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Image# 15970260367

FEC FORM 3

FE5AN018

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An Authorize	d Committee	Office	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 60031	<u> </u>
2. FEC IDENTIFICATION I	NUMBER ▼C	CITY A	STATE A	ZIP CODE
C C00507459	3. IS REI	THIS NEW (N) OR	× AMENDED (A)	STATE ▼ DISTRICT
4. TYPE OF REPORT (Co. (a) Quarterly Reports: X April 15 Quarterly	Report (Q1)	Day PRE -Election Report for the Primary (12P) Convention (12C)	: General (12G) Special (12S)	Runoff (12R)
July 15 Quarterly October 15 Quar	1.5 1.600	ction on	/ Y " Y " Y " Y	in the State of
January 31 Year-	End Report (YE) (c) 30-E	Day POST -Election Report for th	e:	
		General (30G)	Runoff (30R)	Special (30S)
Termination Repo		ction on	/	in the State of
5. Covering Period	02 Z7 Y Y 2014		M / D D / Y 31	Y Y Y 2014
I certify that I have examined Type or Print Name of Treasur	•	of my knowledge and belief it is	true, correct and con	nplete.
	san Glad-Anderson	[Electronically Filed]	Date 02	05 / Y Y Y Y Y Y 2015
NOTE: Submission of false, erro	neous, or incomplete informat	tion may subject the person signin	g this Report to the pe	nalties of 2 U.S.C. §437g.
Office Use Only				EC FORM 3 (Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

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FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Dennis Anderson for Congress

02 2014 27 2014 Report Covering the Period: From: To: **COLUMN A COLUMN B Election Cycle-to-Date** This Period Net Contributions (other than loans) **Total Contributions** (a) 1435.00 22254.70 (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) 1435.00 22254.70 (subtract Line 6(b) from Line 6(a)) Net Operating Expenditures (a) Total Operating Expenditures 3812.71 13820.94 (from Line 17) (b) Total Offsets to Operating 0.00 74.48 Expenditures (from Line 14)..... (c) Net Operating Expenditures 3812.71 13746.46 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 11197.88 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 59950.00 Schedule C and/or Schedule D).....

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 23

Write or Type Committee Name

Dennis Anderson for Congress

02 27 2014 03 31 2014 Report Covering the Period: From: To:

I. RECEIPTS		COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other	than loans) FROM:		
(a) Individuals/Persons Political Committee (i) Itemized (use S		785.00	16785.00
(ii) Unitemized (iii) TOTAL of contr	ibutions	450.00	4969.70
from individuals		1235.00	21754.70
(b) Political Party Com (c) Other Political Com		0.00	0.00
(such as PACs)		200.00	500.00
(d) The Candidate (e) TOTAL CONTRIBUT (other than loans)		0.00	0.00
(add Lines 11(a)(iii),	(b), (c), and (d))	1435.00	22254.70
2. TRANSFERS FROM OT AUTHORIZED COMMIT		0.00	0.00
LOANS: (a) Made or Guarantee	d by the		
(a) Made or Guarantee Candidate	· ·	0.00	250.00
(b) All Other Loans		0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) an	d (b))	0.00	250.00
4. OFFSETS TO OPERATING	NG		
(Refunds, Rebates, etc.)		0.00	74.48
5. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
6. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14, and (Carry Total to Line 24,	15)	1435.00	22579.18

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	3812.71	13820.94
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19.	LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed	0.00	0.00
	by the Candidate(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
	(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)	3812.71	13820.94
	III. CASH SU	MMARY	
23.	CASH ON HAND AT BEGINNING OF REPOR	ITING PERIOD	13575.59
24	TOTAL RECEIPTS THIS PERIOD (from Line 1	6, page 3)	1435.00
25.	SUBTOTAL (add Line 23 and Line 24)		15010.59
26.	TOTAL DISBURSEMENTS THIS PERIOD (from	n Line 22)	3812.71
27.	CASH ON HAND AT CLOSE OF REPORTING (subtract Line 26 from Line 25)		11197.88

SCHEDULE A (FEC Form 3)

