PAGE 1 / 23

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3		Authorized Com				Office Use Only
NAME OF COMMITTEE (in f	TYPE OR PRIM		ample: If typin er the lines.	g, type	12FE4M5	
Dennis Anderso	on for Congress					
l						
	P.O. Box 858	7				
ADDRESS (number and						
Check if difference than previous reported. (AC	Sly Gunree				IL L	60031
2. FEC IDENTIFICA	ATION NUMBER ▼	CITY			STATE A	ZIP CODE A STATE ▼ DISTRICT
C C00507459		3. IS THIS REPORT	× NEW	OR	AMENE (A)	
4. TYPE OF REP	ORT (Choose One)					
(a) Quarterly Rep	•	(b) 12-Day PRE	-Election Repo		7	
April 15	Quarterly Report (Q1)		Primary (12P) ×	General (1	(12R) Runoff (12R)
July 15 (Quarterly Report (Q2)	Ш	Convention (12C)	Special (1	2S)
	15 Quarterly Report (Q3)	Election on	M M /	06	Y Y Y Y Y 2012	in the State of
January 3	31 Year-End Report (YE)	(c) 30-Day POS	T -Election Rep	oort for the:		
			General (30G)	Runoff (30	DR) Special (30S)
Terminati	on Report (TER)	Election on	M M /	D D /	Y Y Y Y	in the State of
5. Covering Period	10 / D 01	/ Y Y Y Y Y 2012	through	M M 10	/ D D /	Y Y Y Y 2012
I certify that I have ex	amined this Report and t	to the best of my kn	owledge and	belief it is tru	ue, correct and	d complete.
Type or Print Name of	Treasurer Brett P. Smi	ley				
Signature of Treasurer	Brett P. Smiley		[Electronically I	Filed] D	ate 10	/ D D / Y Y Y Y Y Z Z Z Z Z Z Z Z Z Z Z Z Z Z
NOTE: Submission of fa	alse, erroneous, or incomp	lete information may	subject the per	son signing t	his Report to t	he penalties 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 / 23

Write or Type Committee Name

Dennis Anderson for Congress

2012 10 10 17 01 2012 Report Covering the Period: From: To: **COLUMN A COLUMN B Election Cycle-to-Date** This Period Net Contributions (other than loans) **Total Contributions** (a) 1710.00 35712.00 (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) 1710.00 35712.00 (subtract Line 6(b) from Line 6(a)) Net Operating Expenditures (a) Total Operating Expenditures 5133.51 92880.10 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 5133.51 92880.10 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 2531.90 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 59700.00 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 PAGE 3 / 23 FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Dennis Anderson for Congress

10 01 2012 10 17 2012 Report Covering the Period: From: To:

	I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. C	ONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	200.00	13201.00
	(ii) Unitemized	1510.00	13310.00
	(iii) TOTAL of contributions from individuals	1710.00	26511.00
(b	,	0.00	0.00
(C	S) Other Political Committees (such as PACs)	0.00	100.00
(c) TOTAL CONTRIBUTIONS	0.00	9101.00
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	1710.00	35712.00
	RANSFERS FROM OTHER UTHORIZED COMMITTEES	0.00	0.00
3. Lo	OANS:) Made or Guaranteed by the		
(0	Candidate	2700.00	59700.00
(b	<u></u>	0.00	0.00
(C	(add Lines 13(a) and (b))	2700.00	59700.00
	FFSETS TO OPERATING XPENDITURES		
(F	Refunds, Rebates, etc.)	0.00	0.00
	THER RECEIPTS Dividends, Interest, etc.)	0.00	0.00
1	OTAL RECEIPTS (add Lines 1(e), 12, 13(c), 14, and 15) Carry Total to Line 24, page 4)	4410.00	95412.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 23

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	5133.51	92880.10
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(c) Other Political Committees	0.00	0.00
	(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)	5133.51	92880.10
	III. CASH SU	JMMARY	
23.	CASH ON HAND AT BEGINNING OF REPO	RTING PERIOD	3255.41
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	4410.00
25.	SUBTOTAL (add Line 23 and Line 24)		7665.41
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	om Line 22)	5133.51
27.	CASH ON HAND AT CLOSE OF REPORTING (subtract Line 26 from Line 25)		2531.90

