

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 / / in the State of

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

- General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period

/ /

through

/ /

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

/ /

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: M M / D D / Y Y Y Y 07 / 01 / 2013 To: M M / D D / Y Y Y Y 09 / 30 / 2013

	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))....	72619.45	150904.67
(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)).....	72619.45	150904.67
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	35808.76	51822.13
(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)).....	35808.76	51822.13
8. Cash on Hand at Close of Reporting Period (from Line 27).....	99082.54	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	1400.00	

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: M M / D D / Y Y Y Y 07 / 01 / 2013 To: M M / D D / Y Y Y Y 09 / 30 / 2013

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).....	47648.78	119198.78
(ii) Unitemized	12940.99	18406.12
(iii) TOTAL of contributions from individuals	60589.77	137604.90
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	10750.00	10750.00
(d) The Candidate	1279.68	2549.77
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	72619.45	150904.67
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).....	72619.45	150904.67

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	35808.76	51822.13
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	35808.76	51822.13

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	62271.85
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	72619.45
25. SUBTOTAL (add Line 23 and Line 24).....	134891.30
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	35808.76
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	99082.54

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

Form/Schedule: F3A
Transaction ID :

Per pre-termination audit, this report is amended to reflect changes to prior report, and 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 73
	<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)
Bradley Loyd Alexander

Mailing Address 412 Ponce de Leon PL

City Decatur State GA Zip Code 30030

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 18 / 2013

Transaction ID : SA11AI.4970

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Jill Arends

Mailing Address 4703 CHESTNUT GROVE Dr
0

City Champaign State IL Zip Code 61822

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

Name of Employer Occupation
N/A Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 10 / 2013

Transaction ID : SA11AI.4840

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Donald Armstrong

Mailing Address 1022 W ARMORY St

City Champaign State IL Zip Code 61821

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

Name of Employer Occupation
Northwestern Mutual Wealth Management Financial Advisor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 10 / 2013

Transaction ID : SA11AI.4794

Amount of Each Receipt this Period
 250.00

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

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

1250.00

**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 73
	<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)
Connie Beard

Mailing Address 2903 Southfork

City State Zip Code
Bloomington IL 61704

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

Name of Employer Occupation
Denbesten Real Estate Realtor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
248.19

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 20 / 2013

Transaction ID : SA11AI.5275

Amount of Each Receipt this Period
50.00

In-kind - Paid to Holiday Inn Express in Bloomington for Meet & Greet venue

B. Full Name (Last, First, Middle Initial)
Connie Beard

Mailing Address 2903 Southfork

City State Zip Code
Bloomington IL 61704

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

Name of Employer Occupation
Denbesten Real Estate Realtor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
261.99

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 24 / 2013

Transaction ID : SA11AI.5256

Amount of Each Receipt this Period
13.80

In-kind - Paid to Eagle Station APC1 for stamps

C. Full Name (Last, First, Middle Initial)
Connie Beard

Mailing Address 2903 Southfork

City State Zip Code
Bloomington IL 61704

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

Name of Employer Occupation
Denbesten Real Estate Realtor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
299.10

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 26 / 2013

Transaction ID : SA11AI.5255

Amount of Each Receipt this Period
30.12

In-kind - Paid to The School Shop for US Constitution foils stickers. your vote counts

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

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

93.92

**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 73
	<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)
Connie Beard

Mailing Address 2903 Southfork

City State Zip Code
Bloomington IL 61704

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

Name of Employer Denbesten Real Estate Occupation Realtor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
268.98

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 26 / 2013

Transaction ID : SA11AI.5257

Amount of Each Receipt this Period
6.99
 In-kind - Paid to Facebook for post promotion

B. Full Name (Last, First, Middle Initial)
Connie Beard

Mailing Address 2903 Southfork

City State Zip Code
Bloomington IL 61704

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

Name of Employer Denbesten Real Estate Occupation Realtor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
314.10

