PAGE 1 / 30

Image# 15950599390

FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3		n Authorize		_			Office Use Only	
NAME OF COMMITTEE (in f	TYPE OR P	RINT ▼		mple: If typin r the lines.	g, type	12FE4M5	5	
Dennis Anderso	on for Congress							1
	ı P.O. Box 8	8587						
ADDRESS (number and								
Check if diffe	erent							
than previous reported. (AC							60031	
2. FEC IDENTIFICA	ATION NUMBER ▼	C	eITY A			STATE A	ZIP CODE STATE ▼	▲ DISTRICT
C C00507459		3. IS REI	THIS PORT	NEW (N)	OR	× AMENI (A)		14
4. TYPE OF REP	ORT (Choose One)							
(a) Quarterly Re	ports:	(b) 12-E	Day PRE-	Election Repo	ort for the:	1		
April 15	Quarterly Report (Q1)		Ш	Primary (12P)		General (	12G) Run	off (12R)
X July 15 (	Quarterly Report (Q2)		Ш	Convention (	12C)	Special (1	2S)	
	15 Quarterly Report (QC	B) Elec	ction on	M M /	D D /	Y " Y " Y	in the State of	
January	31 Year-End Report (YE	(c) 30-E	Day <b>POS</b> 1	-Election Rep	oort for the:			
				General (30G	)	Runoff (30	OR) Spe	ecial (30S)
Terminati	ion Report (TER)	Ele	ction on	M M /	D D /	Y	in the State of	
5. Covering Period	M M / D1	2014	YYY	through	M M 06	/ D D /	2014	
I certify that I have ex	amined this Report an	d to the best	of my kno	owledge and l	belief it is tru	ie, correct and	d complete.	
Type or Print Name of	f Treasurer Susan Gl	ad-Anderson						
Signature of Treasurer	Susan Glad-Anders	on		Electronically I	Filed] D	ate 02	/ D D / Y	Y Y Y Y 2015
NOTE: Submission of fa	alse, erroneous, or inco	mplete informat	ion may s	ubject the per	son signing t	his Report to t	he penalties of 2 U.S	s.C. §437g.
Office Use Only							FEC FORM (Revised 02/200	-

### **SUMMARY PAGE**

FEC Form 3 (Revised 02/2003) of Receipts and Disbursements

PAGE 2 / 30

Write or Type Committee Name
Dennis Anderson for Congress

			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.		orting Period (from Line 27)	3749.43	
9.	the	ots and Obligations Owed <b>TO</b> Committee (Itemize all on medule C and/or Schedule D)	0.00	
10.	the	ots and Obligations Owed BY Committee (Itemize all on addule 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**

FEC Form 3 (Revised 12/2003) of Receipts PAGE 3/30

Write or Type Committee Name

### **Dennis Anderson for Congress**

I. RECEIPTS		COLUMN A Total This Period	COLUMN B Election Cycle-to-Date	
11. CC	ONTRIBUTIONS (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 Other Political Committees	0.00	0.00	
(c)	(such as PACs)	1000.00	1500.00	
(d) (e)	The Candidate  TOTAL CONTRIBUTIONS	0.00	0.00	
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	3975.00	26229.70	
	ANSFERS FROM OTHER ITHORIZED COMMITTEES	0.00	0.00	
3. LO				
(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	
	FSETS TO OPERATING PENDITURES			
	efunds, Rebates, etc.)	0.00	74.48	
	THER RECEIPTS vidends, Interest, etc.)	0.00	0.00	
11(	TAL RECEIPTS (add Lines (e), 12, 13(c), 14, and 15) arry Total to Line 24, page 4)	3975.00	26554.18	

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 30

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		
		0.00	0.00		
	<ul><li>(b) Political Party Committees</li><li>(c) Other Political Committees</li></ul>	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)	11423.45	25244.39		
	III. CASH SI	UMMARY			
23.	CASH ON HAND AT BEGINNING OF REPO	DRTING 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 (fro	om Line 22)	11423.45		
27.	CASH ON HAND AT CLOSE OF REPORTIN (subtract Line 26 from Line 25)	IG PERIOD	3749.43		

