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Image# 15950599341

FEC FORM 3

FE5AN018

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	5	For An A	uthorized C	ommittee		Offi	ce Use Only
NAME OF COMMITTEE	(in full)	TYPE OR PRINT	•	Example: If typin over the lines.	g, type	12FE4M5	
Dennis Ande	erson for C	Congress		1 1 1 1 1			
ADDRESS (numbe	r and street)	P.O. Box 8587					
Check if than pre reported		Gunree				IL 6003	31
2. <b>FEC IDENT</b>	IFICATION N	UMBER ▼	CITY <sup>4</sup>	<b>A</b>		STATE A	ZIP CODE
C C0050	07459		3. IS THIS REPORT		OR	× AMENDED (A)	STATE ▼ DISTRICT
(a) Quarterly	REPORT (Ch		(b) 12-Day <b>I</b>	PRE-Election Repo		General (12G)	Runoff (12R)
	15 Quarterly F		Election	Convention (	12C)	Special (12S)	in the State of
V	uary 31 Year-Er						State of
	aa., 0oa. <u>-</u> .		(c) 30-Day <b>I</b>	POST-Election Rep General (30G		Runoff (30R)	Special (30S)
Tern	nination Report	(TER)	Election	on/	D D /	Y " Y " Y " Y	in the State of
5. Covering Per	iod 1	M / D D /	Y Y Y Y Y Y Y 2013	through	M M M	/ D D / Y	y y y 2013
I certify that I hav				y knowledge and i	belief it is t	rue, correct and co	mplete.
Signature of Treas		n Glad-Anderson	IIUGISUII	[Electronically I	Filed]	Date 02	05 /
NOTE: Submission	of false, erron	eous, or incomple	te information n	nay subject the per	son signing	this Report to the p	enalties of 2 U.S.C. §437g.
Office Use Only							FEC FORM 3 (Revised 02/2003)

#### **SUMMARY PAGE**

FEC Form 3 (Revised 02/2003) of Receipts and Disbursements

PAGE 2 / 26

Write or Type Committee Name

#### **Dennis Anderson for Congress**

2013 10 12 31 01 2013 Report Covering the Period: From: To: **COLUMN A COLUMN B Election Cycle-to-Date** This Period Net Contributions (other than loans) **Total Contributions** (a) 9254.70 10064.70 (other than loans) (from Line 11(e)) .... (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) ..... (c) Net Contributions (other than loans) 9254.70 10064.70 (subtract Line 6(b) from Line 6(a)) ...... Net Operating Expenditures (a) Total Operating Expenditures 602.95 3518.17 (from Line 17) ..... (b) Total Offsets to Operating 0.00 74.48 Expenditures (from Line 14)..... (c) Net Operating Expenditures 602.95 3443.69 (subtract Line 7(b) from Line 7(a)) ...... Cash on Hand at Close of 9310.65 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 59950.00 Schedule C and/or Schedule D).....

#### For further information contact:

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

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

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 26

Write or Type Committee Name

### **Dennis Anderson for Congress**

	I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
I1. C	ONTRIBUTIONS (other than loans) FROM:		
(a	) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	5600.00	5600.00
	(ii) Unitemized	3354.70	4164.70
	(iii) TOTAL of contributions from individuals	8954.70	9764.70
(b	,	0.00	0.00
(C	) Other Political Committees (such as PACs)	300.00	300.00
(d (e	) TOTAL CONTRIBUTIONS	0.00	0.00
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	9254.70	10064.70
	RANSFERS FROM OTHER UTHORIZED COMMITTEES	0.00	0.00
	DANS:		
(a	) Made or Guaranteed by the Candidate	0.00	250.00
(b	,	0.00	0.00
(C	) TOTAL LOANS (add Lines 13(a) and (b))	0.00	250.00
	FFSETS TO OPERATING		
	XPENDITURES Refunds, Rebates, etc.)	0.00	74.48
	THER RECEIPTS Dividends, Interest, etc.)	0.00	0.00
11	OTAL RECEIPTS (add Lines (1(e), 12, 13(c), 14, and 15) Carry Total to Line 24, page 4)	9254.70	10389.18

