

# 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

ERIKA FOR CONGRESS

ADDRESS (number and street)

PO BOX 368

Check if different than previously reported. (ACC)

URBANA

IL

61803

2. FEC IDENTIFICATION NUMBER ▼

C C00545822

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

IL

13

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 MM / DD / YYYY

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on MM / DD / YYYY

in the State of

5. Covering Period

MM / DD / YYYY 05 / 31 / 2013

through

MM / DD / YYYY 06 / 30 / 2013

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 Dan Backer

Signature of Treasurer Dan Backer

[Electronically Filed]

Date

MM / DD / YYYY 10 / 01 / 2014

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

Office Use Only									
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**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**ERIKA 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))....	78285.22	78285.22
(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)).....	78285.22	78285.22
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	16013.37	16013.37
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	16013.37	16013.37
8. Cash on Hand at Close of Reporting Period (from Line 27).....	62271.85	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	2000.00	

**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

**ERIKA 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).....	71550.00	71550.00
(ii) Unitemized.....	5465.13	5465.13
(iii) TOTAL of contributions from individuals ▶	77015.13	77015.13
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	1270.09	1270.09
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	78285.22	78285.22
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....		
	0.00	0.00
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)..... ▶	78285.22	78285.22

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	16013.37	16013.37
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	16013.37	16013.37

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	78285.22
25. SUBTOTAL (add Line 23 and Line 24).....	78285.22
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	16013.37
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	62271.85

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3A  
Transaction ID :

In preparation for termination, this committee conducted a comprehensive audit of its finances, from formation to present. This report is amended to correct certain errors discovered during that audit - specifically, to properly report reimbursements for campaign expenses and their underlying transactions.

Form/Schedule:  
Transaction ID:

**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 36
	<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)  
**ERIKA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**PHIL BLOOMER**

Mailing Address 2425A COUNTY ROAD 1225N

City ST. JOSEPH State IL Zip Code 61873

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

Name of Employer RETIRED 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 / 27 / 2013

**Transaction ID : SA11AI.4129**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 12929 LONG RIDGE RD

City KNOXVILLE State TN Zip Code 37934

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

Name of Employer FARRAGUT ENT AND ALLERGY Occupation RN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 22 / 2013

**Transaction ID : SA11AI.4147**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 12929 LONG RIDGE ROAD

City KNOXVILLE State TN Zip Code 37934

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

Name of Employer FARRAGUT ENT AND ALLERGY Occupation MD

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 22 / 2013

**Transaction ID : SA11AI.4149**

Amount of Each Receipt this Period  
 1000.00

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

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

2500.00

**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 36
	<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)  
**ERIKA FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>REGINALD BROWN</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 21 / 2013
Mailing Address 317 MANSION DR		<b>Transaction ID : SA11AI.4145</b>
City ALEXANDIRA	State VA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer WILMERHALE	Occupation LAWYER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>SALVATORE CANTARELLA</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 05 / 2013
Mailing Address 100 CENTRAL AVE		<b>Transaction ID : SA11AI.4105</b>
City SARASOTA	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer XL INSURANCE	Occupation INSURANCE UNDERWRITER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>JAMES CAPEL</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 27 / 2013
Mailing Address 15 RIVER VALLEY RANCH		<b>Transaction ID : SA11AI.4131</b>
City WHITE HEATH	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation RETIRED	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 36
	<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)  
**ERIKA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MARY CAPEL**

Mailing Address **8 GREENCROFT DR**

City **CHAMPAIGN** State **IL** Zip Code **61821**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**06 / 27 / 2013**

**Transaction ID : SA11AI.4133**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address **132R W CHURCH ST**

City **CHAMPAIGN** State **IL** Zip Code **61820-3510**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**06 / 27 / 2013**

**Transaction ID : SA11AI.4135**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address **1323 S FEDERAL ST**

City **CHICAGO** State **IL** Zip Code **60605-2716**

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

Name of Employer **BURKE WARREN** Occupation **ATTORNEY**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**06 / 24 / 2013**

**Transaction ID : SA11AI.4151**

Amount of Each Receipt this Period  
**1000.00**

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

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

**2000.00**



**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 9 OF 36
	<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)  
**ERIKA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**STEPHEN CARLSON**

Mailing Address 1323 S FEDERAL

City State Zip Code  
CHICAGO IL 60605

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

Name of Employer Occupation  
SIDLEY AUSTIN LLP ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 18 / 2013

**Transaction ID : SA11AI.4180**

Amount of Each Receipt this Period  
2600.00

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

Mailing Address 1250 S INDIANA

City State Zip Code  
CHICAGO IL 60605

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

Name of Employer Occupation  
BARNES & THORNBURG LLP ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 10 / 2013