FOR LINE NUMBER: **PAGE** 5 OF 23 (check only one) 11a 11b 11d 11c 12 13a 13b

Use separate schedule(s) for each category of the ITEMIZED RECEIPTS Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) **Dennis Anderson for Congress** Full Name (Last, First, Middle Initial) Mick Eskew Date of Receipt Mailing Address 5645 Binbranch Ln 2014 12 City State Zip Code Transaction ID: SA11AI.5450 TX 75071 McKinney FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 500.00 Name of Employer Occupation Receipt For: 2014 Election Cycle-to-Date Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) James Feeley Date of Receipt Mailing Address 710 Pinehurst Lane 18 2014 City State Zip Code Transaction ID: SA11AI.5446 Oswgo IL 60543 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 250.00 Name of Employer Occupation Receipt For: 2014 Election Cycle-to-Date Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) Martha Hanna Date of Receipt Mailing Address 213 Evergreen Dr 2014 12 City State Zip Code Transaction ID: SA11AI.5449 IL Batavia 60510 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 35.00 Name of Employer Occupation Retired Retired Receipt For: 2014 Election Cycle-to-Date | Yrimary General Other (specify) 210.00 785.00 SUBTOTAL of Receipts This Page (optional)..... 785.00 TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

	F	FOR LINE NUMBER:				PAGE	6	OF		23	
Use separate schedule(s)		(check only one)									
for each category of the Detailed Summary Page			11a		11b	X	11c	-	l1d		
			12		13a		13b	-	14		15
not be sold or used by any person for the purpose of soliciting contributions											

						, 0		12		13a	13b	14	1	15
	ry information copied from such Reports and St for commercial purposes, other than using the													s
\rangle	NAME OF COMMITTEE (In Full) Dennis Anderson for Congress													
	Full Name (Last, First, Middle Initial) Illinois 10th Congressional District De	emocrats						Data at	f D	-:				
۹.	Mailing Address P.O Box 523					Date of Receipt 03 31 2014								
	City Deerfield	State IL		Zip Cod 60015	е		-	Transaction ID : SA11C.5457						
	FEC ID number of contributing federal political committee.					Amount	t of E	Each R	Receipt thi	s Period	_			
	Name of Employer Occupation							j	j	200	.00	4		
	Receipt For: 2014 Primary General Other (specify)	Election C	ycle-1	to-Date	,	200.00								
_	Full Name (Last, First, Middle Initial)							Date of	f Rec	eipt				
3.	Mailing Address							M I M	_	D 0	/ Y	YY	Υ	
	City	State		Zip Cod	е									
	FEC ID number of contributing federal political committee.							Amoun	it of I	Each F	Receipt thi	s Period		
	Name of Employer	Occupation	า							-				_
	Receipt For: Primary General Other (specify)	Election C	ycle-1		7									
_	Full Name (Last, First, Middle Initial)							Date of	f Rec	eipt				
j.	Mailing Address							M M	1	D D	/ Y	YYY	Υ	
	City	State		Zip Cod	е									
	FEC ID number of contributing federal political committee.	С						Amoun	t of I	Each F	Receipt thi	s Period		
	Name of Employer	Occupation	า							-			_	
	Receipt For: Primary General Other (specify)	Election C	ycle-t	to-Date	5									
s	UBTOTAL of Receipts This Page (optional)											200.	.00	
TOTAL This Period (last page this line number only)										200	.00	1		