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3 (Revised 02/2003)

ursements

PAGE 4 / 26

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	602.95	3518.17
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)	602.95	3518.17
	III. CASH SU	JMMARY	
23.	CASH ON HAND AT BEGINNING OF REPO	RTING PERIOD	658.90
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	9254.70
25.	SUBTOTAL (add Line 23 and Line 24)		9913.60
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	om Line 22)	602.95
27.	CASH ON HAND AT CLOSE OF REPORTIN (subtract Line 26 from Line 25)		9310.65

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

FOR LINE NUMBER: **PAGE** 5 OF 26 Use separate schedule(s) (check only one) 11a 11b 11c 12 13a 13b 14

for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) **Dennis Anderson for Congress** Full Name (Last, First, Middle Initial) Dennis Anderson Date of Receipt Mailing Address P.O. Box 8587 10 2013 20 City State Zip Code Transaction ID: SA11AI.5390 IL 60031 Gurnee FEC ID number of contributing Amount of Each Receipt this Period H2IL14078 federal political committee. 35.00 Name of Employer Occupation Self Candidate Receipt For: 2014 Election Cycle-to-Date Primary General 285.00 Other (specify) Full Name (Last, First, Middle Initial) **Dennis Anderson** Date of Receipt Mailing Address P.O. Box 8587 20 2013 City State Zip Code Transaction ID: SA11AI.5391 Gurnee IL 60031 FEC ID number of contributing C Amount of Each Receipt this Period H2IL14078 federal political committee. 5.00 Name of Employer Occupation Candidate Self Receipt For: 2014 Election Cycle-to-Date | Primary General 290.00 Other (specify) Full Name (Last, First, Middle Initial) Kathleen Burgess Date of Receipt Mailing Address 812 Evernia Ct 2013 20 City State Zip Code Transaction ID: SA11AI.5387 IL Geneva 60134 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 210.00 Name of Employer Occupation Couk County Admin. Asst. Receipt For: 2014 Election Cycle-to-Date | Y Primary General Other (specify) 210.00 250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

### SCHEDULE A (FEC Form 3)

Use separate schedule(s) (check only one) 11a 11b

FOR LINE NUMBER: **PAGE** 6 OF 26 11d 11c

for each category of the ITEMIZED RECEIPTS Detailed Summary Page 12 13a 13b 14 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) **Dennis Anderson for Congress** Full Name (Last, First, Middle Initial) **ACTBLUE** Date of Receipt Mailing Address P.O. BOX 382110 2013 20 City State Zip Code Transaction ID: SA11AI.5387.0 MA 02238 **CAMBRIDGE** FEC ID number of contributing Amount of Each Receipt this Period C00401224 federal political committee. 210.00 Name of Employer Occupation Receipt For: 2014 Election Cycle-to-Date [MEMO ITEM] Primary General 210.00 Other (specify) Full Name (Last, First, Middle Initial) Nancy Hardy Date of Receipt Mailing Address 12721 Golf View Drive 06 2013 City State Zip Code Transaction ID: SA11AI.5310 Huntley IL 60142 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 100.00 Name of Employer Occupation Retired Teacher None Receipt For: 2014 Election Cycle-to-Date | Primary General 245.00 Other (specify) Full Name (Last, First, Middle Initial) Wayne Stone Date of Receipt Mailing Address 26140 N Greenbriar Ct 2013 06 City State Zip Code Transaction ID: SA11AI.5306 IL Lake Barrington 60084 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 250.00 Name of Employer Occupation Retired Retired Receipt For: 2014 Election Cycle-to-Date Primary General Other (specify) 250.00 350.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

