y Y Y 12 / 31 / 2013

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 Dan Backer

Signature of Treasurer Dan Backer *[Electronically Filed]* Date M M / D D / Y Y Y Y 03 / 14 / 2014

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

ERIKA FOR CONGRESS

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 01 / 2013 To: M M / D D / Y Y Y Y 12 / 31 / 2013

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	38276.65	189181.32
(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)).....	38276.65	189181.32
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	26494.87	78190.96
(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)).....	26494.87	78190.96
8. Cash on Hand at Close of Reporting Period (from Line 27).....	110990.36	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

ERIKA FOR CONGRESS

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	25250.00	144448.78
(ii) Unitemized.....	8026.65	26432.77
(iii) TOTAL of contributions from individuals ▶	33276.65	170881.55
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	15750.00
(d) The Candidate.....	0.00	2549.77
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	38276.65	189181.32
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	38276.65	189181.32

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	26494.87	78190.96
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. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	26494.87	78190.96

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	99208.58
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	38276.65
25. SUBTOTAL (add Line 23 and Line 24).....	137485.23
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	26494.87
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	110990.36

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3A
Transaction ID :

This report is amended to (a) remove certain early transactions received and previously reported in Q3 but deposited in Q4, and certain Q1-2014 transactions that were tracked as inbound in late Q4 but not received until 2014, and (b) correct errors in reimbursement reporting splits, and (c) other minor technical issues.

Form/Schedule:
Transaction ID:

**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 50
	<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)
ERIKA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mildred J Anderson

Mailing Address 209 W Green St

City Urbana State IL Zip Code 61801

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

Name of Employer NA Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 22 / 2013

Transaction ID : SA11AI.6277

Amount of Each Receipt this Period
 250.00

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

Mailing Address 4006 lake point Rd

City Champaign State IL Zip Code 61822

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

Name of Employer NA Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 01 / 2013

Transaction ID : SA11AI.6192

Amount of Each Receipt this Period
 150.00

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

Mailing Address 1022 W ARMORY St

City Champaign State IL Zip Code 61821

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

Name of Employer Northwestern Mutual Wealth Management Occupation Financial Advisor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 28 / 2013

Transaction ID : SA11AI.6185

Amount of Each Receipt this Period
 100.00

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

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

500.00

**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 50
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
PAUL BENDER

Mailing Address 303 N COTTAGE AVE

City State Zip Code
NORMAL IL 61761

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

Name of Employer Occupation
Fidelity National Financial Lawyer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 16 / 2013

Transaction ID : SA11AI.6278

Amount of Each Receipt this Period
2250.00

B. Full Name (Last, First, Middle Initial)
Edward M Bruner

Mailing Address 2022 CURETON Dr

City State Zip Code
Urbana IL 61801

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

Name of Employer Occupation
Retired Anthropologist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 14 / 2013

Transaction ID : SA11AI.6215

Amount of Each Receipt this Period
500.00

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

Mailing Address 778 13th St

City State Zip Code
Boulder CO 80302

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

Name of Employer Occupation
N/A N/A

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 14 / 2013

Transaction ID : SA11AI.6151

Amount of Each Receipt this Period
750.00

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

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 50
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Patrick Chovanec

Mailing Address 155 Riverside Dr
Apt 5A

City State Zip Code
New York NY 10024

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

Name of Employer Occupation
Silvercrest Asset Management Economist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 02 / 2013

Transaction ID : SA11AI.6237

Amount of Each Receipt this Period
1600.00

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

Mailing Address 5635 Whitner Dr NW

City State Zip Code
Atlanta GA 30327

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

Name of Employer Occupation
Ken Clary and Company Administrator

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 30 / 2013

Transaction ID : SA11AI.6299

Amount of Each Receipt this Period
300.00

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

Mailing Address 1250 S INDIANA

City State Zip Code
CHICAGO IL 60605

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

Name of Employer Occupation
BARNES & THORNBURG LLP ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 15 / 2013

Transaction ID : SA11AI.6248

Amount of Each Receipt this Period
2600.00

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 50
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
John A Edwards III

Mailing Address 990A County Road 1350 E

City Tolono State IL Zip Code 61880

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

Name of Employer Self Occupation Farmer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2013

Transaction ID : SA11AI.6200

Amount of Each Receipt this Period
 2500.00

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

Mailing Address 1206 Sussex Ct

City Champaign State IL Zip Code 61821

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

Name of Employer NA Occupation Housewife

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2013

Transaction ID : SA11AI.6201

Amount of Each Receipt this Period
 2500.00

C. Full Name (Last, First, Middle Initial)
John H Elder

Mailing Address PO Box 71

City Higgins Lake State MI Zip Code 48527

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

Name of Employer Meyer Capel Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 18 / 2013

