

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. 12FE4M5  
Dennis Anderson for Congress

ADDRESS (number and street) P.O. Box 8587  
Check if different than previously reported. (ACC)   
Gunree IL 60031

2. **FEC IDENTIFICATION NUMBER** C C00507459 CITY STATE ZIP CODE STATE DISTRICT  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A) IL 14

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on M M / D D / Y Y Y Y in the State of    
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M / D D / Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y 02 / 27 / 2014 through M M / D D / Y Y Y Y 03 / 31 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Susan Glad-Anderson  
Signature of Treasurer Susan Glad-Anderson [Electronically Filed] Date M M / D D / Y Y Y Y 02 / 05 / 2015

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**Dennis Anderson for Congress**

Report Covering the Period: From: M M / D D / Y Y Y Y 02 / 27 / 2014 To: M M / D D / Y Y Y Y 03 / 31 / 2014

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	1435.00	22254.70
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	1435.00	22254.70
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	3812.71	13820.94
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	74.48
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	3812.71	13746.46
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<b>11197.88</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>59950.00</b>	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Dennis Anderson for Congress**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	785.00	16785.00
(ii) Unitemized.....	450.00	4969.70
(iii) TOTAL of contributions from individuals ▶	1235.00	21754.70
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	200.00	500.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	1435.00	22254.70
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	74.48
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	1435.00	22579.18

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	3812.71	13820.94
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	3812.71	13820.94

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	13575.59
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	1435.00
25. SUBTOTAL (add Line 23 and Line 24).....	15010.59
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	3812.71
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	11197.88

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 23
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

**A.** Full Name (Last, First, Middle Initial)  
**Mick Eskew**

Mailing Address 5645 Binbranch Ln

City State Zip Code  
McKinney TX 75071

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 12 / 2014

**Transaction ID : SA11AI.5450**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 710 Pinehurst Lane

City State Zip Code  
Oswgo IL 60543

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 18 / 2014

**Transaction ID : SA11AI.5446**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 213 Evergreen Dr

City State Zip Code  
Batavia IL 60510

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 12 / 2014

**Transaction ID : SA11AI.5449**

Amount of Each Receipt this Period  
 35.00

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

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

785.00

785.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 23
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Illinois 10th Congressional District Democrats**

Mailing Address P.O Box 523

City State Zip Code  
Deerfield IL 60015

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11C.5457**

Amount of Each Receipt this Period  
200.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

200.00

200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 23			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Act Blue</b>		Date of Disbursement MM / DD / YYYY 02 / 28 / 2014
Mailing Address 14 Arrow St, Suite 11		Amount of Each Disbursement this Period 0.99 <b>Transaction ID : SB17.5459</b>
City Cambridge	State MA	
Zip Code 02138	Purpose of Disbursement Credit Card Processing Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Act Blue</b>		Date of Disbursement MM / DD / YYYY 03 / 12 / 2014
Mailing Address 14 Arrow St, Suite 11		Amount of Each Disbursement this Period 0.99 <b>Transaction ID : SB17.5461</b>
City Cambridge	State MA	
Zip Code 02138	Purpose of Disbursement Credit Card Processing Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Act Blue</b>		Date of Disbursement MM / DD / YYYY 03 / 14 / 2014
Mailing Address 14 Arrow St, Suite 11		Amount of Each Disbursement this Period 1.39 <b>Transaction ID : SB17.5462</b>
City Cambridge	State MA	
Zip Code 02138	Purpose of Disbursement Credit Card Processing Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3.37
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 23			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Act Blue</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2014
Mailing Address 14 Arrow St, Suite 11		Amount of Each Disbursement this Period 1.19 <b>Transaction ID : SB17.5460</b>
City Cambridge	State MA	
Zip Code 02138	Purpose of Disbursement Credit Card Processing Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Act Blue</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 14 Arrow St, Suite 11		Amount of Each Disbursement this Period 4.96 <b>Transaction ID : SB17.5463</b>
City Cambridge	State MA	
Zip Code 02138	Purpose of Disbursement Credit Card Processing Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. North Shore Printers</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address 535 South Sheridan Road		Amount of Each Disbursement this Period 1612.51 <b>Transaction ID : SB17.5468</b>
City Waukegan	State IL	
Zip Code 60085	Purpose of Disbursement Printing (Field)	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1618.66
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 23		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Date of Disbursement										
Mailing Address 1 North Oplaine Road		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>12</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	03		12		2014
M M	/	D D	/	Y Y Y Y								
03		12		2014								
City Gurnee	State IL	Zip Code 60031										
Purpose of Disbursement Postage	Amount of Each Disbursement this Period											
Candidate Name	<table border="1"> <tr> <td>2019.42</td> </tr> </table>		2019.42									
2019.42												
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014											
State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
		Transaction ID : SB17.5469										

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement										
Mailing Address		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	M M	/	D D	/	Y Y Y Y					
M M	/	D D	/	Y Y Y Y								
City	State	Zip Code										
Purpose of Disbursement	Amount of Each Disbursement this Period											
Candidate Name	<table border="1"> <tr> <td></td> </tr> </table>											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:											
State: District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement										
Mailing Address		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	M M	/	D D	/	Y Y Y Y					
M M	/	D D	/	Y Y Y Y								
City	State	Zip Code										
Purpose of Disbursement	Amount of Each Disbursement this Period											
Candidate Name	<table border="1"> <tr> <td></td> </tr> </table>											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:											
State: District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<table border="1"> <tr> <td>2019.42</td> </tr> </table>	2019.42
2019.42		
<b>TOTAL</b> This Period (last page this line number only).....	<table border="1"> <tr> <td>3641.45</td> </tr> </table>	3641.45
3641.45		

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

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

FOR LINE NUMBER: (check only one)