**Transaction ID : SA11AI.4174**

Amount of Each Receipt this Period  
2600.00

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

Mailing Address 333 SE 2ND AVE

City State Zip Code  
MIAMI FL 33131

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

Name of Employer Occupation  
GREENBERG TRAURIG CO-MANAGING SHAREHOLDER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 21 / 2013

**Transaction ID : SA11AI.4115**

Amount of Each Receipt this Period  
250.00

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

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

5450.00

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

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

FOR LINE NUMBER: PAGE 10 OF 36  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**ERIKA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**ALEXANDRA DOMERCANT**

Mailing Address 2835 N LAKEWOOD AVE

City State Zip Code  
CHICAGO IL 60657

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

Name of Employer Occupation  
HOMEMAKER

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 / 15 / 2013

**Transaction ID : SA11AI.4176**

Amount of Each Receipt this Period  
 2600.00

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

Mailing Address 1401 RIVER OAKS DR

City State Zip Code  
MAHOMET IL 61853

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

Name of Employer Occupation  
FIRST BUSEY CORPORATION FINANCIAL SERVICES

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 / 28 / 2013

**Transaction ID : SA11AI.4196**

Amount of Each Receipt this Period  
 2600.00

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

Mailing Address 1616A LAKESIDE DR

City State Zip Code  
CHAMPAIGN IL 61821

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

Name of Employer Occupation  
Retired RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 25 / 2013

**Transaction ID : SA11AI.4119**

Amount of Each Receipt this Period  
 250.00

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

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

5450.00

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

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

FOR LINE NUMBER: PAGE 11 OF 36  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**ERIKA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**JAMES GEOLY**

Mailing Address 800 ASHLAND AVE

City State Zip Code  
WILMETTE IL 60091

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

Name of Employer Occupation  
BURKE WARREN MACKAY & SERRITEL ATTORNEY

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 / 24 / 2013

**Transaction ID : SA11AI.4125**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 115 E Holmes

City State Zip Code  
Urbana IL 61801

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

Name of Employer Occupation  
SELF-EMPLOYED DISNETWORK RETAILER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 15 / 2013

**Transaction ID : SA11AI.4294**

Amount of Each Receipt this Period  
5.00

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

Mailing Address 115 E Holmes

City State Zip Code  
Urbana IL 61801

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

Name of Employer Occupation  
SELF-EMPLOYED DISNETWORK RETAILER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2013

**Transaction ID : SA11AI.4170**

Amount of Each Receipt this Period  
2595.00

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

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

3100.00

**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 12 OF 36
	<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)  
**ERIKA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MICHAEL HENNEMAN**

Mailing Address 1605 S STATE

City State Zip Code  
CHAMPAIGN IL 61820

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

Name of Employer Occupation  
HENNEMAN ENGINEERING ENGINEER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 22 / 2013

**Transaction ID : SA11AI.4186**

Amount of Each Receipt this Period  
2600.00

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

Mailing Address 2123 SEATON CT

City State Zip Code  
CHAMPAIGN IL 61821

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

Name of Employer Occupation  
MAYER CAPEL ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 24 / 2013

**Transaction ID : SA11AI.4117**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 104 KARADAN DR

City State Zip Code  
MAHOMET IL 61853

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

Name of Employer Occupation  
RETIREED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 10 / 2013

**Transaction ID : SA11AI.4111**

Amount of Each Receipt this Period  
250.00

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

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

3100.00

**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 13 OF 36
	<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)  
**ERIKA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**BOBBI KHACHATURIAN**

Mailing Address 1111 ENGINEERS RD

City State Zip Code  
BELLE CHASSE LA 70037

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

Name of Employer Occupation  
HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 30 / 2013

**Transaction ID : SA11AI.4204**

Amount of Each Receipt this Period  
 2600.00

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

Mailing Address 1111 ENGINEERS ROAD

City State Zip Code  
BELLE CHASSE LA 70037

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

Name of Employer Occupation  
VERSABAR INC PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 30 / 2013

**Transaction ID : SA11AI.4202**

Amount of Each Receipt this Period  
 2600.00

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

Mailing Address 3101 GLENHILL DRIVE

City State Zip Code  
CHAMPAIGN IL 61821

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

Name of Employer Occupation  
CHAMPAIGN ASPHALT COMPANY PRESIDENT AND CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 19 / 2013

**Transaction ID : SA11AI.4168**

Amount of Each Receipt this Period  
 2500.00

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

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

7700.00

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

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

FOR LINE NUMBER: PAGE 14 OF 36  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**ERIKA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**PETER MAHON Jr.**