S

	-					
SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS		-	Use separate schedule(s) (c		FOR LINE NUMBER: PAGE 7 OF 23 (check only one)	
IT	EMIZED DI	SBURSEMENT	rs	for each category Detailed Summar		X 17 18 19a 19b 20a 20b 20c 21
						person for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMI	MITTEE (In Full)				
$ \rangle$		derson for Cong	gress			
	Full Name (Last,	First, Middle Initial)				
A.	Act Blue					Date of Disbursement
Mailing Address 14 Arrow St, Suite 11					02 28 2014	
	City		State	Zip Code		Amount of Each Disbursement this Period
	Cambridge		MA	02138		
	Purpose of Disb Credit Card Pro					0.99 Transaction ID : SB17.5459
	Candidate Name	•			Category/ Type	
	Office Sought:	House	Disbursement For	: 2014		
		Senate	X Primary	General		
		President	Other (s	specify)		
	State:	District:				
	•	First, Middle Initial)				
В.	Act Blue					Date of Disbursement
	Mailing Address	14 Arrow St, Suite 11				03 12 2014
	3	14 Allow St, Suite 11				03 12 2014
	City		State	Zip Code		Amount of Each Disbursement this Period
	Cambridge		MA	02138		
	Purpose of Disb Credit Card Pro	ursement cessing Fee				0.99
						Transaction ID : SB17.5461
	Candidate Name)			Category/	
	Office Sought:	House	Disbursement For	·· 201 <i>4</i>	Type	_
	Office Gought.	Senate	Primary			
		President	Other (s			
	State:	District:				
	Full Name (Last,	First, Middle Initial)	•			
C.	Act Blue					Date of Disbursement
	Mailing Address	14 Arrow St, Suite 11				03 14 7 7 7 7 7
	City		State Zi	p Code		Amount of Each Disbursement this Period
	Cambridge		MA 0	2138		
	Purpose of Disb Credit Card Pro	ursement				1.39
	Candidate Name				Category/	Transaction ID : SB17.5462
	-				Type	
	Office Sought:	House	Disbursement For			
		Senate President	Primary Other (s	General		
	State:	District:	U Other (s	ppecity)		
	Jidio.	Diotriot.				

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

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

3.37

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

	FOR LIN	F	PAGE	8	OF	23		
Use separate schedule(s) for each category of the Detailed Summary Page	(check o							
	<u> </u>	\ 17		18		19a		191
		20a		20b		20c		21
y not be sold or used by any person for the purpose of soliciting contributions								

	Detailed Summar	y Page	20a 20b 20c 21					
	y information copied from such Reports and Statements may not be sold or use for commercial purposes, other than using the name and address of any political purposes.		person for the purpose of soliciting contributions					
\rangle	NAME OF COMMITTEE (In Full) Dennis Anderson for Congress							
۹.	Full Name (Last, First, Middle Initial) Act Blue Mailing Address 14 Arrow St, Suite 11		Date of Disbursement 03 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	City State Zip Code Cambridge MA 02138 Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: House Senate Disbursement For: 2014 Senate Primary General	Category/ Type	Amount of Each Disbursement this Period 1.19 Transaction ID : SB17.5460					
3.	State: District: Full Name (Last, First, Middle Initial) Act Blue Mailing Address 14 Arrow St, Suite 11		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 Zip Code Cambridge MA 02138 Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: House Senate Primary General President Other (specify)	Category/ Type	Amount of Each Disbursement this Period 4.96 Transaction ID: SB17.5463					
Э.	Full Name (Last, First, Middle Initial) North Shore Printers Mailing Address 535 South Sheridan 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 Zip Code Waukegan IL 60085 Purpose of Disbursement Printing (Field) Candidate Name Office Sought: House Senate President President State Zip Code IL 60085 Purpose of Disbursement For: 2014 Senate Other (specify)	Category/ Type	Amount of Each Disbursement this Period 1612.51 Transaction ID : SB17.5468					
s	SUBTOTAL of Disbursements This Page (optional)							
Т	OTAL This Period (last page this line number only)							

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

	FOR LINE	NUMBE	R:		PAGE	9	OF	23
Use separate schedule(s)	(check onl	y one)						
for each category of the Detailed Summary Page	X	17		18		19a		19k
Detailed Suffillary Fage		20a		20b		20c		21

Any information copied from such Reports and Statements may not be sold or used by or for commercial purposes, other than using the name and address of any political co	y any person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Dennis Anderson for Congress	
Full Name (Last, First, Middle Initial) 1. USPS	Date of Disbursement
Mailing Address 1 North Oplaine Road	03 12 2014
City State Zip Code Gurnee IL 60031	Amount of Each Disbursement this Period
Purpose of Disbursement Postage Condidate Name	2019.42 Transaction ID : SB17.5469
	egory/ ype
Office Sought: House	
Full Name (Last, First, Middle Initial)	Date of Dishuran
Mailing Address	Date of Disbursement
City State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement	
	egory/ ype
Office Sought: House	
Full Name (Last, First, Middle Initial)	Date of Disbursement
Mailing Address	M M / D D / Y Y Y
Mailing Address	
City State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement Candidate Name	
Cate	egory/ ype
Senate Primary General Other (specify) State: Disbursement For: Once Sought: Primary General Other (specify)	
SUBTOTAL of Disbursements This Page (optional)	2019.42
TOTAL This Period (last page this line number only)	3641.45