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 28 / 2013

Transaction ID : SA11AI.5262

Amount of Each Receipt this Period
15.00
 In-kind - Paid to Mt. Pisgah Baptist Church for vendor table at fish frv

C. Full Name (Last, First, Middle Initial)
Ashley Bell

Mailing Address P O Box 2616
0

City State Zip Code
Gainesville GA 30603

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

Name of Employer Bell & Washington, LLP Occupation 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 Y Y
07 / 20 / 2013

Transaction ID : SA11AI.4603

Amount of Each Receipt this Period
250.00

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

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

271.99

**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 73
	<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)
PAUL BENDER

Mailing Address 303 N COTTAGE AVE

City: NORMAL State: IL Zip Code: 61761

FEC ID number of contributing federal political committee: C

Name of Employer: Fidelity National Financial Occupation: Lawyer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 350.00

Date of Receipt: 08 / 28 / 2013

Transaction ID : SA11AI.4610

Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
PAUL BENDER

Mailing Address 303 N COTTAGE AVE

City: NORMAL State: IL Zip Code: 61761

FEC ID number of contributing federal political committee: C

Name of Employer: Fidelity National Financial Occupation: Lawyer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 450.00

Date of Receipt: 09 / 22 / 2013

Transaction ID : SA11AI.4897

Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial)
Jan Prisby Bryson

Mailing Address 310 Marla Circle

City: Riverdale State: GA Zip Code: 30296

FEC ID number of contributing federal political committee: C

Name of Employer: Occupation:

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 09 / 17 / 2013

Transaction ID : SA11AI.4964

Amount of Each Receipt this Period: 250.00

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

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

600.00

**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 10 OF 73
	<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)
Daphne Bryson Jackson

Mailing Address 404 Mims St SW

City Atlanta State GA Zip Code 30314-2613

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

Name of Employer Govlink Inc Occupation Principal Managing Partner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2013

Transaction ID : SA11AI.4994

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Mary Bulthuis

Mailing Address 1134 Drury Ln
0

City Aurora State IL Zip Code 60502

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

Name of Employer N/A Occupation retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 12 / 2013

Transaction ID : SA11AI.4660

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Richard H. Bulthuis

Mailing Address 3648 Quince Ct
0

City Downers Grove State IL Zip Code 60515

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

Name of Employer Republic Services Occupation Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 20 / 2013

Transaction ID : SA11AI.4913

Amount of Each Receipt this Period
 500.00

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

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

1750.00

**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 11 OF 73
	<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) A. William Byrd		Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2013	
Mailing Address 6816 River Bend Rd 0		Transaction ID : SA11AI.4764	
City Fort Worth	State TX	Zip Code 76132	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self-employed	Occupation Hospice administrator		
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. Catherine Capel		Date of Receipt M M / D D / Y Y Y Y 07 / 15 / 2013	
Mailing Address 1123 County Road 2300 E 0		Transaction ID : SA11AI.4601	
City Sidney	State IL	Zip Code 61877	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer N/A	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		

Full Name (Last, First, Middle Initial) C. Patrick Chovanec		Date of Receipt M M / D D / Y Y Y Y 08 / 06 / 2013	
Mailing Address 155 Riverside Dr Apt 5A		Transaction ID : SA11AI.4562	
City New York	State NY	Zip Code 10024	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Silvercrest Asset Management	Occupation Economist		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional).....	2000.00
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 12 OF 73
	<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)
William Christakes

Mailing Address 19800 Woodside Dr
0

City State Zip Code
New Lenox IL 60451

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

Name of Employer Occupation
Kingsbury Acres Greenhouse Retail-Wholesale

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 28 / 2013

Transaction ID : SA11AI.4972

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Michael Clark

Mailing Address 2769 County Road 1350 N
0

City State Zip Code
Homer IL 61849

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

Name of Employer Occupation
East Central Farm Business Farm Manage farm busines analysis

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2013

Transaction ID : SA11AI.4652

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Ken Clary

Mailing Address 1157 Etoway River Road

City State Zip Code
Dawsonville GA 30534

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

Name of Employer Occupation
Ken Clary and Company, LLC Manufacturer's Representative