### SCHEDULE A (FEC Form 3)

FOR LINE NUMBER: **PAGE** 7 OF 26 (check only one) 11a 11b 11c 12 13a 13b 14

Use separate schedule(s) for each category of the ITEMIZED RECEIPTS Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) **Dennis Anderson for Congress** Full Name (Last, First, Middle Initial) C. Powell Trotti Date of Receipt Mailing Address 209 N. Huron 2013 19 City State Zip Code Transaction ID: SA11AI.5341 WI 54115 De Pere FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 2500.00 Name of Employer Occupation Retired Retired Receipt For: 2014 Election Cycle-to-Date | Primary General 2500.00 Other (specify) Full Name (Last, First, Middle Initial) **ACTBLUE** Date of Receipt Mailing Address P.O. BOX 382110 19 2013 Citv State Zip Code Transaction ID: SA11AI.5341.0 **CAMBRIDGE** MA 02238 FEC ID number of contributing C00401224 Amount of Each Receipt this Period С federal political committee. 2500.00 Name of Employer Occupation Receipt For: 2014 Election Cycle-to-Date [MEMO ITEM] Primary General 2710.00 Other (specify) Full Name (Last, First, Middle Initial) Debra Karin Trotti Date of Receipt Mailing Address 209 N. Huron 2013 19 City State Zip Code Transaction ID: SA11AI.5340 WI De Pere 54115 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 2500.00 Name of Employer Occupation Retired Retired Receipt For: 2014 Election Cycle-to-Date Primary General Other (specify) 2500.00 5000.00 SUBTOTAL of Receipts This Page (optional).....

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

### SCHEDULE A (FEC Form 3)

FOR LINE NUMBER: PAGE 8 OF 26 Use separate schedule(s) (check only one) for each category of the 11a 11b 11d 11c Detailed Summary Page 12 13a 13b

ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) **Dennis Anderson for Congress** Full Name (Last, First, Middle Initial) **ACTBLUE** Date of Receipt Mailing Address P.O. BOX 382110 2013 19 City State Zip Code Transaction ID: SA11AI.5340.0 MA 02238 **CAMBRIDGE** FEC ID number of contributing Amount of Each Receipt this Period C00401224 federal political committee. 2500.00 Name of Employer Occupation Receipt For: 2014 Election Cycle-to-Date [MEMO ITEM] | Primary General 5210.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General Other (specify) 0.00 SUBTOTAL of Receipts This Page (optional)..... 5600.00 TOTAL This Period (last page this line number only).....

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

FOR LINE NUMBER: **PAGE** 9 OF 26 Use separate schedule(s) (check only one) for each category of the X 11c 11a 11b 11d Detailed Summary Page 12 13a

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) **Dennis Anderson for Congress** Full Name (Last, First, Middle Initial) Friends of Michael Lowery Date of Receipt Mailing Address 1001 Pinehurst Dr 10 2013 17 City State Zip Code Transaction ID: SA11C.5365 IL 60542 Aurora FEC ID number of contributing Amount of Each Receipt this Period C federal political committee. 300.00 Name of Employer Occupation Receipt For: 2014 Election Cycle-to-Date Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... 300.00 TOTAL This Period (last page this line number only).....

Act Blue

Cambridge

Candidate Name

Office Sought:

Act Blue

Cambridge

Candidate Name

Office Sought:

Purpose of Disbursement Credit Card Processing Fee

City

Purpose of Disbursement

Credit Card Processing Fee

House Senate

House Senate

President

Senate

District:

President

District:

President

City

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

NAME OF COMMITTEE (In Full)

**PAGE** 10 26 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 17 18 19a 19b Detailed Summary Page 20a 20b 20c 21 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. Dennis Anderson for Congress Full Name (Last, First, Middle Initial) Date of Disbursement 2013 Mailing Address 14 Arrow St, Suite 11 24 State Zip Code Amount of Each Disbursement this Period MA 02138 201.26 Transaction ID: SB17.5354 Category/ Type Disbursement For: 2014 Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Disbursement Mailing Address 14 Arrow St, Suite 11 12 15 2013 State Zip Code Amount of Each Disbursement this Period MA 02138 0.99 Transaction ID: SB17.5355 Category/ Type Disbursement For: 2014 Primary General Other (specify) Date of Disbursement 2013

Full Name (Last, First, Middle Initial)

#### c. Act Blue

State:

Mailing Address 14 Arrow St, Suite 11

District:

City State Zip Code Cambridge MA 02138 Purpose of Disbursement Credit Card Processing Fee Candidate Name Category/ Type Disbursement For: 2014 Office Sought: House

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

Primary

Other (specify)