Mailing Address 5501 HIGHWOOD DR W

City State Zip Code  
EDNA MN 55436-1226

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

Name of Employer Occupation  
SELF ANALYST

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 28 / 2013

**Transaction ID : SA11AI.4200**

Amount of Each Receipt this Period  
 2600.00

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

Mailing Address 301 N NEIL ST

City State Zip Code  
CHAMPAIGN IL 61820

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

Name of Employer Occupation  
UNIVERSITY OF ILLINOIS ATTORNEY

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2013

**Transaction ID : SA11AI.4162**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 330 N WABASH

City State Zip Code  
CHICAGO IL 60611

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

Name of Employer Occupation  
BURKE WARREN ATTORNEY

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 24 / 2013

**Transaction ID : SA11AI.4121**

Amount of Each Receipt this Period  
 250.00

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

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

3850.00

**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 15 OF 36
	<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)  
**ERIKA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**CHRIS MEYER**

Mailing Address 100 W UNIVERSITY AVE

City State Zip Code  
CHAMPAIGN IL 61820

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

Name of Employer Occupation  
SELF-EMPLOYED BUSINESS EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 25 / 2013

**Transaction ID : SA11AI.4188**

Amount of Each Receipt this Period  
2600.00

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

Mailing Address 2507 CHERRY HILLS DR

City State Zip Code  
CHAMPAIGN IL 61822

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

Name of Employer Occupation  
SELF-EMPLOYED CONSULTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 18 / 2013

**Transaction ID : SA11AI.4166**

Amount of Each Receipt this Period  
2000.00

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

Mailing Address PO BOX 10156

City State Zip Code  
NEWPORT BEACH CA 92658

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

Name of Employer Occupation  
SELF HOMEMAKER/PHILANTHROPIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 27 / 2013

**Transaction ID : SA11AI.4194**

Amount of Each Receipt this Period  
2600.00

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

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

7200.00

# 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 16 OF 36			
<input checked="" type="checkbox"/>	11a 12	<input type="checkbox"/>	11b 13a	<input type="checkbox"/>	11c 13b
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	11d 14
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	15

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NAME OF COMMITTEE (In Full)  
**ERIKA FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>PETER OCHS</b>		Date of Receipt MM / DD / YYYY 06 / 20 / 2013
Mailing Address PO BOX 10156		<b>Transaction ID : SA11Al.4182</b>
City NEWPORT BEACH	State CA	
Zip Code 92658		Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer FNE	Occupation BUSINESSMAN	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) <b>J. ROGER POWELL</b>		Date of Receipt MM / DD / YYYY 06 / 27 / 2013
Mailing Address 10 GREENCROFT DR		<b>Transaction ID : SA11Al.4123</b>
City CHAMPAIGN	State IL	
Zip Code 61821		Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Doctor	Occupation RETIRED	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) <b>VENAY PURI</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2013
Mailing Address 1320 N VEITCH ST		<b>Transaction ID : SA11Al.4137</b>
City ARLINGTON	State VA	
Zip Code 22201		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer US PATENT & TRADEMARK OFFICE	Occupation PATENT EXAMINER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3400.00
<b>TOTAL</b> This Period (last page this line number only).....	



**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 17 OF 36
	<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)  
**ERIKA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**ANASTASIA RANDLE**

Mailing Address 1775 W ALTGELD ST

City CHICAGO State IL Zip Code 60614

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

Name of Employer Occupation  
STAY AT HOME MOTHER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 30 / 2013

**Transaction ID : SA11AI.4164**

Amount of Each Receipt this Period  
 1500.00

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

Mailing Address 107 MEADOW DR

City URBANA State IL Zip Code 61801

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

Name of Employer Occupation  
BPC CHAIRMAN/CFO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 19 / 2013

**Transaction ID : SA11AI.4103**

Amount of Each Receipt this Period  
 2600.00

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

Mailing Address 107 MEADOW DR

City URBANA State IL Zip Code 61801

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

Name of Employer Occupation  
BPC MARKETING

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 19 / 2013

**Transaction ID : SA11AI.4190**

Amount of Each Receipt this Period  
 2600.00

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

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

6700.00

**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 18 OF 36
	<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)  
**ERIKA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**JEANNE ROBERTS**

Mailing Address 5025 LINDELL BLVD

City ST. LOUIS State MO Zip Code 63108

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

Name of Employer Occupation  
DOMESTIC ENGINEER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 04 / 2013

**Transaction ID : SA11AI.4113**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 6643 N TOWER CIRCLE DR

City LINCOLNWOOD State IL Zip Code 60712-3217

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

Name of Employer Occupation  
BURKE WARREN MACKAY & SERRITEL ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 24 / 2013

**Transaction ID : SA11AI.4153**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 1102 W ARMORY AVE

City CHAMPAIGN State IL Zip Code 61821

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

Name of Employer Occupation  
MEYER CAPEL ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 04 / 2013