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
788.62

Date of Receipt
M M / D D / Y Y Y Y
09 / 17 / 2013

Transaction ID : SA11AI.5191

Amount of Each Receipt this Period
788.62

In-kind - Paid to The Swan Coach House Atlanta, GA for fundraisina luncheon venue & food

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

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

1288.62

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

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

FOR LINE NUMBER: PAGE 13 OF 73
(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)
Linda Clary-Umberger

Mailing Address 1157 Etowah River Rd

City Dawsonville State GA Zip Code 30534

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

Name of Employer Private Sector Initiatives of Georgia Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **285.00**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 17 / 2013

Transaction ID : SA11AI.5190

Amount of Each Receipt this Period
85.00

In-kind - Consulting services provided by Linda Clary Umberger

B. Full Name (Last, First, Middle Initial)
Tom Cravens

Mailing Address 501 S fielder Rd

City Arlington State TX Zip Code 76013

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 **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 16 / 2013

Transaction ID : SA11AI.4675

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Walter Crowley

Mailing Address 817 W Belden
0

City Chicago State IL Zip Code 60614

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

Name of Employer Self Occupation lawyer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 11 / 2013

Transaction ID : SA11AI.4658

Amount of Each Receipt this Period
250.00

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

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

585.00

**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 14 OF 73
	<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) A. Kent Dauten		Date of Receipt M M / D D / Y Y Y Y Y 08 / 21 / 2013
Mailing Address 16 Country Ln 0		Transaction ID : SA11AI.4620
City Northfield State IL Zip Code 60093	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 Keystone Capital Inc. Occupation Investment Manager	Election Cycle-to-Date 2600.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) B. Scott Davis		Date of Receipt M M / D D / Y Y Y Y Y 09 / 24 / 2013
Mailing Address 1439 W Addison #3 0		Transaction ID : SA11AI.4864
City Chicago State IL Zip Code 60613	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer PartsTrader LLC Occupation Project Manager	Election Cycle-to-Date 250.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) C. Charles W. Douglas		Date of Receipt M M / D D / Y Y Y Y Y 09 / 10 / 2013
Mailing Address 21 Ivy Ln 0		Transaction ID : SA11AI.4756
City Oak Brook State IL Zip Code 60523	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 Sidney Austin LLP Occupation Lawyer	Election Cycle-to-Date 500.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	3350.00
TOTAL This Period (last page this line number only).....	[Empty Box]

**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 73
	<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)
Debra Eisenmann

Mailing Address 3323 W William St

City Champaign State IL Zip Code 61821

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

Name of Employer Self-Employed Occupation Graphic Designer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **225.00**

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 05 / 2013

Transaction ID : SA11AI.5212

Amount of Each Receipt this Period
225.00

In-kind - graphic design and photo editing services provided by D.Eisenmann for campaign brochures

B. Full Name (Last, First, Middle Initial)
Debra Eisenmann

Mailing Address 3323 W William St

City Champaign State IL Zip Code 61821

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

Name of Employer Self-Employed Occupation Graphic Designer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **450.00**

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 06 / 2013

Transaction ID : SA11AI.5214

Amount of Each Receipt this Period
225.00

In-kind - graphic design and photo editing services provided by D.Eisenmann for campaign brochures

C. Full Name (Last, First, Middle Initial)
Debra Eisenmann

Mailing Address 3323 W William St

City Champaign State IL Zip Code 61821

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

Name of Employer Self-Employed Occupation Graphic Designer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 10 / 2013

Transaction ID : SA11AI.5215

Amount of Each Receipt this Period
300.00

In-kind - graphic design and photo editing services provided by D.Eisenmann for campaign brochures

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

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

750.00

**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 73
	<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)
John H Elder

Mailing Address **PO Box 71**

City **Higgins Lake** State **MI** Zip Code **48527**

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

Name of Employer **Meyer Capel** Occupation **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 Y Y
09 / 22 / 2013