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

FOR LINE NUMBER:				PAGE		5	OF	30	
l	(check only one)								
	X 11a		11b		11c		11	d	
l	12		13a		13b		14		15

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) Judith Gottlieb Date of Receipt Mailing Address 2814 Regner Rd 2014 14 City State Zip Code Transaction ID: SA11AI.5475 IL 60051 McHenry FEC ID number of contributing Amount of Each Receipt this Period C federal political committee. 500.00 Name of Employer Occupation Receipt For: 2014 Election Cycle-to-Date Primary X General 500.00 Other (specify) Full Name (Last, First, Middle Initial) Martha Hanna Date of Receipt Mailing Address 213 Evergreen Dr 14 2014 City State Zip Code Transaction ID: SA11AI.5560 Batavia IL 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 ✓ General Primary 245.00 Other (specify) Full Name (Last, First, Middle Initial) Martha Hanna Date of Receipt Mailing Address 213 Evergreen Dr 2014 14 City State Zip Code Transaction ID: SA11AI.5474 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 | General Primary 280.00 Other (specify) 570.00 SUBTOTAL of Receipts This Page (optional).....

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

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

FOR LINE	NUMBER:	PAGE	6 0	F 30		
(check only one)						
X <sub>11a</sub>	11b	11c	11d			
12	13a	13b	14	15		

Ar or	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								
Α.	Full Name (Last, First, Middle Initial)  Martha Hanna  Mailing Address 213 Evergreen Dr		Date of Receipt  06 23 2014						
	City Batavia	State Zip Code IL 60510	Transaction ID : SA11AI.5496						
	FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period						
	Name of Employer Retired	Occupation Retired	33.00						
	Receipt For: 2014  Primary Signal General Other (specify)	Election Cycle-to-Date 315.00							
В.	Full Name (Last, First, Middle Initial)  Nancy Hardy  Mailing Address 12721 Golf View Drive		Date of Receipt						
	City Huntley	05 14 2014 Transaction ID : SA11Al.5473							
	FEC ID number of contributing federal political committee.	IL 60142	Amount of Each Receipt this Period						
	Name of Employer None	Occupation Retired Teacher	100.00						
	Receipt For: 2014  Primary General  Other (specify)	Election Cycle-to-Date 345.00							
_	Full Name (Last, First, Middle Initial)  Linda Pille		Date of Receipt						
C.	Mailing Address 28790 Calumet Avenue	06 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
	City Warrenville	State Zip Code IL 60555	Transaction ID : SA11AI.5497						
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period						
	Name of Employer Occupation		500.00						
	Receipt For: 2014 Primary General Other (specify)	Election Cycle-to-Date							
Г	SUBTOTAL of Receipts This Page (optional)		635.00						

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

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

FOR LINE	NUMBER:	PAGE	. 70	F 30				
(check only one)								
X 11a	11b	11c	11d					
12	13a	13b	14	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								
<b>A</b> .	Full Name (Last, First, Middle Initial)  Martha Swanson  Mailing Address 5615 Ridgeway Road  City  Ringwood  FEC ID number of contributing federal political committee.  Name of Employer  N/A  Receipt For: 2014  Primary  Other (specify)  General	State Zip Code IL 60072  C  Occupation Retired  Election Cycle-to-Date	Date of Receipt  05 27 2014  Transaction ID : SA11AI.5490  Amount of Each Receipt this Period  50.00						
В.	Full Name (Last, First, Middle Initial)  Martha Swanson  Mailing Address 5615 Ridgeway Road  City	State Zip Code	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
	Ringwood  FEC ID number of contributing federal political committee.  Name of Employer  N/A  Receipt For: 2014  Primary General  Other (specify)	Occupation Retired Election Cycle-to-Date	Amount of Each Receipt this Period						
C.	Full Name (Last, First, Middle Initial)  Mailing Address  City	State Zip Code	Date of Receipt						
	FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	Occupation  Election Cycle-to-Date	Amount of Each Receipt this Period						
Г	SUBTOTAL of Receipts This Page (optional)		150.00 1355.00						