**Transaction ID : SA11AI.4172**

Amount of Each Receipt this Period  
 2600.00

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

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

3850.00

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

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

FOR LINE NUMBER: PAGE 19 OF 36  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**ERIKA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**EDWIN SIMCOX**

Mailing Address 4259 S SHELBY ST

City State Zip Code  
INDIANAPOLIS IN 46227

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

Name of Employer Occupation  
SELF-EMPLOYED ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 21 / 2013

**Transaction ID : SA11AI.4127**

Amount of Each Receipt this Period  
500.00

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

Mailing Address PO BOX 660827

City State Zip Code  
BIRMINGHAM AL 35266

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

Name of Employer Occupation  
SELF-EMPLOYER NEUROSURGEON

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 27 / 2013

**Transaction ID : SA11AI.4139**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**DONNA TANNER-HAROLD**

Mailing Address 115 E HOLMES ST

City State Zip Code  
URBANA IL 61801

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

Name of Employer Occupation  
PARKLAND COLLEGE COUNSELOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 30 / 2013

**Transaction ID : SA11AI.4198**

Amount of Each Receipt this Period  
2600.00

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

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

3600.00

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

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

FOR LINE NUMBER: PAGE 20 OF 36  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**ERIKA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**PHILIPPE VALLERAND**

Mailing Address 20718 121ST SE

City State Zip Code  
SNOHOMISH WA 98296

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

Name of Employer Occupation  
PGV LLC CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 30 2013

**Transaction ID : SA11AI.4157**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**LINDA VAN DER AA**

Mailing Address 506 W MAPLE ST

City State Zip Code  
HINSDALE IL 60521

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

Name of Employer Occupation  
RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 15 2013

**Transaction ID : SA11AI.4178**

Amount of Each Receipt this Period  
2600.00

**C.** Full Name (Last, First, Middle Initial)  
**TERRY VAN DER AA**

Mailing Address 506 W MAPLE ST

City State Zip Code  
HINSDALE IL 60521

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

Name of Employer Occupation  
TLV HOLDINGS PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 15 2013

**Transaction ID : SA11AI.4184**

Amount of Each Receipt this Period  
2600.00

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

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

6200.00

**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 21 OF 36
	<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)  
**ERIKA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**JEFFREY WAMPLER**

Mailing Address **6 GREENCROFT**

City **CHAMPAIGN** State **IL** Zip Code **61821**

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

Name of Employer **ERWIN MARTINKUS & COLE** Occupation **ATTORNEY**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 18 / 2013**

**Transaction ID : SA11AI.4192**

Amount of Each Receipt this Period  
**2600.00**

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

Mailing Address **4151 GULF SHORE BLVD N**

City **NAPLES** State **FL** Zip Code **34103**

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

Name of Employer **Self** Occupation **Homemaker**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **800.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 28 / 2013**

**Transaction ID : SA11AI.4143**

Amount of Each Receipt this Period  
**800.00**

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

Mailing Address **4151 GULF SHORE BLVD N**

City **NAPLES** State **FL** Zip Code **34103**

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

Name of Employer **PRAIRIE GARDENS** Occupation **OWNER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **800.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 28 / 2013**

**Transaction ID : SA11AI.4141**

Amount of Each Receipt this Period  
**800.00**

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

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

**4200.00**

**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 22 OF 36
	<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)  
**ERIKA FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>PAUL WATKINS</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 05 / 2013
Mailing Address 15850 N THOMPSON PEAK PKWY		<b>Transaction ID : SA11AI.4101</b>
City SCOTTSDALE	State AZ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer ALLIANCE DEFENDING FREEDOM	Occupation ATTORNEY	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>MARK WILKERSON</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 28 / 2013
Mailing Address 1992 MILLY BRANCH RD		<b>Transaction ID : SA11AI.4155</b>
City PIKE ROAD	State AL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer WILKERSON & BRYAN PC	Occupation ATTORNEY	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>ALEX WONG</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 06 / 2013
Mailing Address 1441 RHODE ISLAND AVE NW		<b>Transaction ID : SA11AI.4109</b>
City WASHINGTON	State DC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer COVINGTON & BURLING LLP	Occupation ATTORNEY	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	71550.00

**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 23 OF 36
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**ERIKA FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>ERIKA NATALI LOUISE HAROLD</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 31 / 2013	
Mailing Address 115 E HOLMES		<b>Transaction ID : SA11D.4207</b>	
City URBANA	State IL	Zip Code 61801	
FEC ID number of contributing federal political committee. <b>C H4IL13191</b>		Amount of Each Receipt this Period 500.00	
Name of Employer MEYER CAPEL	Occupation LAWYER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>ERIKA NATALI LOUISE HAROLD</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 05 / 2013	
Mailing Address 115 E HOLMES		<b>Transaction ID : SA11D.4506</b>	
City URBANA	State IL	Zip Code 61801	
FEC ID number of contributing federal political committee. <b>C H4IL13191</b>		Amount of Each Receipt this Period 84.70	
Name of Employer MEYER CAPEL	Occupation LAWYER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 674.90		
In-kind - Paid to Quality Inn-lodging for candidate during campaign visit to Montomerv County			