Transaction ID : SA11AI.4871

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dennis Ellis

Mailing Address **8650 Metz Pl
0**

City **Los Angeles** State **CA** Zip Code **90069**

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

Name of Employer **Paul Hastings LLP** Occupation **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 Y
09 / 12 / 2013

Transaction ID : SA11AI.4662

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Jody Eversole

Mailing Address **16 Hancock Dr**

City **Villa Grove** State **IL** Zip Code **61956**

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

Name of Employer **Club's Choice** Occupation **National Sales Director**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **247.23**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 03 / 2013

Transaction ID : SA11AI.5193

Amount of Each Receipt this Period
15.56

In-kind - Paid to Gilles True Value for parade float materials

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

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

765.56

**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 73
	<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) Jody Eversole		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 03 / 2013
Mailing Address 16 Hancock Dr		Transaction ID : SA11AI.5195
City Villa Grove	State IL	
Zip Code 61956		Amount of Each Receipt this Period 61.67
FEC ID number of contributing federal political committee. C		In-kind - Paid to Menards for parade float materials
Name of Employer Club's Choice	Occupation National Sales Director	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 231.67	

Full Name (Last, First, Middle Initial) Jody Eversole		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 17 / 2013
Mailing Address 16 Hancock Dr		Transaction ID : SA11AI.5219
City Villa Grove	State IL	
Zip Code 61956		Amount of Each Receipt this Period 400.00
FEC ID number of contributing federal political committee. C		In-kind - Paid to Metropolis Hotel in Wisconsin for lodging during campaign event
Name of Employer Club's Choice	Occupation National Sales Director	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 647.23	

Full Name (Last, First, Middle Initial) Jody Eversole		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 27 / 2013
Mailing Address 16 Hancock Dr		Transaction ID : SA11AI.5322
City Villa Grove	State IL	
Zip Code 61956		Amount of Each Receipt this Period 700.00
FEC ID number of contributing federal political committee. C		In-kind - Payment to TCT&A Industries in Urbana for Parade Float
Name of Employer Club's Choice	Occupation National Sales Director	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1347.23	

SUBTOTAL of Receipts This Page (optional).....	1161.67
TOTAL 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 18 OF 73
	<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)
Patrick Fitzgerald

Mailing Address 1212 WAVERLY Dr
0

City Champaign State IL Zip Code 61821

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

Name of Employer Meyer Capel Occupation 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
 09 / 02 / 2013

Transaction ID : SA11AI.4642

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Kurt Froehlich

Mailing Address 44 Main St
Room 310

City Champaign State IL Zip Code 61820

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

Name of Employer Evans, Froehlich, Beth & Chamley Occupation 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
 09 / 10 / 2013

Transaction ID : SA11AI.4796

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Peggy Froehlich

Mailing Address 3701 FREEDOM Blvd
0

City Champaign State IL Zip Code 61822

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

Name of Employer Evans, Froehlich, Beth & Chaml Occupation Office Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 10 / 2013

Transaction ID : SA11AI.4842

Amount of Each Receipt this Period
250.00

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

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

750.00

**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 19 OF 73
	<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) Uriah Gilmore		Date of Receipt M M / D D / Y Y Y Y Y 09 / 09 / 2013	
Mailing Address 925B Peachtree St 216		Transaction ID : SA11AI.4646	
City	State	Zip Code	Amount of Each Receipt this Period _____ 250.00
Atlanta	GA	30309	
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer Global Funding Exchange		Occupation Real Estate / Private Equity	
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) Donna Greene		Date of Receipt M M / D D / Y Y Y Y Y 09 / 10 / 2013	
Mailing Address 764 County Road 2200 North 0		Transaction ID : SA11AI.4834	
City	State	Zip Code	Amount of Each Receipt this Period _____ 250.00
Champaign	IL	61822	
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer Busey Bank		Occupation Financial Advisor	
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) Michael Harold		Date of Receipt M M / D D / Y Y Y Y Y 09 / 23 / 2013	
Mailing Address 733 Somerdale Dr 0		Transaction ID : SA11AI.4862	
City	State	Zip Code	Amount of Each Receipt this Period _____ 250.00
Webster	NY	14580	
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer Populus Group		Occupation Electrical Consultant	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 250.00	