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

30 FOR LINE NUMBER: **PAGE** 8 OF Use separate schedule(s) (check only one) for each category of the X 11c 11a 11b 11d Detailed Summary Page 12 13a

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) **IL Political Active Letter Carriers** Date of Receipt Mailing Address PO Box 561 06 2014 16 City State Zip Code Transaction ID: SA11C.5492 IL 60462 Overland Park FEC ID number of contributing Amount of Each Receipt this Period C federal political committee. 1000.00 Name of Employer Occupation Receipt For: 2014 Election Cycle-to-Date Primary X General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)..... 1000.00 TOTAL This Period (last page this line number only).....

	-							
SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS			-	Use separate schedule(s) (c for each category of the		FOR LINE NUMBER: PAGE 9 OF 30 (check only one)		
				Detailed Summar	y Page	20a 20b 20c 21		
						erson for the purpose of soliciting contributions e to solicit contributions from such committee.		
	NAME OF COM	MITTEE (In Full)						
$ \rangle$	Dennis And	derson for Cong	gress					
		First, Middle Initial)						
A.	Act Blue					Date of Disbursement		
	Mailing Address	14 Arrow St, Suite 11				04 01 2014		
	City		State	Zip Code		Amount of Each Disbursement this Period		
	Cambridge		MA	02138				
	Purpose of Disb Credit Card Pro					2.38		
	Candidate Name					Transaction ID : SB17.5562		
		,			Category/ Type			
	Office Sought:	House	Disbursement For					
		Senate	Primary Other (e	General				
	State:	President District:	Other (s	ресіту)				
		First, Middle Initial)						
В.	Act Blue					Date of Disbursement		
В.						M M / D D / Y Y Y		
	Mailing Address 14 Arrow St, Suite 11					04 06 2014		
	City		State	Zip Code		Amount of Each Disbursement this Period		
	Cambridge		MA	02138				
	Purpose of Disb Credit Card Pro	ursement cessing Fee				1.19		
						Transaction ID : SB17.5563		
	Candidate Name							
	Office Sought:	House	Disbursement For	. 2014	Туре			
	omoc cougnt.	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					04 / 27 / 2014		
	City State Zip Code					Amount of Each Disbursement this Period		
	Cambridge MA 02138							
	Purpose of Disb	ursement				5.34		
	Credit Card Processing Fee  Candidate Name				Category/	Transaction ID : SB17.5564		
					Туре			
	Office Sought:	House	Disbursement For					
		Senate President	Other (s	General pecify)				
	State:	District:	U Other (S	poony,				
	J.410.	21001100						

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

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

8.91

	lage recourse					
SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS			-	Use separate scl for each categor Detailed Summar	nedule(s) y of the	FOR LINE NUMBER: (check only one)    X   17
						erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE  Dennis Andersor		ess			
Α.	Full Name (Last, First, MACT Blue	fiddle Initial)				Date of Disbursement
	Mailing Address 14 Arro	w St, Suite 11				05 04 2014
	City Cambridge Purpose of Disbursemer	ıt .	State MA	Zip Code 02138		Amount of Each Disbursement this Period
	Credit Card Processing Candidate Name				Category/ Type	Transaction ID : SB17.5565
		House Senate President	Disbursement For Primary Other (s	X General	.,,,,,	
_	State: District Full Name (Last, First, N					
В.	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 Cambridge		State MA		Amount of Each Disbursement this Period	
	Purpose of Disbursemer Credit Card Processing Candidate Name	nt Fee			Category/	1.39 Transaction ID : SB17.5566
		House Senate President	Disbursement For Primary Other (s	Marian General	Туре	
	Full Name (Last, First, N	fiddle Initial)				Bata of Birth annual
C.	Act Blue  Mailing Address 14 Arrow St, Suite 11					Date of Disbursement  M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O
	City State Zip Code Cambridge MA 02138  Purpose of Disbursement Credit Card Processing Fee  Candidate Name				Category/ Type	Amount of Each Disbursement this Period  1.39  Transaction ID : SB17.5567
		House Senate President	Disbursement For Primary Other (s	X General		