13a  
 13b

NAME OF COMMITTEE (In Full) **Dennis Anderson for Congress** Transaction ID : **SC/10.4113**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **Dennis Anderson** *[PERSONAL FUNDS]* Election: 2012  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
 P.O. Box 8587

City State ZIP Code  
 Gurnee IL 60031

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

**TERMS**

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

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

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

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

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

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

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

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4275

Dennis Anderson for Congress

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

[PERSONAL FUNDS]

Election: 2012

Dennis Anderson

Primary

General

Other (specify) ▼

Mailing Address

P.O. Box 8587

City

State

ZIP Code

Gurnee

IL

60031

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

5000.00

0.00

5000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

03

15

2012

12/31/2012

0.00

% (apr)

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

5000.00

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

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

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

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : **SC/10.4338**

Dennis Anderson for Congress

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

**[PERSONAL FUNDS]**

Election: 2012

Dennis Anderson

Primary

General

Other (specify) ▼

Mailing Address  
P.O. Box 8587

City State ZIP Code  
Gurnee IL 60031

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

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

03 / 27 / 2012

12/31/2012

0.00 % (apr)

Yes  No

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

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

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

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

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

# SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4284

Dennis Anderson for Congress

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

[PERSONAL FUNDS]

Election: 2012

Dennis Anderson

Primary

General

Other (specify) ▼

Mailing Address  
P.O. Box 8587

City State ZIP Code  
Gurnee IL 60031

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

### TERMS

Date Incurred

Date Due

Interest Rate

Secured:

03 / 29 / 2012

09 / 01 / 0011

0.00 % (apr)

Yes  No

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

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

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

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

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

# SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4467

Dennis Anderson for Congress

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

Dennis Anderson

Election: 2012

Primary  
 General  
 Other (specify) ▼

Mailing Address  
P.O. Box 8587

City State ZIP Code  
Gurnee IL 60031

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
2200.00 0.00 2200.00

### TERMS

Date Incurred Date Due Interest Rate Secured:  
M 05 / D 04 / Y 2012 M M / D D / Y Y Y Y 0.00 % (apr)  Yes  No

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

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

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

# SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4634

Dennis Anderson for Congress

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

Dennis Anderson

Election: 2012

Primary  
 General  
 Other (specify) ▼

Mailing Address  
P.O. Box 8587

City State ZIP Code  
Gurnee IL 60031

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
1000.00 0.00 1000.00

### TERMS

Date Incurred Date Due Interest Rate Secured:  
06 / 02 / 2012 % (apr)  Yes  No

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

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

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

# SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4636

Dennis Anderson for Congress

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

Dennis Anderson

Election: 2012

Primary  
 General  
 Other (specify) ▼

Mailing Address  
P.O. Box 8587

City State ZIP Code  
Gurnee IL 60031

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
400.00 0.00 400.00

### TERMS

Date Incurred Date Due Interest Rate Secured:  
06 / 16 / 2012 % (apr)  Yes  No

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

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

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



# SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4637

Dennis Anderson for Congress

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

Dennis Anderson

Election: 2012

Primary

General

Other (specify) ▼

Mailing Address  
P.O. Box 8587

City State ZIP Code  
Gurnee IL 60031

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
400.00 0.00 400.00

### TERMS

Date Incurred

Date Due

Interest Rate

Secured:

06

18

2012

% (apr)

Yes

No

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

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

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

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

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : **SC/10.4638**

Dennis Anderson for Congress

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

Dennis Anderson

Election: 2012

Primary  
 General  
 Other (specify) ▼

Mailing Address  
P.O. Box 8587

City State ZIP Code  
Gurnee IL 60031

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
4000.00 0.00 4000.00

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
06 / 19 / 2012 % (apr)  Yes  No

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

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

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

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

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5053

Dennis Anderson for Congress

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

[PERSONAL FUNDS]

Election: 2012

Dennis Anderson

Primary

General

Other (specify) ▼

Mailing Address  
P.O. Box 8587

City State ZIP Code  
Gurnee IL 60031

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
3000.00 0.00 3000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

07

20

2012

None

0.00

% (apr)

Yes

No

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

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

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

# SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5052

Dennis Anderson for Congress

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

[PERSONAL FUNDS]

Election: 2012

Dennis Anderson

Primary

General

Other (specify) ▼

Mailing Address  
P.O. Box 8587

City State ZIP Code  
Gurnee IL 60031

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
2500.00 0.00 2500.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

07

25

2012

None

0.00

% (apr)

Yes  No

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

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

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

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

NAME OF COMMITTEE (In Full) **Dennis Anderson for Congress** Transaction ID : **SC/10.5050**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2012  
**Dennis Anderson**  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
P.O. Box 8587

City State ZIP Code  
Gurnee IL 60031

Original Amount of Loan 3500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 3500.00
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**TERMS**

Date Incurred M 08 / D 31 / Y 2012	Date Due M / D / Y None	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	[ ] 3500.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]

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

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

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : **SC/10.5142**

Dennis Anderson for Congress

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

**[PERSONAL FUNDS]**

Election: 2012

Dennis Anderson

Primary

General

Other (specify) ▼

Mailing Address  
P.O. Box 8587

City State ZIP Code  
Gurnee IL 60031

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
2700.00 0.00 2700.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y  
10 / 01 / 2012

M M / D D / Y Y Y Y  
None

0.00 % (apr)

Yes  No

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

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

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

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

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5265

Dennis Anderson for Congress

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

**[PERSONAL FUNDS]**

Election: 2012

Dennis Anderson

Primary

General

Other (specify) ▼

Mailing Address  
P.O. Box 8587

City State ZIP Code  
Gurnee IL 60031

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
250.00 0.00 250.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

01

29

2013

None

0.00

% (apr)

Yes  No

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

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

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