SUBTOTAL of Receipts This Page (optional).....	_____ 750.00
TOTAL 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 20 OF 73
	<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) A. Jeffrey Hartman		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2013
Mailing Address 505 S Fifth St 0		Transaction ID : SA11AI.4822
City Champaign	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Jsm Management	Occupation Real Estate Development/Management	
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. Sam Haskell		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 415 Park Dr 0		Transaction ID : SA11AI.4943
City Oxford	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Miss America Organization	Occupation CEO	
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) C. Jonathan Haynes		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2013
Mailing Address 427 Sheridan Rd 0		Transaction ID : SA11AI.4852
City Kenilworth	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer SMG	Occupation Advertising	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL 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 21 OF 73
	<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)
Randy Hazelton

Mailing Address 131 Walthall St

City Atlanta State GA Zip Code 30316

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

Name of Employer H&H Companies LLC Occupation Business Developer

Receipt For: 2013
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 30 / 2013

Transaction ID : SA11AI.4990

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Marten Hoekstra

Mailing Address 296 W 92nd St
0

City New York State NY Zip Code 10025

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

Name of Employer Emerging Global Advisors Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 13 / 2013

Transaction ID : SA11AI.4537

Amount of Each Receipt this Period
 2600.00

C. Full Name (Last, First, Middle Initial)
Virginia Holder

Mailing Address 61 Greencroft Dr
0

City Champaign State IL Zip Code 61821

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

Name of Employer Self Occupation farm manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 08 / 2013

Transaction ID : SA11AI.4529

Amount of Each Receipt this Period
 1000.00

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

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

4100.00

**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 73
	<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)
Andre Holmes

Mailing Address 270 17th St NW
Unit 2707

City Atlanta State GA Zip Code 30363

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

Name of Employer Pulmonary and Sleep Medical Associates Occupation Physician

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
 09 / 25 / 2013

Transaction ID : SA11AI.4866

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
William Hotopp

Mailing Address 222 E Church St
0

City Sandwich State IL Zip Code 60548

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

Name of Employer Self-employed Occupation 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 Y Y
 09 / 30 / 2013

Transaction ID : SA11AI.4951

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Gwendolyn Hoving

Mailing Address 363 Trinity Ln
0

City Oak Brook State IL Zip Code 60523

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

Name of Employer Self Occupation Kenneth & Gwendolyn Hoving Fdn

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 Y
 09 / 20 / 2013

Transaction ID : SA11AI.4911

Amount of Each Receipt this Period
1000.00

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

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

1500.00

**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 73
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

Full Name (Last, First, Middle Initial) Tom Joy		Date of Receipt M M / D D / Y Y Y Y 08 / 04 / 2013
Mailing Address 2483 N 110th Ave 0		Transaction ID : SA11AI.4552
City Chippewa Falls	State WI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Clubs Choice Fundraising	Occupation Sales Manager	
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) Bastian Knoppers		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2013
Mailing Address 53 Baybrook Ln 0		Transaction ID : SA11AI.4892
City Oak Brook	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Metavante Corporation	Occupation Senior VP	
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) Laura Kotelman		Date of Receipt M M / D D / Y Y Y Y 09 / 23 / 2013
Mailing Address 2922 Sheffield Unit #1		Transaction ID : SA11AI.4937
City Chicago	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Sidley Austin LLP	Occupation Practice Development Manager	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL 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 24 OF 73
	<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)
Dave Kuhl

Mailing Address 101 Greencroft Dr
0

City Champaign State IL Zip Code 61821

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

Name of Employer N/A Occupation N/A

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2013

Transaction ID : SA11AI.4925

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Joyce Lagestee

Mailing Address 1030 S Butternut Cir
0

City Frankfort State IL Zip Code 60423

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

Name of Employer Self Occupation Interior Designer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 20 / 2013