Transaction ID : SA11AI.6166

Amount of Each Receipt this Period
 250.00

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

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

5250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 50
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Kurt Froehlich

Mailing Address 44 Main St
Room 310

City Champaign State IL Zip Code 61820

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

Name of Employer Evans, Froehlich, Beth & Chamley Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **650.00**

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 28 / 2013

Transaction ID : SA11AI.6180

Amount of Each Receipt this Period
400.00

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

Mailing Address 335 Breakwater Rdg

City Dawsonville State GA Zip Code 30534

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

Name of Employer JC Designs Occupation Interior Designer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 13 / 2013

Transaction ID : SA11AI.6244

Amount of Each Receipt this Period
400.00

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

Mailing Address 3150 S Street Northwest
Unit 3-C

City Washington State DC Zip Code 20007

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

Name of Employer Albright Stonebridge Group Occupation Vice Chair

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 18 / 2013

Transaction ID : SA11AI.6255

Amount of Each Receipt this Period
250.00

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

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

1050.00

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

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

FOR LINE NUMBER: PAGE 11 OF 50
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mark Harold

Mailing Address 21 Winston Pl

City Rochester State NY Zip Code 14607

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

Name of Employer N/A Occupation Retired Community Center Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 19 / 2013

Transaction ID : SA11AI.6159

Amount of Each Receipt this Period
 250.00

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

Mailing Address 1615 Thoreau Dr

City Suwanee State GA Zip Code 30024

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

Name of Employer self Occupation housewife

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 12 / 2013

Transaction ID : SA11AI.6272

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Angela E. Jancola

Mailing Address 209 W Green St

City Urbana State IL Zip Code 61801

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

Name of Employer Parkland College Occupation Counselor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 22 / 2013

Transaction ID : SA11AI.6276

Amount of Each Receipt this Period
 250.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 50
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Ronald Jones

Mailing Address 702 S GRANT

City Clinton State IL Zip Code 61727

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

Name of Employer Self-Employed Occupation Professional Engineer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 15 / 2013

Transaction ID : SA11AI.6214

Amount of Each Receipt this Period
250.00

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

Mailing Address 801 N Brookside Ln

City Mahomet State IL Zip Code 61853

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

Name of Employer NA Occupation NA

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 12 / 2013

Transaction ID : SA11AI.6218

Amount of Each Receipt this Period
100.00

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

Mailing Address 1209 PARK TERRACE Ln

City Champaign State IL Zip Code 61821

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

Name of Employer Lawless Commodities Inc Occupation President, Commodity Trading Advisor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 28 / 2013

Transaction ID : SA11AI.6184

Amount of Each Receipt this Period
100.00

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

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

450.00

**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 13 OF 50
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Cecile E Lebonson

Mailing Address 307 W INDIANA Ave

City Urbana State IL Zip Code 61801

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

Name of Employer NA Occupation NA

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 13 / 2013

Transaction ID : SA11AI.6212

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Barbara J Lichti

Mailing Address 909 Devonshire Dr

City Champaign State IL Zip Code 61821

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

Name of Employer self-employed Occupation accountant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 25 / 2013

Transaction ID : SA11AI.6172

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Barbara J Lichti

Mailing Address 909 Devonshire Dr

City Champaign State IL Zip Code 61821

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

Name of Employer self-employed Occupation accountant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 27 / 2013

Transaction ID : SA11AI.6286

Amount of Each Receipt this Period
 100.00

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

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

600.00

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

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

FOR LINE NUMBER: PAGE 14 OF 50
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ROOPALI MALHORTA

Mailing Address 301 N NEIL ST

City State Zip Code
CHAMPAIGN IL 61820

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

Name of Employer Occupation
UNIVERSITY OF ILLINOIS ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 18 / 2013

Transaction ID : SA11AI.6254

Amount of Each Receipt this Period
250.00

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

Mailing Address 2211 EAGLE RIDGE Rd

City State Zip Code
Champaign IL 61822

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

Name of Employer Occupation
NA Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 28 / 2013

Transaction ID : SA11AI.6182

Amount of Each Receipt this Period
200.00

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

Mailing Address 1219 Dorchester Dr

City State Zip Code
Champaign IL 61821

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

Name of Employer Occupation
Meyer Capel Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 20 / 2013

Transaction ID : SA11AI.6289

Amount of Each Receipt this Period
500.00

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

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

950.00

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

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

FOR LINE NUMBER: PAGE 15 OF 50
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Sara J. Peters

Mailing Address 1008 Galen Dr.

City Champaign State IL Zip Code 61821

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

Name of Employer NA Occupation Housewife

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 28 / 2013

Transaction ID : SA11AI.6189

Amount of Each Receipt this Period
 400.00

B. Full Name (Last, First, Middle Initial)
Richard A Rak

Mailing Address 1815 A E Amber Ln.