Full Name (Last, First, Middle Initial) <b>ERIKA NATALI LOUISE HAROLD</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 05 / 2013	
Mailing Address 115 E HOLMES		<b>Transaction ID : SA11D.4507</b>	
City URBANA	State IL	Zip Code 61801	
FEC ID number of contributing federal political committee. <b>C H4IL13191</b>		Amount of Each Receipt this Period 90.20	
Name of Employer MEYER CAPEL	Occupation LAWYER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 590.20		
In-kind - Paid to Quality Inn-lodging for campaign volunteer durina campaign visit to Montomerv Co.			

<b>SUBTOTAL</b> of Receipts This Page (optional).....	674.90
<b>TOTAL</b> This Period (last page this line number only).....	674.90

**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 24 OF 36
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**ERIKA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**ERIKA NATALI LOUISE HAROLD**

Mailing Address 115 E HOLMES

City URBANA State IL Zip Code 61801

FEC ID number of contributing federal political committee. **C H4IL13191**

Name of Employer MEYER CAPEL Occupation LAWYER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **838.30**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 06 / 2013

**Transaction ID : SA11D.4510**

Amount of Each Receipt this Period  
 81.70

In-kind - Paid Comfort Inn for Lodging for candidate during campaign visit to Madison County

**B.** Full Name (Last, First, Middle Initial)  
**ERIKA NATALI LOUISE HAROLD**

Mailing Address 115 E HOLMES

City URBANA State IL Zip Code 61801

FEC ID number of contributing federal political committee. **C H4IL13191**

Name of Employer MEYER CAPEL Occupation LAWYER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **756.60**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 06 / 2013

**Transaction ID : SA11D.4511**

Amount of Each Receipt this Period  
 81.70

In-kind - Paid Comfort Inn-Lodging for campaign volunteer during campaign visit to Madison County

**C.** Full Name (Last, First, Middle Initial)  
**ERIKA NATALI LOUISE HAROLD**

Mailing Address 115 E HOLMES

City URBANA State IL Zip Code 61801

FEC ID number of contributing federal political committee. **C H4IL13191**

Name of Employer MEYER CAPEL Occupation LAWYER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1270.09**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 28 / 2013

**Transaction ID : SA11D.4512**

Amount of Each Receipt this Period  
 431.79

In-kind - Payment to Weiskamp Screen Printing for Campaign T-Shirts

<b>SUBTOTAL</b> of Receipts This Page (optional).....	595.19
<b>TOTAL</b> This Period (last page this line number only).....	1270.09



**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 25 OF 36	
	<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)  
**ERIKA FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. DOLLAR TREE STORES INC</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2013
Mailing Address 2009 N PROSPECT AVE		Amount of Each Disbursement this Period 3.26
City State Zip Code CHAMPAIGN IL 61822	Purpose of Disbursement POSTERBOARD FOR CAMPAIGN SIGNS - underlying expense for 6/30/13 reimbursement to Donna Tanner-Harold	
Candidate Name	Category/Type 006	Transaction ID : SB17.8182  [MEMO ITEM]
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:	

Full Name (Last, First, Middle Initial) <b>B. DOLLAR TREE STORES INC</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2013
Mailing Address 2009 N PROSPECT AVE		Amount of Each Disbursement this Period 8.64
City State Zip Code CHAMPAIGN IL 61822	Purpose of Disbursement Campaign event materials - underlying expense for 6/30/13 reimbursement to Donna Tanner-Harold	
Candidate Name	Category/Type 007	Transaction ID : SB17.8180  [MEMO ITEM]
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:	

Full Name (Last, First, Middle Initial) <b>C. FEDEX OFFICE</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2013
Mailing Address 613 S WRIGHT ST		Amount of Each Disbursement this Period 55.15
City State Zip Code CHAMPAIGN IL 61820	Purpose of Disbursement Campaign signs - underlying expense for 6/30/13 reimbursement to Donna Tanner-Harold	
Candidate Name	Category/Type 007	Transaction ID : SB17.8174  [MEMO ITEM]
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 OF 36	
	<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)  
**ERIKA FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ERIKA NATALI LOUISE HAROLD</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2013
Mailing Address 115 E HOLMES		Amount of Each Disbursement this Period 90.20 <b>Transaction ID : SB17.4508</b>
City URBANA State IL Zip Code 61801	Purpose of Disbursement In-kind - Paid to Quality Inn-lodging for campaign volunteer during campaign visit to Montgomery Co. Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/Type 002
State: IL District: 13		