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

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X	13a
	13b

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 State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 25000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

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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: (check only one)

PAGE

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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: ^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 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)

PAGE

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23

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 each category of the

FOR LINE NUMBER:

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OANS			Detailed Summary Pa	
AME OF COMMITTEE (In Full)			Transa	action ID : SC/10.4467
Dennis Anderson for Con	gress			
LOAN SOURCE Full Name (La	ast, First, Middl	e Initial)		Election: 2012
Dennis Anderson				Primary
Mailing Address				☐ X General Other (specify) ▼
P.O. Box 8587				
City	S	tate ZIP Cod	de	
Gurnee		IL 60031		
Original Amount of Loan		Cumulative Payment To	Date Bal	lance Outstanding at Close of This Period
	2200.00		0.00	2200.00
	4	, , ,		9 9 9
TERMS Date Incurred		Date Due	Interest Rat	te Secured:
M05 ^M / D04 ^D / Y 20)12 Y	M / D D / Y	Y Y Y 0.0	% (apr)
List All Endorsers or Guaranto	ors (if anv) to I	oan Source		Yes No
Full Name (Last, First, Midd)		20417 004100	Name of Employer	
Mailing Address			Occupation	
Mailing Address			Occupation	
			Amount	
City	State	ZIP Code	Guaranteed Outstanding:	9 9
2. Full Name (Last, First, Middl	e Initial)		Name of Employer	
Mailing Address			Occupation	
			Amount	
City	State	ZIP Code	Guaranteed Outstanding:	9 9
3. Full Name (Last, First, Middl	e Initial)		Name of Employer	
Mailing Address			Occupation	
			Amount	
City	State	ZIP Code	Guaranteed Outstanding:	9 9
4. Full Name (Last, First, Middl	e Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed	
,			Outstanding:	9 9
SUBTOTALS This Period This Pag	ge (optional)		·····	2200.00
FOTALS This Period (last page in	this line only)		······	, , , , , ,
Carry outstanding balance only to	LINE 3 Scheo	lule D for this line If I	no Schedule D. carry for	ward to appropriate line of Summary

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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(check only one) Detailed Summary Page Transaction ID: SC/10.4634 NAME OF COMMITTEE (In Full) **Dennis Anderson for Congress** LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 Primary Dennis Anderson ★ General Mailing Address Other (specify) \blacktriangledown P.O. Box 8587 City State ZIP Code IL 60031 Gurnee Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 1000.00 0.00 1000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 02 ^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)..... 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 LINE NUMBER:

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OANS			for each category of the Detailed Summary Page (check only one) X 13a 13b
AME OF COMMITTEE (In Ful)		Transaction ID : SC/10.4636
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
	400.00		0.00 400.00
Date Incurre	d Ž01Ž ^Y M	Date Due	Interest Rate Secured: (apr)
List All Endorsers or Gual	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	liddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, M	liddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, N	liddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This	Page (optional)		400.00
FOTALS This Period (last pag	e in this line only)		
Carry outstanding balance on	ly to LINE 3, Sche	dule 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

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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: ^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 ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 4000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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Detailed Summary Page Transaction ID: SC/10.5053 NAME OF COMMITTEE (In Full) Dennis Anderson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Dennis Anderson ★ General Mailing Address Other (specify) \blacktriangledown P.O. Box 8587 City State ZIP Code IL 60031 Gurnee Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 3000.00 0.00 3000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 20 ^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 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: ^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 City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 3500.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

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Detailed Summary Page Transaction ID: SC/10.5265 NAME OF COMMITTEE (In Full) Dennis Anderson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Dennis Anderson General Mailing Address Other (specify) \blacktriangledown P.O. Box 8587 City State ZIP Code IL 60031 Gurnee Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 250.00 0.00 250.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 01^M ^D29^D 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.