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

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

24.71

	CHEDULE B (FEC F EMIZED DISBURSEI	-	Use separate sch for each category Detailed Summar	nedule(s) ( y of the	FOR LINE NUMBER: PAGE 11 OF 30 check only one)    X   17	
					erson for the purpose of soliciting contributions e to solicit contributions from such committee.	
	NAME OF COMMITTEE (In Ful Dennis Anderson for	l)				
Α.	Full Name (Last, First, Middle Act Blue	nitial)			Date of Disbursement	
	Mailing Address 14 Arrow St, S	Suite 11			06 15 2014	
	City Cambridge	State MA	Zip Code 02138		Amount of Each Disbursement this Period	
	Purpose of Disbursement Credit Card Processing Fee		02.00		23.70	
	Candidate Name			Category/ Type	Transaction ID : SB17.5568	
	Office Sought: House Senate Preside	Disbursement For Primary Other (s	X General	туре		
_	State: District: Full Name (Last, First, Middle	nitio!)				
В.	Act Pluo	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City	State	Amount of Each Disbursement this Period			
	Cambridge	MA				
	Purpose of Disbursement Credit Card Processing Fee				3.95 Transaction ID : SB17.5570	
	Candidate Name			Category/ Type		
	Office Sought: House Senate Preside		General			
	State: District:		. ,,			
C.	Full Name (Last, First, Middle American Legion	Initial)			Date of Disbursement	
	Mailing Address		05			
	City	State Zi	Amount of Each Disbursement this Period			
	Purpose of Disbursement Space Rental			250.00		
	Candidate Name		Category/ Type	Transaction ID : SB17.5533		
	Office Sought: House Senate Preside	Disbursement For Primary Other (s	X General	1 21:		
_	State: District:					
					277.65	

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

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

	CHEDULE B (FEC Form EMIZED DISBURSEMENT	-	Use separate sch for each category Detailed Summar	nedule(s) of the	FOR LINE NUMBER: (check only one)    X   17
					person for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  Dennis Anderson for Cong	gress			
Α.	Full Name (Last, First, Middle Initial) CFO - Compliance				Date of Disbursement
	Mailing Address One Park Row Fifth Floor				06 21 2014
	City Providence	State RI	Zip Code 02903		Amount of Each Disbursement this Period
	Purpose of Disbursement Compliance Consulting				605.00 Transaction ID : SB17.5540
	Candidate Name	Diele weren er Few	2014	Category/ Type	
	Office Sought: House Senate President	Disbursement For Primary Other (s	X General		
_	State: District:				
В.	Full Name (Last, First, Middle Initial)  Demotrac  Mailing Address 116 N. Ogden Dr				Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Los Angeles	State CA	Zip Code 90046		Amount of Each Disbursement this Period
	Purpose of Disbursement Communications Consulting				250.00 Transaction ID : SB17.5513
	Candidate Name			Category/ Type	Transaction is . 35 17.3313
	Office Sought: House Senate President	Disbursement For Primary Other (s	X General		
_	State: District:				
C.	Full Name (Last, First, Middle Initial)  Demotrac				Date of Disbursement
	Mailing Address 116 N. Ogden Dr	05 / D D / Y Y Y Y Y Y 2014			
	City Los Angeles		p Code 0046		Amount of Each Disbursement this Period
	Purpose of Disbursement Communications Consulting				725.00 Transaction ID : SB17.5535
	Candidate Name	Dist. 15		Category/ Type	
	Office Sought: House Senate President	Disbursement For Primary Other (s	X General		
_	State: District:				
					4500.00

