

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
Gunree IL 60031
 Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER** C C00507459
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT
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 04 / 01 / 2014 through M M / D D / Y Y Y Y 06 / 30 / 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: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	3975.00	26229.70
(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)).....	3975.00	26229.70
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	11423.45	25244.39
(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)).....	11423.45	25169.91
8. Cash on Hand at Close of Reporting Period (from Line 27).....	3749.43	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	59950.00	

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: / /

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).....	1355.00	18140.00
(ii) Unitemized.....	1620.00	6589.70
(iii) TOTAL of contributions from individuals ▶	2975.00	24729.70
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	1000.00	1500.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	3975.00	26229.70
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. 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
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	74.48
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	3975.00	26554.18

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	11423.45	25244.39
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	11423.45	25244.39

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	11197.88
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	3975.00
25. SUBTOTAL (add Line 23 and Line 24).....	15172.88
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	11423.45
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	3749.43

**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 30
	<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)
Judith Gottlieb

Mailing Address 2814 Regner Rd

City State Zip Code
McHenry IL 60051

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 14 / 2014

Transaction ID : SA11AI.5475

Amount of Each Receipt this Period
500.00

B. 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
245.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 14 / 2014

Transaction ID : SA11AI.5560

Amount of Each Receipt this Period
35.00

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
280.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 14 / 2014

Transaction ID : SA11AI.5474

Amount of Each Receipt this Period
35.00

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

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

570.00

**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 30
	<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	

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NAME OF COMMITTEE (In Full)
Dennis Anderson for Congress

A. 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
315.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 23 / 2014

Transaction ID : SA11AI.5496

Amount of Each Receipt this Period
35.00

B. Full Name (Last, First, Middle Initial)
Nancy Hardy

Mailing Address 12721 Golf View Drive

City State Zip Code
Huntley IL 60142

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

Name of Employer Occupation
None Retired Teacher

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
345.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 14 / 2014

Transaction ID : SA11AI.5473

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Linda Pille

Mailing Address 28790 Calumet Avenue

City State Zip Code
Warrenville IL 60555

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 23 / 2014

Transaction ID : SA11AI.5497

Amount of Each Receipt this Period
500.00

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

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

635.00

**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 7 OF 30
	<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	

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NAME OF COMMITTEE (In Full)
Dennis Anderson for Congress

A. Full Name (Last, First, Middle Initial)
Martha Swanson

Mailing Address 5615 Ridgeway Road

City Ringwood State IL Zip Code 60072

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

Name of Employer N/A Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 27 / 2014

Transaction ID : SA11AI.5490

Amount of Each Receipt this Period
 50.00

B. Full Name (Last, First, Middle Initial)
Martha Swanson

Mailing Address 5615 Ridgeway Road

City Ringwood State IL Zip Code 60072

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

Name of Employer N/A Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 23 / 2014

Transaction ID : SA11AI.5501

Amount of Each Receipt this Period
 100.00

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

Amount of Each Receipt this Period

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

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

150.00

1355.00

**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 8 OF 30	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
Dennis Anderson for Congress

A. Full Name (Last, First, Middle Initial)
IL Political Active Letter Carriers

Mailing Address PO Box 561

City Overland Park State IL Zip Code 60462

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 Y
06 / 16 / 2014

Transaction ID : SA11C.5492

Amount of Each Receipt this Period
1000.00

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).....

1000.00

1000.00

**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 9 OF 30			
	<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) A. Act Blue		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 14 Arrow St, Suite 11		Amount of Each Disbursement this Period 2.38 Transaction ID : SB17.5562
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	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. Act Blue		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2014
Mailing Address 14 Arrow St, Suite 11		Amount of Each Disbursement this Period 1.19 Transaction ID : SB17.5563
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	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) C. Act Blue		Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2014
Mailing Address 14 Arrow St, Suite 11		Amount of Each Disbursement this Period 5.34 Transaction ID : SB17.5564
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	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	8.91
TOTAL 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 10 OF 30			
	<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)

A. Act Blue

Mailing Address 14 Arrow St, Suite 11

City Cambridge State MA Zip Code 02138

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
05 / 04 / 2014

Amount of Each Disbursement this Period
21.93

Transaction ID : SB17.5565

Category/Type

Full Name (Last, First, Middle Initial)

