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FEC FORM 3

FE5AN018

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An Authorize	ed Committee	Offic	e Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
Dennis Anderson for	Congress			
ADDRESS (number and street)	P.O. Box 8587			
Check if different than previously reported. (ACC)	Gunree		IL   6003 <sup>-7</sup>	1
2. FEC IDENTIFICATION	NUMBER ▼	CITY	STATE	ZIP CODE A STATE ▼ DISTRICT
C C00507459	3. IS	THIS NEW (N) OR	X AMENDED (A)	IL 14
4. TYPE OF REPORT (	Choose One) (b) 12-	Day <b>PRE</b> -Election Report for the	·	
(a) Quarterly Reports:	(6) 12-			П
April 15 Quarterly	y Report (Q1)	X Primary (12P)	General (12G)	Runoff (12R)
July 15 Quarterly	Report (Q2)	Convention (12C)	Special (12S)	
October 15 Quar		ection on 03 / D D D	/ Y Y Y Y Y 2014	in the State of
January 31 Year-	End Report (YE) (c) 30-	Day <b>POST</b> -Election Report for the	ne:	
		General (30G)	Runoff (30R)	Special (30S)
Termination Repo	` '	ection on	/	in the State of
5. Covering Period	01 01 7 201		M / D D / Y 26	2014
I certify that I have examined	this Report and to the best	of my knowledge and belief it is	s true, correct and con	nplete.
Type or Print Name of Treasu	rer Susan Glad-Anderson			
Signature of Treasurer Su	usan Glad-Anderson	[Electronically Filed]	Date 02	05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of false, erro	oneous, or incomplete informa	ation may subject the person signir	ng this Report to the pe	enalties of 2 U.S.C. §437g.
Office Use Only				EC 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**

01 02 26 2014 01 2014 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 10755.00 20819.70 (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) 10755.00 20819.70 (subtract Line 6(b) from Line 6(a)) ...... Net Operating Expenditures (a) Total Operating Expenditures 6490.06 10008.23 (from Line 17) ..... (b) Total Offsets to Operating 0.00 74.48 Expenditures (from Line 14)..... (c) Net Operating Expenditures 6490.06 9933.75 (subtract Line 7(b) from Line 7(a)) ...... Cash on Hand at Close of 13575.59 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

PAGE 3 / 23

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

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

Report Covering the Period: From: 01 01 / 01 / 2014 To: May / Dad / Yayayay

	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)	10400.00	16000.00
	(ii) Unitemized	355.00	4519.70
	(iii) TOTAL of contributions from individuals	10755.00	20519.70
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	300.00
	(d) The Candidate	0.00	0.00
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	10755.00	20819.70
2.	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
3.	LOANS:		
	(a) Made or Guaranteed by the Candidate	0.00	250.00
	(b) All Other Loans	0.00	0.00
	(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	250.00
4.	OFFSETS TO OPERATING		
	EXPENDITURES (Refunds, Rebates, etc.)	0.00	74.48
5.	OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
6.	TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	10755.00	21144.18

#### **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	6490.06	10008.23
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19.	LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed	0.00	
	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
		0.00	0.00
	(b) Political Party Committees(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)	6490.06	10008.23
	III. CASH SU	JMMARY	
23.	CASH ON HAND AT BEGINNING OF REPOR	RTING PERIOD	9310.65
4	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	10755.00
5.	SUBTOTAL (add Line 23 and Line 24)		20065.65
:6.	TOTAL DISBURSEMENTS THIS PERIOD (from	m Line 22)	6490.06
7.	CASH ON HAND AT CLOSE OF REPORTING	G PERIOD	13575.59