City Urbana State IL Zip Code 61802

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 28 / 2013

Transaction ID : SA11AI.6213

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 2807 Krishire Dr

City Charleston State IL Zip Code 61920

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

Name of Employer Business Supplies and Equipment Occupation Chief Executive Officer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 30 / 2013

Transaction ID : SA11AI.6307

Amount of Each Receipt this Period
 400.00

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

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

1800.00

**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 16 OF 50
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Duncan Campbell Smith III

Mailing Address 600 New Hampshire Ave NW
Suite 1200

City Washington State DC Zip Code 20037

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

Name of Employer Blank Rome LLP Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 09 / 2013

Transaction ID : SA11AI.6269

Amount of Each Receipt this Period
250.00

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

Mailing Address 7025 washington

City st louis State MO Zip Code 63130

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

Name of Employer n/a Occupation retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 04 / 2013

Transaction ID : SA11AI.6193

Amount of Each Receipt this Period
1000.00

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

Mailing Address 116 E Church St

City Savoy State IL Zip Code 61874

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

Name of Employer Savoy Storage Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 10 / 2013

Transaction ID : SA11AI.6281

Amount of Each Receipt this Period
1000.00

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 50
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MARK STERN

Mailing Address 3525 S CASS ST

City OAK BROOK State IL Zip Code 60523

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

Name of Employer BURKE WARREN MACKAY & SERRITEL Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 07 / 2013

Transaction ID : SA11AI.6246

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
THE TEAPARTY LEADERSHIP FUND

Mailing Address 717 KING STREET SUITE 300

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C C00520825**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 16 / 2013

Transaction ID : SA11AI.6291

Amount of Each Receipt this Period
1000.00

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

Mailing Address 4151 GULF SHORE BLVD N

City NAPLES State FL Zip Code 34103

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

Name of Employer Self Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1100.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 28 / 2013

Transaction ID : SA11AI.6183

Amount of Each Receipt this Period
300.00

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

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

1400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 50
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Betsy Werronen

Mailing Address 1881 N Nash St

City Arlington State VA Zip Code 22209

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

Name of Employer retired Occupation retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **650.00**

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 09 / 2013

Transaction ID : SA11AI.6267

Amount of Each Receipt this Period
500.00

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

Mailing Address 1673 County Road 2500 E

City St. Joseph State IL Zip Code 61873

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

Name of Employer Greyfield Legacies LLC Occupation Executive Coach, Mentor & Speaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 10 / 2013

Transaction ID : SA11AI.6152

Amount of Each Receipt this Period
1000.00

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

Mailing Address 100 E MCHENRY St

City Urbana State IL Zip Code 61801

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

Name of Employer Retired Occupation Professor Emeritus

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 12 / 2013

Transaction ID : SA11AI.6231

Amount of Each Receipt this Period
250.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 50
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Edwin D Young

Mailing Address 300 Brookview Dr

City Farmer City State IL Zip Code 61842

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

Name of Employer Young's Ye Olde Hair Shoppe Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 21 / 2013

Transaction ID : SA11Al.6313

Amount of Each Receipt this Period
 250.00

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).....

250.00

25250.00

**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 20 OF 50
	<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)
ERIKA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
THE TEAPARTY LEADERSHIP FUND

Mailing Address 717 KING STREET
SUITE 300

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00520825

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 16 / 2013

Transaction ID : SA11C.6315

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
THE TEAPARTY LEADERSHIP FUND

Mailing Address 717 KING STREET
SUITE 300

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00520825

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 16 / 2013

Transaction ID : SA11C.6317

Amount of Each Receipt this Period
1000.00

In-kind - polling data provided at cost

C. Full Name (Last, First, Middle Initial)
THE TEAPARTY LEADERSHIP FUND

Mailing Address 717 KING STREET
SUITE 300

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00520825

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 16 / 2013

Transaction ID : SA11C.6318

Amount of Each Receipt this Period
1000.00

In-kind - payment for legal services (see memo, in-kind 1)

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 50
	<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)
ERIKA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
THE TEAPARTY LEADERSHIP FUND

Mailing Address 717 KING STREET
SUITE 300

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00520825

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 16 / 2013

Transaction ID : SA11C.6320

Amount of Each Receipt this Period
1000.00

In-kind - digital services provided (see in-kind 2)

B. Full Name (Last, First, Middle Initial)
THE TEAPARTY LEADERSHIP FUND

Mailing Address 717 KING STREET
SUITE 300

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00520825

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
6000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 16 / 2013

Transaction ID : SA11C.6321

Amount of Each Receipt this Period
1000.00

In-kind - political consulting services provided (see in kind 3)

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

2000.00

5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 50
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DB Capitol Strategies PLLC