General

Transaction ID : SB17.5356

Amount of Each Disbursement this Period

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

1.98

State:

### S

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		G (FEC Form SBURSEMENT	-	Use separate sch for each category Detailed Summar	nedule(s) y of the	FOR LINE NUMBER: PAGE 11 OF 26 (check only one)
	Any information copied from such Reports and Statements m		ay not be sold or	used by any p		
or	· · ·	· ·	sing the name and a	address of any poli	tical committe	e to solicit contributions from such committee.
	Dennis And	diffee (In Full) lerson for Cong	ıress			
	Full Name (Last,	First, Middle Initial)				
A.	Act Blue					Date of Disbursement
	Mailing Address	14 Arrow St, Suite 11				12 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City		State	Zip Code		Amount of Each Disbursement this Period
	Cambridge		MA	02138		
	Purpose of Disbu Credit Card Prod					1.39
		essing ree				Transaction ID : SB17.5357
	Candidate Name				Category/	
	Office Sought:	House	Disbursement For	· 2014	Туре	_
	Office Sought.	Senate President	Primary Other (s	General		
	State:	District:				
	,	First, Middle Initial)				
В.	CFO - Com	ipiiance				Date of Disbursement
	Mailing Address	One Park Row Fifth Floor				11 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City		State	Zip Code		Amount of Each Disbursement this Period
	Providence		RI	02903		Afficiant of Each biobarcoment this Feriod
	Purpose of Disbu Compliance Cor					82.50 Transaction ID : SB17.5402
	Candidate Name				Category/ Type	
	Office Sought:	House	Disbursement For			
		Senate	Primary	General		
	State:	President District:	Other (s	pecity)		
_		First, Middle Initial)				
C.	North Shore					Date of Disbursement
	Mailing Address	535 South Sheridan R	oad			10 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City			p Code		Amount of Each Disbursement this Period
	Waukegan		IL 6	0085		04.00
	Purpose of Disbu Printing	irsement				84.66
	Candidate Name				Category/ Type	Transaction ID : SB17.5400
	Office Sought:	House Senate President	Disbursement For Primary Other (s	General	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	State:	District:	Other (s	poony)		

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

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

168.55

## SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

	FOR LINE NUMBER:			F	PAGE	12	OF	26
Use separate schedule(s)	(check only one)							
for each category of the	>	17		18		19a		19k
Detailed Summary Page		20a		20b		20c		21
ay not be sold or used by any person for the purpose of soliciting contributions ddress of any political committee to solicit contributions from such committee.								

			20a    20b    20c    21
	y information copied from such Reports and Statements may not be sold or use for commercial purposes, other than using the name and address of any political purposes.		
\	NAME OF COMMITTEE (In Full)		
$\Big\rangle$	Dennis Anderson for Congress		
	Full Name (Last, First, Middle Initial)		
۹.	North Shore Printers		Date of Disbursement
	Mailing Address 535 South Sheridan Road		11 08 2013
	City State Zip Code		Amount of Each Disbursement this Period
	Waukegan IL 60085		
	Purpose of Disbursement		53.03
		L I	Transaction ID : SB17.5401
	Candidate Name	Category/ Type	
	Office Sought: House Disbursement For: 2014		
	Senate Primary General		
	President Other (specify)		
	State: District:		
	Full Name (Last, First, Middle Initial)		
3.			Date of Disbursement
٠.			
	Mailing Address		M M / D D / Y Y Y
	City State Zip Code		Amount of Each Disbursement this Period
			ATTOUTE OF LACTI DISDUISCHIEFIE ITIIS FERIOU
	Purpose of Disbursement	· · · ·	
	Candidate Name	0-4	
		Category/ Type	
	Office Sought: House Disbursement For:		
	Senate Primary General		
	President Other (specify)		
	State: District:		
	Full Name (Last, First, Middle Initial)		
Э.			Date of Disbursement
	Mailing Address		M M / D D / Y Y Y
	City State Zip Code		Amount of Each Disbursement this Period
	Purpose of Disbursement		
	Candidate Name	Category/ Type	
	Office Sought: House Disbursement For:		
	Senate Primary General		
	President Other (specify)		
	State: District:		
	l		
6	IIRTOTAL of Dishursements This Page (entianel)		53.03
3	UBTOTAL of Disbursements This Page (optional)	·····	
т	OTAL This Period (last page this line number only)		425.81
			7 7