B. Act Blue

Mailing Address 14 Arrow St, Suite 11

City Cambridge State MA Zip Code 02138

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
05 / 26 / 2014

Amount of Each Disbursement this Period
1.39

Transaction ID : SB17.5566

Category/Type

Full Name (Last, First, Middle Initial)

C. Act Blue

Mailing Address 14 Arrow St, Suite 11

City Cambridge State MA Zip Code 02138

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
06 / 08 / 2014

Amount of Each Disbursement this Period
1.39

Transaction ID : SB17.5567

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... 24.71

TOTAL 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 11 OF 30			
	<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) A. Act Blue		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2014
Mailing Address 14 Arrow St, Suite 11		Amount of Each Disbursement this Period 23.70
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. Act Blue		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2014
Mailing Address 14 Arrow St, Suite 11		Amount of Each Disbursement this Period 3.95
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) c. American Legion		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address		Amount of Each Disbursement this Period 250.00
City	State	
Zip Code		
Purpose of Disbursement Space Rental		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: _____	

SUBTOTAL of Disbursements This Page (optional).....	277.65
TOTAL 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 12 OF 30	
	<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)
A. CFO - Compliance

Mailing Address One Park Row Fifth Floor	Date of Disbursement MM / DD / YYYY 06 / 21 / 2014
City Providence	State RI
Zip Code 02903	Amount of Each Disbursement this Period 605.00
Purpose of Disbursement Compliance Consulting	Transaction ID : SB17.5540
Candidate Name	Category/ Type
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. Demotrac

Mailing Address 116 N. Ogden Dr	Date of Disbursement MM / DD / YYYY 04 / 14 / 2014
City Los Angeles	State CA
Zip Code 90046	Amount of Each Disbursement this Period 250.00
Purpose of Disbursement Communications Consulting	Transaction ID : SB17.5513
Candidate Name	Category/ Type
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)
C. Demotrac

Mailing Address 116 N. Ogden Dr	Date of Disbursement MM / DD / YYYY 05 / 27 / 2014
City Los Angeles	State CA
Zip Code 90046	Amount of Each Disbursement this Period 725.00
Purpose of Disbursement Communications Consulting	Transaction ID : SB17.5535
Candidate Name	Category/ Type
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:	

SUBTOTAL of Disbursements This Page (optional).....	1580.00
TOTAL 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 13 OF 30	
	<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) A. Brian Herman		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2014
Mailing Address 630 Gelden Lane		Amount of Each Disbursement this Period 3000.00 Transaction ID : SB17.5511
City Lindenhurst	State IL Zip Code 60046	
Purpose of Disbursement Payrol	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. North Shore Printers		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address 535 South Sheridan Road		Amount of Each Disbursement this Period 528.25 Transaction ID : SB17.5548
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. North Shore Printers		Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2014
Mailing Address 535 South Sheridan Road		Amount of Each Disbursement this Period 272.87 Transaction ID : SB17.5546
City Waukegan	State IL Zip Code 60085	
Purpose of Disbursement Printing- Fundraising	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:		