Mailing Address 717 King Street
Suite 300

City Alexandria State VA Zip Code 22314

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 16 / 2013

Transaction ID : SA15.6323

Amount of Each Receipt this Period
 1000.00

In-kind - legal services provided, paid for by PAC

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Grow Your Campaign

Mailing Address Po Box 17253

City Arlington State VA Zip Code 22216-7253

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 16 / 2013

Transaction ID : SA15.6326

Amount of Each Receipt this Period
 1000.00

In-kind - #2 Digital consulting services paid by PAC

[MEMO ITEM]

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

Mailing Address 9115 Volunteer Drive

City Alexandria State VA Zip Code 22309

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 16 / 2013

Transaction ID : SA15.6329

Amount of Each Receipt this Period
 1000.00

In-kind - #3 political consulting services paid for by PAC

[MEMO ITEM]

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

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

0.00

0.00

**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 23 OF 50			
	<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)
ERIKA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. American		Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2013
Mailing Address 4333 Amon Carter Blvd		Amount of Each Disbursement this Period 296.80 Transaction ID : SB17.5432
City Ft Worth	State TX	
Zip Code 76155	Purpose of Disbursement Airfare	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. American		Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2013
Mailing Address 4333 Amon Carter Blvd		Amount of Each Disbursement this Period 296.80 Transaction ID : SB17.5433
City Ft Worth	State TX	
Zip Code 76155	Purpose of Disbursement Airfare	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Connie Beard		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2013
Mailing Address 2903 Southfork		Amount of Each Disbursement this Period 74.20 Transaction ID : SB17.6388
City Bloomington	State IL	
Zip Code 61704	Purpose of Disbursement Boys & Girls Club event	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	667.80
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 50	
	<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)
ERIKA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PHIL BLOOMER		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2013
Mailing Address 2425A COUNTY ROAD 1225N		Amount of Each Disbursement this Period 150.00 Transaction ID : SB17.5397
City ST. JOSEPH State IL Zip Code 61873	Purpose of Disbursement tickets & data Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. PHIL BLOOMER		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2013
Mailing Address 2425A COUNTY ROAD 1225N		Amount of Each Disbursement this Period 418.95 Transaction ID : SB17.5396
City ST. JOSEPH State IL Zip Code 61873	Purpose of Disbursement data services Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. DB Capitol Strategies PLLC		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2013
Mailing Address 717 King Street Suite 300		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.6325 [MEMO ITEM]
City Alexandria State VA Zip Code 22314	Purpose of Disbursement In-kind - legal services provided, paid for by PAC Category/Type 011	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	568.95
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 50			
	<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)
ERIKA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Delta			Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2013
Mailing Address 1030 Delta Blvd			Amount of Each Disbursement this Period 399.60 Transaction ID : SB17.5342
City Atlanta	State GA	Zip Code 30354	
Purpose of Disbursement Airfare		Category/ Type 002	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) B. Delta			Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2013
Mailing Address 1030 Delta Blvd			Amount of Each Disbursement this Period 409.90 Transaction ID : SB17.5341
City Atlanta	State GA	Zip Code 30354	
Purpose of Disbursement Airfare		Category/ Type 002	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) C. Delta			Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2013
Mailing Address 1030 Delta Blvd			Amount of Each Disbursement this Period 409.90 Transaction ID : SB17.5343
City Atlanta	State GA	Zip Code 30354	
Purpose of Disbursement Airfare		Category/ Type 002	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

SUBTOTAL of Disbursements This Page (optional).....	1219.40
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 50			
	<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)
ERIKA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Delta			Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2013
Mailing Address 1030 Delta Blvd			Amount of Each Disbursement this Period 403.90 Transaction ID : SB17.5345
City Atlanta	State GA	Zip Code 30354	
Purpose of Disbursement Airfare		Category/ Type 002	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) B. Delta			Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2013
Mailing Address 1030 Delta Blvd			Amount of Each Disbursement this Period 403.90 Transaction ID : SB17.5346
City Atlanta	State GA	Zip Code 30354	
Purpose of Disbursement Airfare		Category/ Type 002	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) C. Delta			Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2013
Mailing Address 1030 Delta Blvd			Amount of Each Disbursement this Period 354.80 Transaction ID : SB17.5348
City Atlanta	State GA	Zip Code 30354	
Purpose of Disbursement Airfare		Category/ Type 002	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