Full Name (Last, First, Middle Initial) <b>B. ERIKA NATALI LOUISE HAROLD</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2013
Mailing Address 115 E HOLMES		Amount of Each Disbursement this Period 84.70 <b>Transaction ID : SB17.4509</b>
City URBANA State IL Zip Code 61801	Purpose of Disbursement In-kind - Paid to Quality Inn-lodging for candidate during campaign visit to Montgomery County Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/Type 002
State: IL District: 13		

Full Name (Last, First, Middle Initial) <b>C. ERIKA NATALI LOUISE HAROLD</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2013
Mailing Address 115 E HOLMES		Amount of Each Disbursement this Period 81.70 <b>Transaction ID : SB17.4514</b>
City URBANA State IL Zip Code 61801	Purpose of Disbursement In-kind - Paid Comfort Inn-Lodging for campaign volunteer during campaign visit to Madison County Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/Type 002
State: IL District: 13		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	256.60
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 36			
	<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)  
**ERIKA FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ERIKA NATALI LOUISE HAROLD</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2013
Mailing Address 115 E HOLMES		Amount of Each Disbursement this Period 81.70
City URBANA State IL Zip Code 61801	Purpose of Disbursement In-kind - Paid Comfort Inn for Lodging for candidate during campaign visit to Madison County Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 13	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.4515
Category/Type 002		

Full Name (Last, First, Middle Initial) <b>B. ERIKA NATALI LOUISE HAROLD</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2013
Mailing Address 115 E HOLMES		Amount of Each Disbursement this Period 431.79
City URBANA State IL Zip Code 61801	Purpose of Disbursement In-kind - Payment to Weiskamp Screen Printing for Campaign T-Shirts Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 13	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.4513
Category/Type 006		

Full Name (Last, First, Middle Initial) <b>c. Robert Harold</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2013
Mailing Address 115 E Holmes		Amount of Each Disbursement this Period 1767.01
City Urbana State IL Zip Code 61801	Purpose of Disbursement Reimbursement for campaign expenses Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.8184
Category/Type 001		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2280.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 OF 36	
	<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)  
**ERIKA FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Robert Harold</b>		Date of Disbursement MM / DD / YYYY 06 / 30 / 2013
Mailing Address 115 E Holmes		Amount of Each Disbursement this Period 10.00 <b>Transaction ID : SB17.8237</b>
City Urbana	State IL	
Zip Code 61801	Purpose of Disbursement Reimbursement for campaign expenses	Category/ Type 001
Candidate Name	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:	

Full Name (Last, First, Middle Initial) <b>B. HERRIOTT'S</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2013
Mailing Address 2100 S NEIL ST		Amount of Each Disbursement this Period 50.00 <b>Transaction ID : SB17.8199</b> <b>[MEMO ITEM]</b>
City CHAMPAIGN	State IL	
Zip Code 61820	Purpose of Disbursement Sound system for launch announcement - underlying expense for 6/30/13 reimbursement to Robert Harold	Category/ Type 007
Candidate Name	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:	

Full Name (Last, First, Middle Initial) <b>C. HOBBY LOBBY</b>		Date of Disbursement MM / DD / YYYY 06 / 19 / 2013
Mailing Address 2102 N NEIL ST SUITE 2		Amount of Each Disbursement this Period 14.29 <b>Transaction ID : SB17.8178</b> <b>[MEMO ITEM]</b>
City CHAMPAIGN	State IL	
Zip Code 61820	Purpose of Disbursement MATERIALS FOR CAMPAIGN BUTTONS - underlying expense for 6/30/13 reimbursement to Donna Tanner-Harold	Category/ Type 006
Candidate Name	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 29 OF 36	
	<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)  
**ERIKA FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. JTnet, Inc.</b>		Date of Disbursement MM / DD / YYYY 06 / 29 / 2013
Mailing Address 788 N. Sunnyside Rd.		Amount of Each Disbursement this Period 8095.00
City Decatur	State IL	
Zip Code 62525	Purpose of Disbursement CAMPAIGN WEBSITE DESIGN AND DEVELOPMENT	<b>Transaction ID : SB17.4229</b>
Candidate Name	Category/Type 001	
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:		

Full Name (Last, First, Middle Initial) <b>B. LOWE'S</b>		Date of Disbursement MM / DD / YYYY 06 / 28 / 2013
Mailing Address 1904 N PROSPECT AVE		Amount of Each Disbursement this Period 28.45
City CHAMPAIGN	State IL	
Zip Code 61820	Purpose of Disbursement POLES FOR CAMPAIGN BANNER - underlying expense for 6/30/13 reimbursement to Robert Harold	<b>Transaction ID : SB17.8203</b> <b>[MEMO ITEM]</b>
Candidate Name	Category/Type 006	
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:		