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

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

City

City

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

**PAGE** 13 30 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 17 18 19a 19b Detailed Summary Page 20a 20b 20c 21 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) Date of Disbursement Brian Herman 2014 Mailing Address 630 Gelden Lane 18 State Zip Code Amount of Each Disbursement this Period IL Lindenhurst 60046 Purpose of Disbursement 3000.00 Payrol Transaction ID: SB17.5511 Candidate Name Category/ Type Disbursement For: 2014 Office Sought: House X General Senate Primary Other (specify) President District: Full Name (Last, First, Middle Initial) North Shore Printers Date of Disbursement Mailing Address 535 South Sheridan Road 05 13 2014 State Zip Code Amount of Each Disbursement this Period IL 60085 Waukegan 528.25 Purpose of Disbursement Printing-Field Transaction ID: SB17.5548 Candidate Name Category/ Type Disbursement For: Office Sought: House 2014 X General Senate Primary Other (specify) President State: District: Full Name (Last, First, Middle Initial) C. North Shore Printers Date of Disbursement Mailing Address 535 South Sheridan Road 06 2014 19 State Zip Code Amount of Each Disbursement this Period 60085 Waukegan IL Purpose of Disbursement Printing- Fundraising 272.87

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

FE5AN018

State:

City

Candidate Name

Office Sought:

House

Senate

District:

President

3801.12

Transaction ID : SB17.5546

Category/ Type

Disbursement For: 2014

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

Primary

Other (specify)

X General

SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate schedu for each category of Detailed Summary Po	the $X_{17}$ $1_{18}$ $1_{19a}$ $1_{19b}$
Any information copied from such Reports and Stater or for commercial purposes, other than using the name	nents may not be sold or used ne and address of any political	d by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  Dennis Anderson for Congress	, ,	
Full Name (Last, First, Middle Initial)  A. North Shore Printers		Date of Disbursement
Mailing Address 535 South Sheridan Road		06 30 2014
City S Waukegan II Purpose of Disbursement Printing- Fundraising  Candidate Name		Amount of Each Disbursement this Period  318.86  Transaction ID : SB17.5541
Senate	nent For: 2014 Primary X General Other (specify)	Type
Full Name (Last, First, Middle Initial)  Jim Rauh  Mailing Address 201 S. West St		Date of Disbursement  M M / D D / Y Y Y Y Y  04 30 2014
,	itate Zip Code IN 46307	Amount of Each Disbursement this Period
Purpose of Disbursement Payroll	40001	1800.00  Transaction ID : SB17.5516
Candidate Name		Category/ Type
Senate	nent For: 2014 Primary X General Other (specify)	
Full Name (Last, First, Middle Initial)		
c. Jim Rauh		Date of Disbursement
Mailing Address 201 S. West St		05 30 2014
City State Crown Point IN	Zip Code 46307	Amount of Each Disbursement this Period
Purpose of Disbursement Payroll	lΓ	2065.56
Candidate Name	Category/ Type	
Senate President	nent For: 2014 Primary	
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**

Image# 15950599404				
SCHEDULE B (FEC Form 3)	Us	e separate sch	edule(s)	FOR LINE NUMBER: PAGE 15 OF 30 (check only one)
ITEMIZED DISBURSEMENTS		each category tailed Summary		X 17 18 19a 19b 20a 20b 20c 21
				person for the purpose of soliciting contributions are to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  Dennis Anderson for Congres	S			
Full Name (Last, First, Middle Initial)  A. Jim Rauh				Date of Disbursement
Mailing Address 201 S. West St				06 18 2014
City Crown Point	State IN	Zip Code 46307		Amount of Each Disbursement this Period
Purpose of Disbursement Reimbursement				120.00 Transaction ID : SB17.5538
Candidate Name			Category/ Type	
Senate President	sbursement For: 20 Primary Other (specif	Meneral Control		
State: District: Full Name (Last, First, Middle Initial)				
B. Jim Rauh				Date of Disbursement
Mailing Address 201 S West St				06 25 2014