#### 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	11	lb		11c		11	d	
	12	13	3a		13b		14		15

		tatements may not be sold or used by any pe name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
	IAME OF COMMITTEE (In Full) Dennis Anderson for Congress		
A	full Name (Last, First, Middle Initial)  Donald Metivier  Mailing Address 413 N Cold Springs Rd		Date of Receipt  01 30 2014
	City Woodstock	State Zip Code IL 60098	Transaction ID : SA11AI.5413
	EC ID number of contributing ederal political committee.	С	Amount of Each Receipt this Period
S	lame of Employer Self-Employed	Occupation	2600.00
F	Receipt For: 2014  Primary General Other (specify)	Election Cycle-to-Date 2600.00	
В	rull Name (Last, First, Middle Initial)  Donald Metivier		Date of Receipt
_	Mailing Address 413 N Cold Springs Rd	State 7in Code	01 30 / 2014
	City Noodstock	State Zip Code IL 60098	Transaction ID : SA11AI.5414
	EC ID number of contributing ederal political committee.	C	Amount of Each Receipt this Period
	lame of Employer self-Employed	Occupation	2600.00
F	Receipt For: 2014 Primary X General Other (specify)	Election Cycle-to-Date 5200.00	
	ull Name (Last, First, Middle Initial) Susan Metivier		Date of Receipt
	Mailing Address 413 N Cold Spring Rd		01 30 / Y Y Y Y Y
	Dity Woodstock	State Zip Code IL 60098	Transaction ID : SA11AI.5415
	EC ID number of contributing ederal political committee.	С	Amount of Each Receipt this Period
١	lame of Employer I/A	Occupation Homemaker	2600.00
F	Receipt For: 2014  Primary General Other (specify)	Election Cycle-to-Date 2600.00	
	BTOTAL of Receipts This Page (optional)  TAL This Period (last page this line number of		7800.00

City

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) **Dennis Anderson for Congress** Full Name (Last, First, Middle Initial) Susan Metivier Date of Receipt Mailing Address 413 N Cold Spring Rd 2014 30 City State Zip Code Transaction ID: SA11AI.5417 IL 60098 Woodstock FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 2600.00 Name of Employer Occupation N/A Homemaker Receipt For: 2014 Election Cycle-to-Date Primary X General 5200.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address

Zip Code

State

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

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

FEC ID number of contributing federal political committee.  Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: Primary General Other (specify)	Election Cycle-to-Date	
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	Occupation	Amount of Each Receipt this Period
Receipt For: Primary General Other (specify)	Election Cycle-to-Date	

2600.00

10400.00

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS		-	Use separate scl for each categor Detailed Summal	nedule(s) y of the	FOR LINE NUMBER: PAGE 7 OF 23  (check only one)    X   17
or for com	mercial purposes, other than of COMMITTEE (In Full)	using the name and a			20a     20b     20c     21 person for the purpose of soliciting contributions the to solicit contributions from such committee.
Denn	is Anderson for Con	gress			
Full Name (Last, First, Middle Initial)  A. Act Blue					Date of Disbursement
Mailing A	Address 14 Arrow St, Suite 11				02 18 2014
City	lge of Disbursement	State MA	Zip Code 02138		Amount of Each Disbursement this Period
	Card Processing Fee				Transaction ID : SB17.5430
	te Name	Distance of East	2044	Category/ Type	
Office S	Senate President	Disbursement For Primary Other (s	General		
State: Full Nan	District: ne (Last, First, Middle Initial)				
B. Act B					Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
					02 10 2011
City	dge of Disbursement	State MA	Zip Code 02138		Amount of Each Disbursement this Period
Credit (	Card Processing Fee te Name			Category/	Transaction ID : SB17.5431
				Type	
Office S	Senate President	Disbursement For Primary Other (s	General		
State:	District: ne (Last, First, Middle Initial)				
	- Compliance				Date of Disbursement
	Address One Park Row Fifth Floor				02 20 2014
City Provider Purpose	of Disbursement		p Code 2903		Amount of Each Disbursement this Period  165.00
Compli	ance Consulting te Name			Category/ Type	Transaction ID : SB17.5438
Office S	ought: House Senate President	Disbursement For Primary Other (s	General	-,,,,,	
State:	District:	(6	. ,,		

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

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

167.58

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	1490, 100000001				
SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS			Use separate scl for each categor Detailed Summar	nedule(s) y of the	FOR LINE NUMBER: (check only one)    X   17
	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Dennis Anderson for Congress				erson for the purpose of soliciting contributions e to solicit contributions from such committee.
<b>A</b> .	Full Name (Last, First, Middle Initial)  Brian Herman  Mailing Address 630 Gelden Lane				Date of Disbursement  O1 26 2014
	City Lindenhurst Purpose of Disbursement Payroll	State IL	Zip Code 60046		Amount of Each Disbursement this Period  2500.00  Transaction ID: SB17.5435
	Candidate Name  Office Sought: House Senate President  State: District:	rsement For Primary Other (s	General	Category/ Type	
Full Name (Last, First, Middle Initial)  Brian Herman  Mailing Address 630 Gelden Lane				Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City Lindenhurst Purpose of Disbursement Payroll Candidate Name	State IL	Zip Code 60046	Category/ Type	Amount of Each Disbursement this Period  2750.00  Transaction ID: SB17.5437
	Senate President State: District:	rsement For Primary Other (s	General	1,700	
C.	Full Name (Last, First, Middle Initial)  Kane County Democrats  Mailing Address 700 East Main Street St.				Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	•		p Code 0173	Category/ Type	Amount of Each Disbursement this Period  800.00  Transaction ID : SB17.5433
	Office Sought: House Senate President State: District:	rsement For Primary Other (s	General	, , , , , , , , , , , , , , , , , , ,	