SUBTOTAL of Disbursements This Page (optional)	1162.60
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 50	
	<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)
ERIKA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Delta		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2013
Mailing Address 1030 Delta Blvd		Amount of Each Disbursement this Period 354.80
City Atlanta	State GA Zip Code 30354	
Purpose of Disbursement Airfare	Category/Type 002	Transaction ID : SB17.5349
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Delta		Date of Disbursement M M / D D / Y Y Y Y 12 / 13 / 2013
Mailing Address 1030 Delta Blvd		Amount of Each Disbursement this Period 60.90
City Atlanta	State GA Zip Code 30354	
Purpose of Disbursement Airfare	Category/Type 002	Transaction ID : SB17.5350
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Delta		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2013
Mailing Address 1030 Delta Blvd		Amount of Each Disbursement this Period 60.90
City Atlanta	State GA Zip Code 30354	
Purpose of Disbursement Airfare	Category/Type 002	Transaction ID : SB17.5347
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	476.60
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 50			
	<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)
ERIKA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Deb Edinger			Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2013		
Mailing Address 1202 Julie Dr.			Amount of Each Disbursement this Period 557.00		
City Champaign	State IL	Zip Code 61821	Transaction ID : SB17.5365		
Purpose of Disbursement campaign admin services		Category/ Type 001			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. Deb Edinger			Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2013		
Mailing Address 1202 Julie Dr.			Amount of Each Disbursement this Period 532.84		
City Champaign	State IL	Zip Code 61821	Transaction ID : SB17.5364		
Purpose of Disbursement campaign admin services		Category/ Type 001			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) c. Deb Edinger			Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2013		
Mailing Address 1202 Julie Dr.			Amount of Each Disbursement this Period 500.00		
City Champaign	State IL	Zip Code 61821	Transaction ID : SB17.5363		
Purpose of Disbursement campaign admin services		Category/ Type 001			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	1589.84
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 29 OF 50	
	<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)
ERIKA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Deb Edinger		Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2013
Mailing Address 1202 Julie Dr.		Amount of Each Disbursement this Period 546.00 Transaction ID : SB17.5362
City Champaign	State IL	
Zip Code 61821	Purpose of Disbursement campaign admin services	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Expedia		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2013
Mailing Address 333 108th Avenue NE		Amount of Each Disbursement this Period 302.84 Transaction ID : SB17.5423
City Bellevue	State WA	
Zip Code 98004	Purpose of Disbursement lodging	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Grow Your Campaign		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2013
Mailing Address Po Box 17253		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.6328 [MEMO ITEM]
City Arlington	State VA	
Zip Code 22216-7253	Purpose of Disbursement In-kind - #2 Digital consulting services paid by PAC	Category/ Type 011
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	848.84
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 OF 50	
	<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)
ERIKA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Hampton Inns		Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2013
Mailing Address 11 Thunderbird Circle		Amount of Each Disbursement this Period 206.80 Transaction ID : SB17.5352
City Litchfield	State IL	
Zip Code 62056	Purpose of Disbursement lodging	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Robert Harold		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2013
Mailing Address 115 E Holmes		Amount of Each Disbursement this Period 2830.60 Transaction ID : SB17.5358
City Urbana	State IL	
Zip Code 61801	Purpose of Disbursement Reimbursement for various campaign expenses	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Best Buy		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013
Mailing Address 7601 Penn Avenue South		Amount of Each Disbursement this Period 1179.79 Transaction ID : SB17.5358.0 [MEMO ITEM]
City Richfield	State MN	
Zip Code 55423	Purpose of Disbursement camera and related equipment for campaign use	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	3037.40
TOTAL This Period (last page this line number only).....	

: 97 `A`G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A`N5H`CB`

Form/Schedule: SB17

Transaction ID : SB17.5358

pursuant to <http://www.fec.gov/pages/fecrecord/2013/august/ultimatepayeeinterpretiverule.shtml>, this reimbursement is for miscellaneous vendors during campaign activities and travel.

Form/Schedule:

Transaction ID:

**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 32 OF 50	
	<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)
ERIKA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MINUTEMAN PRESS		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2013
Mailing Address 905 S NEIL ST, SUITE B		Amount of Each Disbursement this Period 188.75
City CHAMPAIGN	State IL	
Zip Code 61820	Purpose of Disbursement printing	Transaction ID : SB17.5358.1
Candidate Name	006 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. MINUTEMAN PRESS		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2013
Mailing Address 905 S NEIL ST, SUITE B		Amount of Each Disbursement this Period 113.39
City CHAMPAIGN	State IL	
Zip Code 61820	Purpose of Disbursement printing	Transaction ID : SB17.5358.2
Candidate Name	006 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. MINUTEMAN PRESS		Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2013
Mailing Address 905 S NEIL ST, SUITE B		Amount of Each Disbursement this Period 421.75
City CHAMPAIGN	State IL	
Zip Code 61820	Purpose of Disbursement printing	Transaction ID : SB17.5358.3
Candidate Name	006 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 33 OF 50	
	<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)
ERIKA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Weiskamp Screen Printing		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2013
Mailing Address 312 S. Neil St.		Amount of Each Disbursement this Period 270.78
City Champaign	State IL	
Zip Code 61820	Purpose of Disbursement T-shirts	Transaction ID : SB17.5358.4
Candidate Name	006 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. THE UPS STORE		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013
Mailing Address 1717 W KIRBY AVE		Amount of Each Disbursement this Period 230.00
City CHAMPAIGN	State IL	
Zip Code 61821	Purpose of Disbursement postage	Transaction ID : SB17.5358.5
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. THE UPS STORE		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2013
Mailing Address 1717 W KIRBY AVE		Amount of Each Disbursement this Period 0.92
City CHAMPAIGN	State IL	
Zip Code 61821	Purpose of Disbursement postage	Transaction ID : SB17.5358.6
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 50			
	<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)
ERIKA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. SAM'S CLUB			Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2013	
Mailing Address 915 W MARKETVIEW DR			Amount of Each Disbursement this Period 81.35	
City CHAMPAIGN	State IL	Zip Code 61820	Transaction ID : SB17.5358.8	
Purpose of Disbursement parade candy		Category/ Type 001		
Candidate Name		[MEMO ITEM]		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. MEIJER			Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2013	
Mailing Address 2500 PHILO ROAD			Amount of Each Disbursement this Period 22.69	
City URBANA	State IL	Zip Code 61802	Transaction ID : SB17.5358.9	
Purpose of Disbursement food for meeting		Category/ Type 001		
Candidate Name		[MEMO ITEM]		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. THE UPS STORE			Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2013	
Mailing Address 1717 W KIRBY AVE			Amount of Each Disbursement this Period 14.55	
City CHAMPAIGN	State IL	Zip Code 61821	Transaction ID : SB17.5358.14	
Purpose of Disbursement postage		Category/ Type 001		
Candidate Name		[MEMO ITEM]		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 50			
	<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)
ERIKA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. THE UPS STORE			Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2013
Mailing Address 1717 W KIRBY AVE			Amount of Each Disbursement this Period 22.30
City CHAMPAIGN	State IL	Zip Code 61821	
Purpose of Disbursement postage		Category/ Type 001	Transaction ID : SB17.5358.16 [MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) B. Robert Harold			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2013
Mailing Address 115 E Holmes			Amount of Each Disbursement this Period 146.57
City Urbana	State IL	Zip Code 61801	
Purpose of Disbursement Reimbursement for campaign expenses		Category/ Type 001	Transaction ID : SB17.6332
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) C. SAM'S CLUB			Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2013
Mailing Address 915 W MARKETVIEW DR			Amount of Each Disbursement this Period 81.35
City CHAMPAIGN	State IL	Zip Code 61820	
Purpose of Disbursement parade candy		Category/ Type 006	Transaction ID : SB17.6332.0 [MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

SUBTOTAL of Disbursements This Page (optional).....	146.57
TOTAL This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.6332

pursuant to <http://www.fec.gov/pages/fecrecord/2013/august/ultimatepayeeinterpretiverule.shtml>, this reimbursement is for miscellaneous vendors during campaign activities and travel.

Form/Schedule:

Transaction ID:

**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 37 OF 50	
	<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)
ERIKA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Integrated Marketing LLC		Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2013
Mailing Address 719 Main St		Amount of Each Disbursement this Period 440.00 Transaction ID : SB17.5456
City Peoria State IL Zip Code 61602	Purpose of Disbursement Advertising materials Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Jetblue		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2013
Mailing Address 27-01 Queens Plaza North		Amount of Each Disbursement this Period 209.80 Transaction ID : SB17.5410
City Long Island City State NY Zip Code 11101	Purpose of Disbursement Airfare Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Jetblue		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2013
Mailing Address 27-01 Queens Plaza North		Amount of Each Disbursement this Period -209.80 Transaction ID : SB17.6399
City Long Island City State NY Zip Code 11101	Purpose of Disbursement Airfare cancelled/refunded Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	440.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 50			
	<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)
ERIKA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Journal Publications		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2013
Mailing Address Po BOX 100		Amount of Each Disbursement this Period 224.00
City Hillsboro State IL Zip Code 62049	Purpose of Disbursement Advertising	Transaction ID : SB17.6391
Candidate Name	004 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. JTnet, Inc.		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2013
Mailing Address 788 N. Sunnyside Rd.		Amount of Each Disbursement this Period 1095.00
City Decatur State IL Zip Code 62522	Purpose of Disbursement website management	Transaction ID : SB17.5468
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Martin, Hood, Friese, & Associates, LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2013
Mailing Address 2507 South Neil Street		Amount of Each Disbursement this Period 1200.00
City Champaign State IL Zip Code 61820	Purpose of Disbursement Payment in full of Q3 invoice for accounting	Transaction ID : SB17.6407
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2519.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 50			
	<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)
ERIKA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Martin, Hood, Friese, & Associates, LLC			Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2013	
Mailing Address 2507 South Neil Street			Amount of Each Disbursement this Period 1200.00	
City Champaign	State IL	Zip Code 61820	Transaction ID : SB17.5406	
Purpose of Disbursement Accounting services		001 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. MEIJER			Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2013	
Mailing Address 2500 PHILO ROAD			Amount of Each Disbursement this Period 18.40	
City URBANA	State IL	Zip Code 61802	Transaction ID : SB17.5403	
Purpose of Disbursement event food		001 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. MEIJER			Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2013	
Mailing Address 2500 PHILO ROAD			Amount of Each Disbursement this Period 13.45	
City URBANA	State IL	Zip Code 61802	Transaction ID : SB17.5402	
Purpose of Disbursement event food		001 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	1231.85
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 50		
	<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)
ERIKA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MEIJER		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2013
Mailing Address 2500 PHILO ROAD		Amount of Each Disbursement this Period 87.64 Transaction ID : SB17.5400
City URBANA State IL Zip Code 61802	Purpose of Disbursement event food Candidate Name Category/Type 001	
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. MEIJER		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2013
Mailing Address 2500 PHILO ROAD		Amount of Each Disbursement this Period 22.39 Transaction ID : SB17.5401
City URBANA State IL Zip Code 61802	Purpose of Disbursement event food Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. MINUTEMAN PRESS		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2013
Mailing Address 905 S NEIL ST, SUITE B		Amount of Each Disbursement this Period 508.15 Transaction ID : SB17.6390
City CHAMPAIGN State IL Zip Code 61820	Purpose of Disbursement Printing Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	618.15
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 50			
	<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)
ERIKA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. NATIONBUILDER			Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013
Mailing Address 448 S HILL ST #200			Amount of Each Disbursement this Period 99.00 Transaction ID : SB17.5440
City LOS ANGELES	State CA	Zip Code 90013	
Purpose of Disbursement web service fee		Category/ Type 004	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. NATIONBUILDER			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2013
Mailing Address 448 S HILL ST #200			Amount of Each Disbursement this Period 99.00 Transaction ID : SB17.5439
City LOS ANGELES	State CA	Zip Code 90013	
Purpose of Disbursement web service fee		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) C. NATIONBUILDER			Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2013
Mailing Address 448 S HILL ST #200			Amount of Each Disbursement this Period 99.00 Transaction ID : SB17.5438
City LOS ANGELES	State CA	Zip Code 90013	
Purpose of Disbursement web service fee		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	99.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 50		
	<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)
ERIKA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. NATIONBUILDER		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2013
Mailing Address 448 S HILL ST #200		Amount of Each Disbursement this Period 99.00
City LOS ANGELES	State CA	Zip Code 90013
Purpose of Disbursement web service fee	Category/ Type 001	
Candidate Name	Transaction ID : SB17.5437	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Petra Strategies		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2013
Mailing Address 9115 Volunteer Drive		Amount of Each Disbursement this Period 1000.00
City Alexandria	State VA	Zip Code 22309
Purpose of Disbursement In-kind - #3 political consulting services paid for by PAC	Category/ Type 011	
Candidate Name	Transaction ID : SB17.6331	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) c. Red Strategies LLC		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2013
Mailing Address PO Box 548		Amount of Each Disbursement this Period 1500.00
City Bassett	State VA	Zip Code 24055
Purpose of Disbursement tele-town hall services	Category/ Type 007	
Candidate Name	Transaction ID : SB17.5474	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1599.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 50			
	<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)
ERIKA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Red Strategies LLC		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2013
Mailing Address PO Box 548		Amount of Each Disbursement this Period 1950.00 Transaction ID : SB17.5473
City Bassett	State VA	
Zip Code 24055	Purpose of Disbursement tele-town hall services	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Ring Central		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2013
Mailing Address 1400 Fashion Island Blvd Suite 700		Amount of Each Disbursement this Period 64.16 Transaction ID : SB17.5373
City San Mateo	State CA	
Zip Code 94404	Purpose of Disbursement communication services	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Ring Central		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2013
Mailing Address 1400 Fashion Island Blvd Suite 700		Amount of Each Disbursement this Period 64.18 Transaction ID : SB17.5372
City San Mateo	State CA	
Zip Code 94404	Purpose of Disbursement communication services	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2078.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 50			
	<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)
ERIKA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Ring Central		Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2013
Mailing Address 1400 Fashion Island Blvd Suite 700		Amount of Each Disbursement this Period 424.14 Transaction ID : SB17.5374
City San Mateo State CA Zip Code 94404	Category/Type 001	
Purpose of Disbursement online training communication services	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Ring Central		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2013
Mailing Address 1400 Fashion Island Blvd Suite 700		Amount of Each Disbursement this Period 64.18 Transaction ID : SB17.5371
City San Mateo State CA Zip Code 94404	Category/Type 001	
Purpose of Disbursement communication services	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Julia Rointhaler		Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2013
Mailing Address 19850 US Highway 150		Amount of Each Disbursement this Period 335.49 Transaction ID : SB17.5390
City Bloomington State IL Zip Code 61705	Category/Type 002	
Purpose of Disbursement Atlanta/DC/Chicago trip services	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	424.14
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 45 OF 50	
	<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)
ERIKA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MARK SHELDEN		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2013
Mailing Address 2908 MYRA RIDGE DR		Amount of Each Disbursement this Period 1667.00 Transaction ID : SB17.5413
City URBANA	State IL	
Zip Code 61802	Purpose of Disbursement campaign web consulting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. MARK SHELDEN		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2013
Mailing Address 2908 MYRA RIDGE DR		Amount of Each Disbursement this Period 1667.00 Transaction ID : SB17.5414
City URBANA	State IL	
Zip Code 61802	Purpose of Disbursement campaign consulting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. StarNet Digital Publishing		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2013
Mailing Address P.O. Box 1145		Amount of Each Disbursement this Period 466.00 Transaction ID : SB17.5463
City Bloomington	State IL	
Zip Code 61702-1145	Purpose of Disbursement Advertising materials	Category/ Type 006
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	3800.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 50			
	<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)
ERIKA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. DONNA TANNER-HAROLD			Date of Disbursement M M / D D / Y Y Y Y 12 / 25 / 2013	
Mailing Address 115 E HOLMES ST			Amount of Each Disbursement this Period 522.31	
City URBANA	State IL	Zip Code 61801	Transaction ID : SB17.5357	
Purpose of Disbursement Reimbursement for de minimis campaign expenses		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. MEIJER			Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2013	
Mailing Address 2500 PHILO ROAD			Amount of Each Disbursement this Period 33.59	
City URBANA	State IL	Zip Code 61802	Transaction ID : SB17.5357.0	
Purpose of Disbursement event food		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) c. U.S. Postal Service			Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2013	
Mailing Address 202 S. Broadway Ave.			Amount of Each Disbursement this Period 1.61	
City Urbana	State IL	Zip Code 61801	Transaction ID : SB17.5393	
Purpose of Disbursement postage		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	523.92
TOTAL This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.5357