		President	Other (specify)		
	State:	District:			
В.	Full Name (Last, F Jim Rauh	First, Middle Initial)			Date of Disbursement
	Mailing Address	201 S. West St			06 25 2014
	City Crown Point		State Zip Code IN 46307		Amount of Each Disbursement this Period
	Purpose of Disbur Reimbursement	sement			257.43 Transaction ID : SB17.5544
	Candidate Name		District Section 1	Category/ Type	
	Office Sought:	House Senate President District:	Disbursement For: 2014 Primary General Other (specify)		
	Full Name (Last, F				
C.	Stars and St	tripes			Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Bridgeview		State Zip Code IL 60455		Amount of Each Disbursement this Period
	Purpose of Disbur Printing- Field	rsement			344.30 Transaction ID : SB17.5524
	Candidate Name			Category/ Type	111ansaction iD . 3617.3324
	Office Sought:	House Senate President	Disbursement For: 2014 Primary General Other (specify)		
s	State:  SUBTOTAL of Disbu	District: ursements This Page	(optional)		721.73
		<u> </u>			

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

	J					
SCHEDULE B (FEC Form 3)  ITEMIZED DISBURSEMENTS  Use separate schedule(s for each category of the Detailed Summary Page)						FOR LINE NUMBER: PAGE 16 OF 30 (check only one)    X   17
						person for the purpose of soliciting contributions ee to solicit contributions from such committee.
	NAME OF COM	•				
Α.	Full Name (Last, USPS	First, Middle Initial)				Date of Disbursement
	Mailing Address	1 North Oplaine Road				04 21 2014
	City Gurnee		State IL	Zip Code 60031		Amount of Each Disbursement this Period
	Purpose of Disbi Postage	ursement				116.00 Transaction ID : SB17.5515
	Candidate Name	•			Category/ Type	_
	Office Sought:	House Senate President	Disbursement For Primary Other (s	X General	7.	
_	State:	District:				
В.	Full Name (Last, First, Middle Initial) USPS  Mailing Address 1 North Oplaine Road					Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City State Zip Code				Amount of Each Disbursement this Period	
	Gurnee IL 60031					Amount of Each Disbursement this Penou
	Purpose of Disbursement Postage					5.60 Transaction ID : SB17.5519
	Candidate Name				Category/ Type	
	Office Sought:	House Senate President	Disbursement For Primary Other (s	General		
	State: District:					
C.	•	First, Middle Initial)				Date of Disbursement
	Mailing Address					M M / D D / Y Y Y
	City State Zip Code					Amount of Each Disbursement this Period
	Purpose of Disbursement					
	Candidate Name	)			Category/ Type	
	Office Sought:	House Senate President	Disbursement For Primary Other (s	General	20.5	
_	State:	District:				
						121.60

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

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

10720.14

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

**PAGE** 

17

×	13a
	13h

30

(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) ulletP.O. Box 8587 City State ZIP Code IL 60031 Gurnee Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 25000.00 0.00 25000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>D</sup>16<sup>D</sup> <sup>M</sup> 12<sup>M</sup> 2011 12/31/2012 0.00 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code 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)..... 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** 

18

	i
×	13a
	13h

30

(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) ulletP.O. Box 8587 City State ZIP Code IL 60031 Gurnee Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 5000.00 0.00 5000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>D</sup> 15 <sup>M</sup> 03<sup>M</sup> Ž012 12/31/2012 0.00 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 5000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

**PAGE** 

19

×	13a
	13b

30

**LOANS** (check only one) Detailed Summary Page Transaction ID: SC/10.4338 NAME OF COMMITTEE (In Full) Dennis Anderson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Dennis Anderson ★ General Mailing Address Other (specify)  $\blacktriangledown$ P.O. Box 8587 City State ZIP Code IL 60031 Gurnee Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 5000.00 0.00 5000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 03<sup>M</sup> Ž012 12/31/2012 0.00 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 5000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

20

	i
×	13a
	13h

30

Detailed Summary Page Transaction ID: SC/10.4284 NAME OF COMMITTEE (In Full) Dennis Anderson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Dennis Anderson ★ General Mailing Address Other (specify)  $\blacktriangledown$ P.O. Box 8587 City State ZIP Code IL 60031 Gurnee Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 5000.00 0.00 5000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 29 010 <sup>M</sup> 03<sup>M</sup> Ž012 <sup>M</sup>09 0011 0.00 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 5000.00 TOTALS This Period (last page in this line only) ..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

21

×	13a
	13h

30

(check only one) Detailed Summary Page Transaction ID: SC/10.4467 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 2200.00 0.00 2200.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 04 <sup>M</sup> 05<sup>M</sup> Ž012 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)..... 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.