SUBTOTAL of Disbursements This Page (optional).....	3801.12
TOTAL 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 14 OF 30	
	<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) A. North Shore Printers		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 535 South Sheridan Road		Amount of Each Disbursement this Period 318.86
City Waukegan	State IL	
Zip Code 60085	Purpose of Disbursement Printing- Fundraising	Transaction ID : SB17.5541
Candidate Name	Category/ Type	
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. Jim Rauh		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 201 S. West St		Amount of Each Disbursement this Period 1800.00
City Crown Point	State IN	
Zip Code 46307	Purpose of Disbursement Payroll	Transaction ID : SB17.5516
Candidate Name	Category/ Type	
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) c. Jim Rauh		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 201 S. West St		Amount of Each Disbursement this Period 2065.56
City Crown Point	State IN	
Zip Code 46307	Purpose of Disbursement Payroll	Transaction ID : SB17.5530
Candidate Name	Category/ Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	4184.42
TOTAL 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 15 OF 30			
	<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) A. Jim Rauh			Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2014		
Mailing Address 201 S. West St			Amount of Each Disbursement this Period 120.00		
City Crown Point	State IN	Zip Code 46307	Transaction ID : SB17.5538		
Purpose of Disbursement Reimbursement		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. Jim Rauh			Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2014		
Mailing Address 201 S. West St			Amount of Each Disbursement this Period 257.43		
City Crown Point	State IN	Zip Code 46307	Transaction ID : SB17.5544		
Purpose of Disbursement Reimbursement		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) c. Stars and Stripes			Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014		
Mailing Address 7560 W 100th P			Amount of Each Disbursement this Period 344.30		
City Bridgeview	State IL	Zip Code 60455	Transaction ID : SB17.5524		
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	721.73
TOTAL 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 16 OF 30	
	<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) A. USPS		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 1 North Oplaine Road		Amount of Each Disbursement this Period 116.00
City Gurnee State IL Zip Code 60031	Purpose of Disbursement Postage	
Candidate Name	Category/Type	Transaction ID : SB17.5515
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. USPS		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 1 North Oplaine Road		Amount of Each Disbursement this Period 5.60
City Gurnee State IL Zip Code 60031	Purpose of Disbursement Postage	
Candidate Name	Category/Type	Transaction ID : SB17.5519
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) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	121.60
TOTAL This Period (last page this line number only).....	10720.14

SCHEDULE C (FEC Form 3) LOANS

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

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2012
Dennis Anderson Primary
 Mailing Address P.O. Box 8587 General
 Other (specify) ▼

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 Date Due Interest Rate Secured:
 M^M / D^D / Y^Y 2011 M^M / D^D / Y^Y 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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....
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/10.4275**

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]* Election: 2012
Dennis Anderson Primary
 Mailing Address P.O. Box 8587 General
 Other (specify) ▼

City State ZIP Code
 Gurnee IL 60031

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

TERMS

Date Incurred M 03 / D 15 / Y 2012	Date Due M M / D D / Y 12/31/2012	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

NAME OF COMMITTEE (In Full) **Dennis Anderson for Congress** Transaction ID : **SC/10.4338**

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 5000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 5000.00
------------------------------------	------------------------------------	--

TERMS

Date Incurred M 03 / D 27 / Y 2012	Date Due M M / D D / Y 12/31/2012	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) **Dennis Anderson for Congress** Transaction ID : **SC/10.4284**

LOAN SOURCE Full Name (Last, First, Middle Initial) Dennis Anderson	[PERSONAL FUNDS]	Election: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> 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:
M 03 / D 29 / Y 2012 Y	M 09 / D 01 / Y 0011 Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 M / D D / Y Y Y Y
05 / 04 / 2012

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

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

1000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
06 / 02 / 2012

Date Due

M M / D D / Y Y Y Y

Interest Rate

% (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)..... ▶

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

NAME OF COMMITTEE (In Full) **Dennis Anderson for Congress** Transaction ID : **SC/10.4636**

LOAN SOURCE Full Name (Last, First, Middle Initial) Dennis Anderson	Election: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> 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			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

400.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

400.00

TERMS

Date Incurred

06

18

2012

Date Due

Interest Rate

% (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)..... ▶

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

NAME OF COMMITTEE (In Full) **Dennis Anderson for Congress** Transaction ID : **SC/10.4638**

LOAN SOURCE Full Name (Last, First, Middle Initial) Dennis Anderson	Election: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> 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:
M 06 / D 19 / Y 2012 Y	M M / D D / Y Y Y Y	% (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

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/10.5050**

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
3500.00 0.00 3500.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

08

31

2012

None

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)..... 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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Dennis Anderson for Congress** Transaction ID : **SC/10.5142**

LOAN SOURCE Full Name (Last, First, Middle Initial) Dennis Anderson	[PERSONAL FUNDS]	Election: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> 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 10 / D 01 / Y 2012 Y Y	M M / D D / Y None Y Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

NAME OF COMMITTEE (In Full) **Dennis Anderson for Congress** Transaction ID : **SC/10.5265**

LOAN SOURCE Full Name (Last, First, Middle Initial) Dennis Anderson	[PERSONAL FUNDS]	Election: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> 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)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.