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:				PAGE	:	5	OF		23	
(check only one)										
X	11a		11b		11c		11	d		_
	12		13a		13b		14	ļ		15

Ar or	ny information copied from such Reports and St for commercial purposes, other than using the	atements may not be sold or used by any personame and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.		
\rangle	NAME OF COMMITTEE (In Full) Dennis Anderson for Congress				
۸.	Full Name (Last, First, Middle Initial) Judith Gottlieb Mailing Address 2814 Regner Rd City	State Zip Code IL 60051	Date of Receipt 10 09 2012 Transaction ID: SA11Al.5079		
	McHenry FEC ID number of contributing federal political committee. Name of Employer Receipt For: 2012 Primary General Other (specify)	Occupation Election Cycle-to-Date	Amount of Each Receipt this Period 200.00		
3.	Full Name (Last, First, Middle Initial) Mailing Address City	State Zip Code	Date of Receipt		
	FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	Occupation Election Cycle-to-Date	Amount of Each Receipt this Period		
Э.	Full Name (Last, First, Middle Initial) Mailing Address City	State Zip Code	Date of Receipt		
	FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	Occupation Election Cycle-to-Date	Amount of Each Receipt this Period		
	SUBTOTAL of Receipts This Page (optional)		200.00		
т	OTAL This Period (last page this line number of	nlv)			

FOR LINE NUMBER: **PAGE** 6 OF Use separate schedule(s) (check only one) for each category of the 11a 11b 11d 11c Detailed Summary Page X 13a 12 13b

23 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) **Dennis Anderson** Date of Receipt Mailing Address P.O. Box 8587 10 2012 01 City State Zip Code Transaction ID: SA13A.5142 IL 60031 Gurnee FEC ID number of contributing Amount of Each Receipt this Period H2IL14078 federal political committee. 2700.00 Name of Employer Occupation Self Candidate Receipt For: 2012 Election Cycle-to-Date X General Primary 68801.00 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) 2700.00 SUBTOTAL of Receipts This Page (optional)..... 2700.00 TOTAL This Period (last page this line number only).....

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•••											
SCHEDULE B (FEC Form 3)			Use separate schedule(s)		FOR LIN	IE NUMB	ER:	PAGE	7 (OF 23	
	EMIZED DISBURSEME	-	for each category of the Detailed Summary Page			17 20a	18 20b		19a 20c	19b	
	ny information copied from such Rep for commercial purposes, other tha					r the pur	pose of s		g contri	butions	
	NAME OF COMMITTEE (In Full) Dennis Anderson for Co	ngress									
Α.	Full Name (Last, First, Middle Initial) A. Act Blue					te of Disk	oursement		Y	V	
	Mailing Address 14 Arrow St, Suite				10	07	L	2012			
	City Cambridge	State MA	Zip Code 02138		Am	ount of E	ach Disb	urseme	-		
	Purpose of Disbursement Credit Card Processing Fee				Trans	saction II) : SB17.5			7.80	
	Candidate Name			Category/ Type							
	Office Sought: House Senate President	Disbursement Fo Primary Other (s									
_	State: District:	n.									
В.		•				te of Disk	oursement		YY	Y	
	Mailing Address 14 Arrow St, Suite 11					10 14 2012					
	City Cambridge	State MA	Zip Code 02138		Am	ount of E	ach Disb	urseme			
	Purpose of Disbursement Credit Card Processing Fee) : SB17.5			5.93	
	Candidate Name	D: 1		Category/ Type							
	Office Sought: House Senate President	Disbursement Fo Primary Other (s	General								
_	State: District:	n									
C.	Full Name (Last, First, Middle Initia Act Blue	1)			Da	te of Disk	oursement				
	Mailing Address 14 Arrow St, Suite 11					10 /	17	Υ	^y ^y 2012	Y	
	City State Zip Code Cambridge MA 02138					ount of E	ach Disb	urseme	ent this	Period	
	Purpose of Disbursement Credit Card Processing Fee					action In	: SB17.5	139		1.98	
	Candidate Name			Category/ Type	Irans	acuon IL	. 301 <i>1</i> .3	130			
	Office Sought: House Senate President	Disbursement Fo Primary Other (s									
	State: District:										