Transaction ID : SA11AI.4879

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
William Lawless

Mailing Address 1209 PARK TERRACE Ln

City Champaign State IL Zip Code 61821

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

Name of Employer Lawless Commodities Inc Occupation President, Commodity Trading Advisor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 22 / 2013

Transaction ID : SA11AI.4873

Amount of Each Receipt this Period
 250.00

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

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

1500.00

**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 25 OF 73
	<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) A. James J. Liautaud		Date of Receipt M M / D D / Y Y Y Y 08 / 26 / 2013
Mailing Address 24 Dockside Ln PMB 108		Transaction ID : SA11AI.4826
City Key Largo	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Jimmy John's Gourmet Sandwich	Occupation Founder & Chairman	
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. Judy Louis		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2013
Mailing Address 404 POND RIDGE Ln 0		Transaction ID : SA11AI.4923
City Urbana	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer N/A	Occupation retired	
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) C. Sherryl Marsh		Date of Receipt M M / D D / Y Y Y Y 09 / 10 / 2013
Mailing Address 1104 COUNTRY Ln 0		Transaction ID : SA11AI.4844
City Champaign	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer N/A	Occupation retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00	

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL 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 26 OF 73
	<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)
Jessica G. Maxwell

Mailing Address 3764 Tuxedo Rd NW
0

City Atlanta State GA Zip Code 30306

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

Name of Employer Currie and Company Occupation Advisor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 17 / 2013

Transaction ID : SA11AI.4907

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
John T. McEnroe

Mailing Address 222 Lasalle St
Suite 2600

City Chicago State IL Zip Code 60601

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

Name of Employer Vedder Price Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 26 / 2013

Transaction ID : SA11AI.4929

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
Richard McHugh

Mailing Address 123 Canterbury Rd
0

City Eau Claire State WI Zip Code 54701

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

Name of Employer Club's Choice Fundraising Occupation President/Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 08 / 2013

Transaction ID : SA11AI.4579

Amount of Each Receipt this Period
1000.00

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

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

3250.00

**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 27 OF 73
	<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 N. McNeely

Mailing Address 202 Eagles Flt
0

City Villa Rica State GA Zip Code 30180

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

Name of Employer State of Georgia Occupation Deputy Commissioner

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
 09 / 17 / 2013

Transaction ID : SA11AI.4905

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Stuart Meacham

Mailing Address 1612 ENGLISH OAK Dr
0

City Champaign State IL Zip Code 61822

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

Name of Employer Cozad Asset Management Inc. Occupation CPA

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
 09 / 10 / 2013

Transaction ID : SA11AI.4804

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Karen Meyer

Mailing Address 1408 S PROSPECT Ave
0

City Champaign State IL Zip Code 61820

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

Name of Employer NA Occupation Retired

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 Y
 09 / 10 / 2013

Transaction ID : SA11AI.4836

Amount of Each Receipt this Period
1000.00

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

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

1500.00

**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 28 OF 73
	<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)
Alan Miller

Mailing Address 67 Loop Dr
0

City Sayville State NY Zip Code 11782

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

Name of Employer Frequency Electronics, Inc. Occupation accountant

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
 08 / 17 / 2013

Transaction ID : SA11AI.4575

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Cynthia Milligan

Mailing Address 2633 S 24 St
0

City Lincoln State NE Zip Code 68502

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

Name of Employer Self-employed Occupation 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 Y
 07 / 24 / 2013