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

**PAGE** 

13

×	13a
	13h

26

Detailed Summary Page Transaction ID: SC/10.4113 NAME OF COMMITTEE (In Full) Dennis Anderson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Dennis Anderson General Mailing Address Other (specify)  $\blacktriangledown$ P.O. Box 8587 City State ZIP Code IL 60031 Gurnee Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 25000.00 0.00 25000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>D</sup>16<sup>D</sup> <sup>M</sup> 12<sup>M</sup> 2011 12/31/2012 0.00 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 25000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

**PAGE** 

14

×	13a
	13h

26

(check only one) Detailed Summary Page Transaction ID: SC/10.4275 NAME OF COMMITTEE (In Full) Dennis Anderson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Dennis Anderson General Mailing Address Other (specify)  $\blacktriangledown$ P.O. Box 8587 City State ZIP Code IL 60031 Gurnee Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 5000.00 0.00 5000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>D</sup> 15 <sup>M</sup> 03<sup>M</sup> Ž012 12/31/2012 0.00 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 5000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

**PAGE** 

15

×	13a
	13h

26

(check only one) Detailed Summary Page Transaction ID: SC/10.4338 NAME OF COMMITTEE (In Full) Dennis Anderson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Dennis Anderson ★ General Mailing Address Other (specify)  $\blacktriangledown$ P.O. Box 8587 City State ZIP Code IL 60031 Gurnee Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 5000.00 0.00 5000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 03<sup>M</sup> Ž012 12/31/2012 0.00 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 5000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

**PAGE** 

16

X	13a
	13h

26

(check only one) Detailed Summary Page Transaction ID: SC/10.4284 NAME OF COMMITTEE (In Full) Dennis Anderson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Dennis Anderson ★ General Mailing Address Other (specify)  $\blacktriangledown$ P.O. Box 8587 City State ZIP Code IL 60031 Gurnee Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 5000.00 0.00 5000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 29 010 <sup>M</sup> 03<sup>M</sup> Ž012 <sup>M</sup>09 0011 0.00 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 5000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

17

X	13a
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(check only one) Detailed Summary Page Transaction ID: SC/10.4467 NAME OF COMMITTEE (In Full) **Dennis Anderson for Congress** LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 Primary Dennis Anderson ★ General Mailing Address Other (specify)  $\blacktriangledown$ P.O. Box 8587 City State ZIP Code IL 60031 Gurnee Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 2200.00 0.00 2200.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 04 <sup>M</sup> 05<sup>M</sup> Ž012 0.00 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 2200.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