Use separate schedule(s)

FOR LINE NUMBER:

PAGE

22

×	13a
	13b

OANS			for each category of the Detailed Summary Page (check only one) X 13a
IAME OF COMMITTEE (In Ful	•		Transaction ID : SC/10.4634
Dennis Anderson for C	Congress		
LOAN SOURCE Full Name	e (Last, First, Mide	dle Initial)	Election: 2012
Dennis Anderson			Primary  General
Mailing Address P.O. Box 8587			Other (specify)
City		State ZIP C	ode
Gurnee		IL 6003	1
Original Amount of Loan		Cumulative Payment	To Date Balance Outstanding at Close of This Period
	1000.00		0.00 1000.00
TERMS  Date Incurre	d 2012 Y	Date Du	e Interest Rate Secured:  % (apr)
List All Endorsers or Gua	rantors (if any) to	Loan Source	Yes No
1. Full Name (Last, First, I			Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, M	1iddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, M	fiddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, M	fiddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This	Page (optional)		
FOTALS This Period (last pag	e in this line only)		
Carry outstanding balance or	nly to LINE 3, Scho	edule D, for this line.	If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 23 OF

\ /	4.0
Х	13a
	13b

OANS			Detailed Summary F		(check only one	<del>)</del>	<b>X</b>   1	13a 13b
AME OF COMMITTEE (In Full)			Trans	saction	ID : SC/10.4636			
Dennis Anderson for C								
LOAN SOURCE Full Name	(Last, First, Middl	e Initial)		Ele	ction: 2012			
Dennis Anderson					Primary			
Mailing Address				-  ×	General Other (specify)	_		
P.O. Box 8587					Other (specify)	<u>,                                    </u>		
City	S	tate ZIP Cod	de					
Gurnee		IL 60031						
Original Amount of Loan		Cumulative Payment To	Date B	alance	Outstanding at Clo	ose of Th	ıis F	<sup>2</sup> eriod
2	400.00		0.00		2	400	.00	$\Box$
TERMS  Date Incurred		Date Due	Interest R	ate		Secured:		
M06 <sup>M</sup> / D16 <sup>D</sup> / Y	ž01Ž Y		YYY		% (apr)	Yes	×	No
List All Endorsers or Guara	antors (if any) to	_oan Source				165		INO
1. Full Name (Last, First, M	liddle Initial)		Name of Employer					
Mailing Address			Occupation					
			Amount	-			_	
City	State	ZIP Code	Guaranteed Outstanding:	7			_	
2. Full Name (Last, First, Mi	ddle Initial)		Name of Employer					
Mailing Address			Occupation					
			Amount				7	
City	State	ZIP Code	Guaranteed Outstanding:	7			_	
3. Full Name (Last, First, Mi	ddle Initial)		Name of Employer					
Mailing Address			Occupation					
			Amount				7	
City	State	ZIP Code	Guaranteed Outstanding:	- 7		- W - 1	_	
4. Full Name (Last, First, Mi	ddle Initial)		Name of Employer					
Mailing Address			Occupation					
			Amount				_	
City	State	ZIP Code	Guaranteed Outstanding:	7	,		_	
SUBTOTALS This Period This					7 7	400	.00	7
TOTALS This Period (last page	n this line only)		•••••••••••••••••••••••••••••••••••••••	-	7			<u> </u>
Carry outstanding balance only	v to LINE 3 School	lula D for this line If	o Schedule D. carry fo	arward	to appropriate lie	ne of Sur	mm	arv