pursuant to <http://www.fec.gov/pages/fecrecord/2013/august/ultimatepayeeinterpretiverule.shtml>, this reimbursement is for miscellaneous vendors during campaign activities and travel, including \$283.37 in travel related expenses for which receipts are no longer available, but not exceeding or aggregating \$200 to any one vendor.

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 48 OF 50	
	<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)
ERIKA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. U.S. Postal Service		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2013
Mailing Address 202 S. Broadway Ave.		Amount of Each Disbursement this Period 70.00 Transaction ID : SB17.5392
City Urbana State IL Zip Code 61801	Purpose of Disbursement postage Candidate Name Category/Type 001	
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. USAirway		Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2013
Mailing Address 4000 E Sky Harbor Blvd		Amount of Each Disbursement this Period 230.90 Transaction ID : SB17.5429
City Phoenix State AZ Zip Code 85034	Purpose of Disbursement Airfare Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. USAirway		Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2013
Mailing Address 4000 E Sky Harbor Blvd		Amount of Each Disbursement this Period 230.90 Transaction ID : SB17.5430
City Phoenix State AZ Zip Code 85034	Purpose of Disbursement Airfare Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	531.80
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 49 OF 50	
	<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)
ERIKA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. WSOY FM		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2013
Mailing Address 250 N. Water Street Suite 100		Amount of Each Disbursement this Period 750.00 Transaction ID : SB17.5399
City Decatur State IL Zip Code 62523	Purpose of Disbursement Radio advertising Candidate Name Category/Type 004	
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.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

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

SUBTOTAL of Disbursements This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	24531.23

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

ERIKA FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Martin, Hood, Friese, & Associates, LLC

Mailing Address 2507 South Neil Street

City State Zip Code
Champaign IL 61820

Nature of Debt (Purpose):
2nd Quarter Accounting & Consulting Fees

Outstanding Balance Beginning This Period **Transaction ID : SD10.5295**
1200.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0.00 1200.00 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Deanna S. Mool

Mailing Address Mool Law Firm LLC
PO Box 327

City State Zip Code
Sherman IL 62684

Nature of Debt (Purpose):
Legal Services

Outstanding Balance Beginning This Period **Transaction ID : SD10.5299**
200.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0.00 200.00 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)	0.00
2) TOTALS This Period (last page this line number only)	0.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	0.00