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

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

6050.00

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

	FOR LINE NUMBER:	PAGE	9 0	F 23
Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)			
	<b>X</b> 17	18	19a	191
Detailed Suffillary 1 age	20a 2	20b	20c	21

		Botanoa Garrina	,		20a	20b	20c	21
	y information copied from such Reports and Statements ma for commercial purposes, other than using the name and ac							
	r for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.							
$\Big\rangle$	Dennis Anderson for Congress							
	Full Name (Last, First, Middle Initial)							
۹.	North Shore Printers			Da	te of Disb	ursement		
					M /	D D /	Y   Y   Y	Y
	Mailing Address 535 South Sheridan Road				02	11	2014	
	City State	Zip Code		Am	ount of E	ach Disburs	ement this P	eriod
	Waukegan IL	60085						10
	Purpose of Disbursement Printing			Trans	saction ID	: SB17.543	272.4 <b>2</b>	48
	Candidate Name		Category/					
			Туре					
	Office Sought: House Disbursement For:	2014						
	Senate Primary	General						
	President Other (sp	ecify)						
	State: District:							
	Full Name (Last, First, Middle Initial)			_				
3.				Da	te of Disb	ursement		
	Mailing Address			M	M /	D D /	Y Y Y	Y
	City State Zip Code					ach Disburs	ement this P	eriod
	Purpose of Disbursement				,			
	Candidate Name		0:1:: 1					
			Category/ Type					
	Office Sought: House Disbursement For:							
	Senate Primary	General						
	President Other (sp	ecify)						
	State: District:							
	Full Name (Last, First, Middle Initial)							
Э.				Da	te of Disb	ursement		
	Mailing Address			M	M /	D D /	Y Y Y	Υ
	Mailing Address							
	City State Zip	Code		Am	ount of E	ach Disburs	ement this P	eriod
	Purpose of Disbursement							
Candidate Name Category/								
	Office Sought: House Disbursement For:		Турс	$\dashv$				
	Senate Primary	General						
	President Other (sp.							
	State: District:	<del></del>						
_							272.	48
5	UBTOTAL of Disbursements This Page (optional)			- =	1	-		-
T	OTAL This Period (last page this line number only)				,		6490.	06

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

**PAGE** 

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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: <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: (check only one)

PAGE

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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 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: (check only one)

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23

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: (check only one)

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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 LINE NUMBER:

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DANS		Detailed Summary Page	(check only one) X 13a
AME OF COMMITTEE (In Full)		Transaction	n ID : SC/10.4467
Dennis Anderson for Congre	SS		
LOAN SOURCE Full Name (Last, I Dennis Anderson	First, Middle Initial)		lection: 2012 Primary
Mailing Address P.O. Box 8587			✓ General Other (specify) ▼
City	State ZIP 0	Code	
Gurnee	IL 6003	1	
Original Amount of Loan	Cumulative Payment <sup>-</sup>	To Date Balance	Outstanding at Close of This Period
2200	.00	0.00	2200.00
Date Incurred  M05 <sup>M</sup> / D04 <sup>D</sup> / Y Ž01Ž	Date Du	Interest Rate  O.00	Secured:
List All Endorsers or Guarantors (	if any) to Loan Source		Yes No
1. Full Name (Last, First, Middle Ir	itial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Ini	tial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	,
3. Full Name (Last, First, Middle Ini	tial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Ini	tial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (o	ptional)		2200.00
TOTALS This Period (last page in this	line only)		, , , , , ,
Carry outstanding balance only to LIN	IE 3. Schedule D. for this line.	If no Schedule D. carry forward	d 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 <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.

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/10.4636 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.

Use separate schedule(s) for each category of the

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(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: <sup>D</sup> 18<sup>D</sup> <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)..... 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: <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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(check only one) 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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(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: <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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(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: <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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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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(check only one) 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.