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(check only one) Detailed Summary Page Transaction ID: SC/10.4634 NAME OF COMMITTEE (In Full) **Dennis Anderson for Congress** LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 Primary Dennis Anderson ★ General Mailing Address Other (specify)  $\blacktriangledown$ P.O. Box 8587 City State ZIP Code IL 60031 Gurnee Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 1000.00 0.00 1000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 02 <sup>M</sup>06<sup>M</sup> Ž012 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 1000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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(check only one) Detailed Summary Page Transaction ID: SC/10.4636 NAME OF COMMITTEE (In Full) **Dennis Anderson for Congress** LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 Primary Dennis Anderson ★ General Mailing Address Other (specify)  $\blacktriangledown$ P.O. Box 8587 City State ZIP Code IL 60031 Gurnee Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 400.00 0.00 400.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup>06<sup>M</sup> <sup>D</sup>16 Ž012 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 400.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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AME OF COMMITTEE (In Full)			Trans	action	ID : SC/10.4637			
Dennis Anderson for Co	ongress							
LOAN SOURCE Full Name	(Last, First, Midd	fle Initial)		Ele	ection: 2012			
Dennis Anderson					Primary			
Mailing Address				$- \times$	General Other (specify)	_		
P.O. Box 8587					Other (specify)			
City		State ZIP Co	de					
Gurnee		IL 60031						
Original Amount of Loan		Cumulative Payment To	Date Ba	alance	Outstanding at Cl	ose of Th	nis F	Period
	400.00	9	0.00		7 7	400	0.00	$\Box$
TERMS  Date Incurred		Date Due	Interest R	ate		Secured:		
M 06 M / D 18 D / Y	Ž01Ž Y		YYY	ato	% (apr)		×	∑ Na
List All Endorsers or Guara	ntors (if any) to	Loan Source				Yes		No
1. Full Name (Last, First, M	iddle Initial)		Name of Employer					
Mailing Address			Occupation					
			Amount	-			_	
City	State	ZIP Code	Guaranteed Outstanding:	7	7		_	
2. Full Name (Last, First, Mic	ddle Initial)		Name of Employer					
Mailing Address			Occupation					
			Amount				T	
City	State	ZIP Code	Guaranteed Outstanding:	- 7			4	
3. Full Name (Last, First, Mic	ddle Initial)		Name of Employer					
Mailing Address			Occupation					
			Amount	_			T	
City	State	ZIP Code	Guaranteed Outstanding:	- 7	7		_	
4. Full Name (Last, First, Mic	ddle Initial)		Name of Employer					
Mailing Address			Occupation					
			Amount	-			÷	
City	State	ZIP Code	Guaranteed Outstanding:	7		-	_	
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(check only one) Detailed Summary Page Transaction ID: SC/10.4638 NAME OF COMMITTEE (In Full) **Dennis Anderson for Congress** LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 Primary Dennis Anderson ★ General Mailing Address Other (specify)  $\blacktriangledown$ P.O. Box 8587 City State ZIP Code IL 60031 Gurnee Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 4000.00 0.00 4000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup>06<sup>M</sup> <sup>D</sup>19<sup>D</sup> Ž012 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 4000.00 TOTALS This Period (last page in this line only) ..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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Detailed Summary Page Transaction ID: SC/10.5053 NAME OF COMMITTEE (In Full) Dennis Anderson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Dennis Anderson ★ General Mailing Address Other (specify)  $\blacktriangledown$ P.O. Box 8587 City State ZIP Code IL 60031 Gurnee Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 3000.00 0.00 3000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 20 <sup>M</sup> 07<sup>M</sup> Ž012 0.00 Ňoně % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 3000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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Detailed Summary Page Transaction ID: SC/10.5052 NAME OF COMMITTEE (In Full) Dennis Anderson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Dennis Anderson ★ General Mailing Address Other (specify)  $\blacktriangledown$ P.O. Box 8587 City State ZIP Code IL 60031 Gurnee Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 2500.00 0.00 2500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>D</sup>25 <sup>M</sup> 07<sup>M</sup> Ž012 0.00 Ňoně % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 2500.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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Detailed Summary Page Transaction ID: SC/10.5050 NAME OF COMMITTEE (In Full) Dennis Anderson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Dennis Anderson ★ General Mailing Address Other (specify)  $\blacktriangledown$ P.O. Box 8587 City State ZIP Code IL 60031 Gurnee Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 3500.00 0.00 3500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>D</sup>31 <sup>M</sup>08<sup>M</sup> Ž012 0.00 Ňoně % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 3500.00 TOTALS This Period (last page in this line only) ..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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(check only one) Detailed Summary Page Transaction ID: SC/10.5142 NAME OF COMMITTEE (In Full) Dennis Anderson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Dennis Anderson ★ General Mailing Address Other (specify)  $\blacktriangledown$ P.O. Box 8587 City State ZIP Code IL 60031 Gurnee Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 2700.00 0.00 2700.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 01 <sup>M</sup> 10<sup>M</sup> Ž012 0.00 Ňoně % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 2700.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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Detailed Summary Page Transaction ID: SC/10.5265 NAME OF COMMITTEE (In Full) Dennis Anderson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Dennis Anderson General Mailing Address Other (specify)  $\blacktriangledown$ P.O. Box 8587 City State ZIP Code IL 60031 Gurnee Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 250.00 0.00 250.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 01<sup>M</sup> <sup>D</sup>29<sup>D</sup> 2013 0.00 Ňoně % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 250.00 TOTALS This Period (last page in this line only) ...... 59950.00 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.