Full Name (Last, First, Middle Initial) <b>C. MEIJER</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2013
Mailing Address 2500 PHILO ROAD		Amount of Each Disbursement this Period 26.92
City URBANA	State IL	
Zip Code 61802	Purpose of Disbursement Launch announcement materials - underlying expense for 6/30/13 reimbursement to Robert Harold	<b>Transaction ID : SB17.8205</b> <b>[MEMO ITEM]</b>
Candidate Name	Category/Type 007	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	8095.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 OF 36	
	<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)  
**ERIKA FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MINUTEMAN PRESS</b>		Date of Disbursement MM / DD / YYYY 06 / 13 / 2013
Mailing Address 905 S NEIL ST, SUITE B		Amount of Each Disbursement this Period 139.00
City CHAMPAIGN State IL Zip Code 61820	Purpose of Disbursement CAMPAIGN BUSINESS CARDS - underlying expense for 6/30/13 reimbursement to Robert Harold	
Candidate Name	Category/Type 006	Transaction ID : SB17.8189 <b>[MEMO ITEM]</b>
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:	

Full Name (Last, First, Middle Initial) <b>B. MINUTEMAN PRESS</b>		Date of Disbursement MM / DD / YYYY 06 / 26 / 2013
Mailing Address 905 S NEIL ST, SUITE B		Amount of Each Disbursement this Period 148.25
City CHAMPAIGN State IL Zip Code 61820	Purpose of Disbursement Campaign materials - underlying expense for 6/30/13 reimbursement to Robert Harold	
Candidate Name	Category/Type 006	Transaction ID : SB17.8187 <b>[MEMO ITEM]</b>
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:	

Full Name (Last, First, Middle Initial) <b>C. NATIONBUILDER</b>		Date of Disbursement MM / DD / YYYY 06 / 02 / 2013
Mailing Address 448 S Hill St #200		Amount of Each Disbursement this Period 38.00
City LOS ANGELES State CA Zip Code 90013	Purpose of Disbursement WEB HOSTING PLATFORM - underlying expense for 6/30/13 reimbursement to Robert Harold	
Candidate Name	Category/Type 001	Transaction ID : SB17.8213 <b>[MEMO ITEM]</b>
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 36			
	<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)  
**ERIKA FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. NPC</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2013
Mailing Address 5100 INTERCHANGE WAY		Amount of Each Disbursement this Period 1228.45
City LOUISVILLE State KY Zip Code 40229	Purpose of Disbursement MERCHANT PAYMENT PROCESSING SERVICE FEES	
Candidate Name	Category/Type 001	Transaction ID : SB17.4265
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:		

Full Name (Last, First, Middle Initial) <b>B. RingCentral Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2013
Mailing Address 1400 Fashion Island Blvd Suite 700		Amount of Each Disbursement this Period 65.99
City San Mateo State CA Zip Code 94404	Purpose of Disbursement CAMPAIGN PHONE SYSTEM - underlying expense for 6/30/13 reimbursement to Robert Harold	
Candidate Name	Category/Type 001	Transaction ID : SB17.8197 [MEMO ITEM]
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:		

Full Name (Last, First, Middle Initial) <b>C. SAM'S CLUB</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2013
Mailing Address 915 W MARKETVIEW DR		Amount of Each Disbursement this Period 134.11
City CHAMPAIGN State IL Zip Code 61820	Purpose of Disbursement CANDY FOR DISTRIBUTION AT PARADES - underlying expense for 6/30/13 reimbursement to Robert Harold	
Candidate Name	Category/Type 007	Transaction ID : SB17.8193 [MEMO ITEM]
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1228.45
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 36			
	<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)  
**ERIKA FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. SAM'S CLUB</b>		Date of Disbursement MM / DD / YYYY 06 / 29 / 2013
Mailing Address 915 W MARKETVIEW DR		Amount of Each Disbursement this Period 367.00 <b>Transaction ID : SB17.8191</b>
City CHAMPAIGN State IL Zip Code 61820	Purpose of Disbursement CANDY FOR DISTRIBUTION AT PARADES - underlying expense for 6/30/13 reimbursement to Robert Harold Candidate Name	
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)	[MEMO ITEM]
State: District:	Category/Type 007	