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

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

26.71

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SC	CHEDULE E	3 (FEC Form	3)	Llas concrete ach		FOR LINE NUMBER: PAGE 8 OF 23			
ITEMIZED DISBURSEMENTS			-	Use separate sch for each category	of the	(check only one) X 17 18 19a 19b			
				Detailed Summar	y Page	20a 20b 20c 21			
						erson for the purpose of soliciting contributions to solicit contributions from such committee.			
	NAME OF COMM	MITTEE (In Full)							
$ \rangle$	Dennis And	lerson for Cong	gress						
	•	First, Middle Initial)							
A.	Argiris Con	sulting Group				Date of Disbursement			
	Mailing Address	1830 Ridgefield Aven	ue			10 05 2012			
	City		State	Zip Code		Amount of Each Disbursement this Period			
	Algonquin		IL	60102		2700.00			
	Purpose of Disbu Campaign Strate					2700.00			
	Candidate Name				Category/	Transaction ID : SB17.5067			
					Type				
	Office Sought:	House	Disbursement For						
		Senate President	Primary Other (a	General					
	State:	District:	Other (s	pecity)					
		First, Middle Initial)							
В.	AT&T					Date of Disbursement			
	Mailine Adaluses			M M / D D / Y Y Y					
	Mailing Address	PO Box 6428		10 01 2012					
	City		State	Zip Code		Amount of Each Disbursement this Period			
	Carol Stream		IL	60197		100.23			
	Purpose of Disbursement Phones								
	Candidate Name				Category/ Type	Transaction ID : SB17.5065			
	Office Sought:	House	Disbursement For		71				
		Senate	Primary						
	Chata	President	Other (s	pecify)					
_	State:	District: First, Middle Initial)							
C.	AT&T	Thot, Middle Initially				Date of Disbursement			
	Mailing Address	PO Box 6428				10 01 / Y Y Y Y 1			
	City			o Code		Amount of Each Disbursement this Period			
	Carol Stream IL 60197					124.28			
	Purpose of Disbursement Phones					, 124.20			
	Candidate Name				Category/ Type	Transaction ID : SB17.5066			
	Office Sought:	House	Disbursement For	2012					
		Senate	Primary	General					
	State:	President District:	Other (s	pecity)					
	olale.	טוטנווטנ.							

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

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

2924.51

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

President

District:

In	nage# 12961204370					
				OR LINE NUMBER: PAGE 9 OF 23		
	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate sch for each category Detailed Summar	nedule(s) (d of the	Check only one) X 17		
	ny information copied from such Reports and Statements of for commercial purposes, other than using the name an NAME OF COMMITTEE (In Full) Of Dennis Anderson for Congress	•	, , ,			
<u>/</u> A.	Full Name (Last, First, Middle Initial)			Date of Disbursement		
	Mailing Address One Park Row Fifth Floor			10 09 2012		
	City State Providence RI	Zip Code 02903		Amount of Each Disbursement this Period		
	Purpose of Disbursement Compliance Consulting			220.00 Transaction ID : SB17.5064		
	Candidate Name		Category/ Type			
	Office Sought: Senate President State: Disbursement I Prima Other					
	Full Name (Last, First, Middle Initial)					
В.	Costco			Date of Disbursement		
	Mailing Address 250 N Randall Rd			10 09 2012		
	City State Lake in the Hills IL	Zip Code 60156		Amount of Each Disbursement this Period		
	Purpose of Disbursement Office Supplies			105.29 Transaction ID : SB17.5063		
	Candidate Name		Category/ Type			
	Office Sought: Senate Prima President State: Disbursement I Prima Other	-				
	State. District.					