Transaction ID : SA11AI.4547

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
Newton N. Minow

Mailing Address 179 E Lakeshore Dr
0

City Chicago State IL Zip Code 60611

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

Name of Employer Sidley Austin Occupation Lawyer

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
 09 / 25 / 2013

Transaction ID : SA11AI.4949

Amount of Each Receipt this Period
250.00

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

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

3350.00

**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 29 OF 73
	<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) A. Marc Olsen		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2013
Mailing Address PO Box 27 0		Transaction ID : SA11AI.4554
City Elk Mound	State WI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Choice-Products LLC	Occupation manager	
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. Dean Ortinau		Date of Receipt M M / D D / Y Y Y Y 08 / 16 / 2013
Mailing Address 1021 Cedar Hill Dr 0		Transaction ID : SA11AI.4589
City Decatur	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Retired/Disabled	Occupation CPA	
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) C. William A. Peifer		Date of Receipt M M / D D / Y Y Y Y 09 / 10 / 2013
Mailing Address 4901 Peifer Ln 0		Transaction ID : SA11AI.4810
City Champaign	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Signature Homes	Occupation Residential Home Builder	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL 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 30 OF 73
	<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)
Robin L. Petroelje

Mailing Address 32 Windsor Dr
0

City Elmhurst State IL Zip Code 60126

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

Name of Employer V3 Companies Ltd. Occupation Civil Engineer

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 Y
 09 / 18 / 2013

Transaction ID : SA11AI.4919

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Richard Porter

Mailing Address 875 Bryant Ave
0

City Winnetka State IL Zip Code 60093

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

Name of Employer Kirkland & Ellis LLP Occupation Lawyer

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 Y
 08 / 30 / 2013

Transaction ID : SA11AI.4630

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
J. ROGER POWELL

Mailing Address 10 GREENCROFT DR

City CHAMPAIGN State IL Zip Code 61821

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

Name of Employer Doctor Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 11 / 2013

Transaction ID : SA11AI.4818

Amount of Each Receipt this Period
100.00

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

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

2100.00

**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 31 OF 73
	<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) A. Rich Prevatt		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2013
Mailing Address PO Box 909 0		Transaction ID : SA11AI.4774
City State Zip Code California MD 20619	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer IAI Occupation Director	Election Cycle-to-Date 250.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) B. Dan Proctor		Date of Receipt M M / D D / Y Y Y Y 09 / 10 / 2013
Mailing Address 1516 River Bluff Dr 0		Transaction ID : SA11AI.4798
City State Zip Code Mahomet IL 61853	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 KEC Design Occupation Wholesale Distributor	Election Cycle-to-Date 500.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) C. CHARLES RANDLE		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2013
Mailing Address 290 FONDULAC DR		Transaction ID : SA11AI.4669
City State Zip Code PEORIA IL 61611	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer ILLINOIS BUSINESS FINANCIAL SE Occupation PRESIDENT	Election Cycle-to-Date 210.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	900.00
TOTAL This Period (last page this line number only).....	900.00

**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 32 OF 73
	<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 Ann Randle

Mailing Address 290 FonduLac Dr
0

City East Peoria State IL Zip Code 61611

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

Name of Employer N/A Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 14 / 2013

Transaction ID : SA11AI.4668

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Bernice Reinthaler

Mailing Address 14125 Ponderosa Ct
0

City Clinton State IL Zip Code 61727

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

Name of Employer N/A Occupation retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 13 / 2013

Transaction ID : SA11AI.4666

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mark E. Rust

Mailing Address 401 Sheridan Rd
0

City Wilmette State IL Zip Code 60091

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

Name of Employer Barnes & Thornburg, LLP Occupation 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
09 / 20 / 2013

Transaction ID : SA11AI.4947

Amount of Each Receipt this Period
250.00

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

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

1000.00

**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 33 OF 73
	<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)
Nancy Schimmel

Mailing Address 1516 N State Pkwy
#8A

City Chicago State IL Zip Code 60610

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

Name of Employer: Barnes & Thornburg LLP Occupation: lawyer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 09 / 20 / 2013

Transaction ID : SA11AI.4846

Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
David Seiler

Mailing Address 2914 VALLEY BROOK Dr
0

City Champaign State IL Zip Code 61822

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

Name of Employer: McGladrey LLP Occupation: CPA

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 09 / 05 / 2013

Transaction ID : SA11AI.4656

Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Sachin Shailendra

Mailing Address 1875 Anjaco Rd Nw.