Full Name (Last, First, Middle Initial) <b>B. SHATTERGLASS STUDIOS</b>		Date of Disbursement MM / DD / YYYY 06 / 29 / 2013
Mailing Address 309 S NEIL ST		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB17.4231</b>
City CHAMPAIGN State IL Zip Code 61820	Purpose of Disbursement CAMPAIGN WEB-VIDEO FILMING AND EDITING Candidate Name	
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)	[MEMO ITEM]
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>C. MARK SHELDEN</b>		Date of Disbursement MM / DD / YYYY 06 / 30 / 2013
Mailing Address 2908 MYRA RIDGE DR		Amount of Each Disbursement this Period 1667.00 <b>Transaction ID : SB17.4227</b>
City URBANA State IL Zip Code 61802	Purpose of Disbursement CAMPAIGN CONSULTING SERVICES Candidate Name	
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)	[MEMO ITEM]
State: District:	Category/Type 001	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3667.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 33 OF 36	
	<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)  
**ERIKA FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. STAPLES</b>		Date of Disbursement MM / DD / YYYY 06 / 01 / 2013
Mailing Address 2005 PROSPECT		Amount of Each Disbursement this Period 16.63
City CHAMPAIGN	State IL	
Zip Code 61821	Purpose of Disbursement Office supplies - underlying expense for 6/30/13 reimbursement to Donna Tanner-Harold	Transaction ID : SB17.8176
Candidate Name	Category/Type 001	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. THE UPS STORE</b>		Date of Disbursement MM / DD / YYYY 06 / 03 / 2013
Mailing Address 1717 W KIRBY AVE		Amount of Each Disbursement this Period 70.00
City CHAMPAIGN	State IL	
Zip Code 61821	Purpose of Disbursement PO BOX RENTAL FOR CAMPAIGN - underlying expense for 6/30/13 reimbursement to Robert Harold	Transaction ID : SB17.8195
Candidate Name	Category/Type 001	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. THE UPS STORE</b>		Date of Disbursement MM / DD / YYYY 06 / 11 / 2013
Mailing Address 1717 W KIRBY AVE		Amount of Each Disbursement this Period 32.93
City CHAMPAIGN	State IL	
Zip Code 61821	Purpose of Disbursement MAILING OF FEC FILING DOCUMENTS - underlying expense for 6/30/13 reimbursement to Robert Harold	Transaction ID : SB17.8201
Candidate Name	Category/Type 001	
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)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 34 OF 36	
	<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)  
**ERIKA FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. THE UPS STORE</b>		Date of Disbursement MM / DD / YYYY 06 / 12 / 2013
Mailing Address 1717 W KIRBY AVE		Amount of Each Disbursement this Period 9.00
City CHAMPAIGN	State IL	
Zip Code 61821	Purpose of Disbursement ADDITIONAL CAMPAIGN PO BOX KEY - underlying expense for 6/30/13 reimbursement to Robert Harold	Transaction ID : SB17.8209
Candidate Name	Category/Type 001	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. WALMART</b>		Date of Disbursement MM / DD / YYYY 06 / 29 / 2013
Mailing Address 702 SW 8th Street		Amount of Each Disbursement this Period 17.24
City Bentonville	State AR	
Zip Code 72716	Purpose of Disbursement Parade materials - underlying expense for 6/30/13 reimbursement to Robert Harold	Transaction ID : SB17.8207
Candidate Name	Category/Type 007	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. WALMART</b>		Date of Disbursement MM / DD / YYYY 06 / 29 / 2013
Mailing Address 702 SW 8th Street		Amount of Each Disbursement this Period 3.78
City Bentonville	State AR	
Zip Code 72716	Purpose of Disbursement Parade materials - underlying expense for 6/30/13 reimbursement to Robert Harold	Transaction ID : SB17.8211
Candidate Name	Category/Type 007	
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)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 36			
	<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)  
**ERIKA FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Weiskamp Screen Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2013
Mailing Address 312 S. Neil St.		Amount of Each Disbursement this Period 865.05
City Champaign State IL Zip Code 61820	Purpose of Disbursement CAMPAIN T-SHIRTS - underlying expense for 6/30/13 reimbursement to Robert Harold	
Candidate Name	Category/Type 006	Transaction ID : SB17.8185 <b>[MEMO ITEM]</b>
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:	

Full Name (Last, First, Middle Initial) <b>B.</b>		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:	

Full Name (Last, First, Middle Initial) <b>C.</b>		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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	15537.55

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**ERIKA FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**CONSERVATIVE CONNECTOR LLC**

Nature of Debt (Purpose):  
**FUNDRAISING**

Mailing Address **435 E MAIN ST SUITE 250**

City State Zip Code  
**GREENWOOD IN 46143**

Outstanding Balance Beginning This Period

**Transaction ID : SD10.4492**

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

- 1) **SUBTOTALS** This Period This Page (optional) ..... ▶
- 2) **TOTALS** This Period (last page this line number only) ..... ▶
- 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶
- 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