Full Name (Last, First, Middle Initial)

c. FLT Corporation

Mailing Address 181 N Virginia St City State Zip Code 60014 Crystal Lake IL Purpose of Disbursement Office Rent Candidate Name Category/ Type Office Sought: Disbursement For: 2102 House X General Senate Primary

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

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

Other (specify)

Date of Disbursement

01 2012

Amount of Each Disbursement this Period 1000.00

Transaction ID: SB17.5062

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								13	25.2	29	7
		-		-	-	- j	-	-	-	-	
											7
_ !	-	-	-5-	-	-	-5-	-	-	-	-	

State:

lm	age# 12961204371					
	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	· · · · · · · · · · · · · · · · · · ·		FOR LINE NUMBER: PAGE 10 OF 23 (check only one) X 17		
	ly information copied from such Reports and Statements make for commercial purposes, other than using the name and a					
\rangle	NAME OF COMMITTEE (In Full) Dennis Anderson for Congress					
۹.	Full Name (Last, First, Middle Initial) Minuteman Press Mailing Address 2308 S Elmhurst Rd			Date of Disbursement 10 05 2012		
	City State Mount Prospect IL Purpose of Disbursement Printing	Zip Code 60056		Amount of Each Disbursement this Period 800.00		
	Candidate Name Office Sought: House Disbursement For Senate Primary President Other (s	X General	Category/ Type	Transaction ID : SB17.5058		
3.	State: District: Full Name (Last, First, Middle Initial) USPS Mailing Address 1 North Oplaine Road			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City State Gurnee IL Purpose of Disbursement Postage Candidate Name Office Sought: House Senate Primary President President State: District:	General	Category/ Type	Amount of Each Disbursement this Period 27.00 Transaction ID: SB17.5057		
Э.	Full Name (Last, First, Middle Initial) Mailing Address			Date of Disbursement		
	City State Zip Purpose of Disbursement	p Code		Amount of Each Disbursement this Period		
	Candidate Name Office Sought: House Dishursement For		Category/ Type			

General

Primary Other (specify)

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

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

State:

Senate

District:

President

827.00

5103.51

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

11

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23

(check only one) 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: ^D16^D ^M 12^M 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 ZIP Code Guaranteed City State 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:

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23

(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: ^D 15 ^M 03^M 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 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

13

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23

(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: ^M 03^M 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 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:

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23

(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 ^M 03^M Ž012 ^M09 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 LINE NUMBER:

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OANS			for each category of the Detailed Summary Page (check only one) X 13a
IAME OF COMMITTEE (In Ful	•		Transaction ID : SC/10.4467
Dennis Anderson for C	Congress		
LOAN SOURCE Full Name	e (Last, First, Mido	lle Initial)	Election: 2012
Dennis Anderson			Primary General
Mailing Address P.O. Box 8587			Other (specify)
City	;	State ZIP Co	ode
Gurnee		IL 60031	
Original Amount of Loan		Cumulative Payment To	Date Balance Outstanding at Close of This Period
, , ,	2200.00	9	0.00 2200.00
Date Incurre	ed Ž01Ž ^Y	Date Due	0.00 % (apr)
List All Endorsers or Gua	rantors (if any) to	Loan Source	Yes No
1. Full Name (Last, First, I			Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, M	Middle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, M	Middle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, M	Middle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This	Page (optional)		
FOTALS This Period (last pag	e in this line only)		>
Carry outstanding balance or	nly to LINE 3, Sche	edule 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:

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23

(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 ^M 06^M 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.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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LOANS (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: ^M06^M ^D16 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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LOANS (check only one) Detailed Summary Page Transaction ID: SC/10.4637 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: ^D 18^D ^M06^M 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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LOANS (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: ^M06^M ^D19^D 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)..... 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 ^M 07^M 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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(check only one) 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: ^D25 ^M 07^M 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 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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(check only one) 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: ^D31 ^M08^M 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 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 Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 2700.00 0.00 2700.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 01 ^M 10^M 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 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 ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 2700.00 TOTALS This Period (last page in this line only) 59700.00 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.