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 24

	1
X	13a
	13b

OANS		Detailed Summary Pag	
AME OF COMMITTEE (In Full)		Transac	tion ID : SC/10.4637
Dennis Anderson for Congres	SS		
LOAN SOURCE Full Name (Last, F	irst, Middle Initial)		Election: 2012
Dennis Anderson			Primary  General
Mailing Address P.O. Box 8587			Other (specify)
City	State ZII	P Code	
Gurnee	IL 60	0031	
Original Amount of Loan	Cumulative Payme	nt To Date Bala	nce Outstanding at Close of This Period
400.0	00	0.00	400.00
TERMS  Date Incurred	Date	Due Interest Rate	Secured:
M06 <sup>M</sup> / D18 <sup>D</sup> / Y 2012	Y M M / D D /	Y " Y " Y	% (apr) Yes No
List All Endorsers or Guarantors (in	f any) to Loan Source		100 110
1. Full Name (Last, First, Middle Ini	tial)	Name of Employer	
Mailing Address		Occupation	
		Amount	
City	State ZIP Code	Guaranteed Outstanding:	7 7
2. Full Name (Last, First, Middle Initi	ial)	Name of Employer	
Mailing Address		Occupation	
0"	710.0	Amount Guaranteed	
,	State ZIP Code	Outstanding:	7
3. Full Name (Last, First, Middle Initi	al)	Name of Employer	
Mailing Address		Occupation	
		Amount Guaranteed	
City	State ZIP Code	Outstanding:	9 9
4. Full Name (Last, First, Middle Initial	al)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed	
Only	State Zii Godo	Outstanding:	9
SUBTOTALS This Period This Page (or	otional)	······	400.00
TOTALS This Period (last page in this	ine only)		
Carry outstanding balance only to LINI	E 3. Schedule D. for this lin	e. If no Schedule D. carry forw	ward to appropriate line of Summary

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

25

×	13a
	13h

30

(check only one) Detailed Summary Page Transaction ID: SC/10.4638 NAME OF COMMITTEE (In Full) **Dennis Anderson for Congress** LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 Primary Dennis Anderson ★ General Mailing Address Other (specify)  $\blacktriangledown$ P.O. Box 8587 City State ZIP Code IL 60031 Gurnee Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 4000.00 0.00 4000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 06<sup>M</sup> <sup>D</sup>19<sup>D</sup> Ž012 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 4000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

26

×	13a
	13h

30

(check only one) Detailed Summary Page Transaction ID: SC/10.5053 NAME OF COMMITTEE (In Full) Dennis Anderson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Dennis Anderson ★ General Mailing Address Other (specify)  $\blacktriangledown$ P.O. Box 8587 City State ZIP Code IL 60031 Gurnee Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 3000.00 0.00 3000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 20 <sup>M</sup> 07<sup>M</sup> Ž012 0.00 Ňoně % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code 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.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

27

×	13a
	13h

30

(check only one) Detailed Summary Page Transaction ID: SC/10.5052 NAME OF COMMITTEE (In Full) Dennis Anderson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Dennis Anderson ★ General Mailing Address Other (specify)  $\blacktriangledown$ P.O. Box 8587 City State ZIP Code IL 60031 Gurnee Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 2500.00 0.00 2500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>D</sup>25 <sup>M</sup> 07<sup>M</sup> Ž012 0.00 Ňoně % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code 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.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

28

×	13a
	13h

30

(check only one) Detailed Summary Page Transaction ID: SC/10.5050 NAME OF COMMITTEE (In Full) Dennis Anderson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Dennis Anderson ★ General Mailing Address Other (specify)  $\blacktriangledown$ P.O. Box 8587 City State ZIP Code IL 60031 Gurnee Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 3500.00 0.00 3500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>D</sup>31 <sup>M</sup>08<sup>M</sup> Ž012 0.00 Ňoně % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code 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.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

29

×	13a
	13b

30

(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 <sup>M</sup> 10<sup>M</sup> Ž012 0.00 Ňoně % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 2700.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

**PAGE** 

30

×	13a
	13h

30

(check only one) Detailed Summary Page Transaction ID: SC/10.5265 NAME OF COMMITTEE (In Full) Dennis Anderson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Dennis Anderson General Mailing Address Other (specify)  $\blacktriangledown$ P.O. Box 8587 City State ZIP Code IL 60031 Gurnee Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 250.00 0.00 250.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 01<sup>M</sup> <sup>D</sup>29<sup>D</sup> 2013 0.00 Ňoně % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 250.00 TOTALS This Period (last page in this line only) ...... 59950.00 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.