City Atlanta State GA Zip Code 30309

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

Name of Employer: SG Contracting Occupation: President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 850.00

Date of Receipt: 09 / 17 / 2013

Transaction ID : SA11AI.5324

Amount of Each Receipt this Period: 850.00

In-kind - Paid to The Capital City Club in Atlanta for food and beverages for fundraiser

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

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

1350.00

**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 34 OF 73
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Jan 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 N/A Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
691.01

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 11 / 2013

Transaction ID : SA11AI.5187

Amount of Each Receipt this Period
691.01

In-kind - Paid to Michael's Catering for fundraiser catering

B. Full Name (Last, First, Middle Initial)
MARK STERN

Mailing Address 3525 S CASS ST

City OAK BROOK State IL Zip Code 60523

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

Name of Employer BURKE WARREN MACKAY & SERRITEL Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2013

Transaction ID : SA11AI.4952

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Patricia Talmadge

Mailing Address 550 Bridgewater Dr NW
0

City Sandy Springs State GA Zip Code 30328

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

Name of Employer N/A Occupation retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 24 / 2013

Transaction ID : SA11AI.4968

Amount of Each Receipt this Period
500.00

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

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

1291.01

**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 35 OF 73
	<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) A. Michael Timmis		Date of Receipt MM / DD / YYYY 07 / 08 / 2013
Mailing Address 130 Kercheval Ave Suite 200		Transaction ID : SA11AI.4527
City Grosse Pointe Farms	State MI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Attorney	
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. Kevin Tobin		Date of Receipt MM / DD / YYYY 09 / 26 / 2013
Mailing Address 216 W Hill St Apt 5		Transaction ID : SA11AI.4974
City Chicago	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Tobin Development Corporation	Occupation President	
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) C. Anne Torres		Date of Receipt MM / DD / YYYY 09 / 30 / 2013
Mailing Address 3460 Kingsboro Rd NE Apt 626		Transaction ID : SA11AI.4976
City Atlanta	State GA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer City of Atlanta GA	Occupation Deputy Director Communications	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL 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 36 OF 73
	<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) A. JANICE VAN DYKE-ZEILSTRA		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2013	
Mailing Address 1447 FOX LN		Transaction ID : SA11AI.4886	
City HINSDALE	State IL	Zip Code 60521	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer DARWILL INC	Occupation CEO		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00		

Full Name (Last, First, Middle Initial) B. Donna Wampler		Date of Receipt M M / D D / Y Y Y Y 09 / 10 / 2013	
Mailing Address 918 W ARMORY St 0		Transaction ID : SA11AI.4838	
City Champaign	State IL	Zip Code 61821	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer NA	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		

Full Name (Last, First, Middle Initial) C. Shari Wampler		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2013	
Mailing Address 6 Greencroft		Transaction ID : SA11AI.5185	
City Champaign	State IL	Zip Code 61821	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 691.01	
Name of Employer N/A	Occupation Homemaker		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 691.01		

SUBTOTAL of Receipts This Page (optional).....	1441.01
TOTAL This Period (last page this line number only).....	[Empty Box]

**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 37 OF 73
	<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) A. John Wilbraham		Date of Receipt M M / D D / Y Y Y Y Y 09 / 23 / 2013	
Mailing Address 5313 Benton Ave _____ 0		Transaction ID : SA11AI.4858	
City Downers Grove State IL Zip Code 60515	Amount of Each Receipt this Period _____ 1200.00		
FEC ID number of contributing federal political committee. C	Name of Employer: Municipal Point Advisors Occupation: Investment Manager		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1200.00		

Full Name (Last, First, Middle Initial) B. Joseph A. Zalar, Jr.		Date of Receipt M M / D D / Y Y Y Y Y 09 / 12 / 2013	
Mailing Address 1105 Country Ln _____ 0		Transaction ID : SA11AI.4820	
City Champaign State IL Zip Code 61821	Amount of Each Receipt this Period _____ 300.00		
FEC ID number of contributing federal political committee. C	Name of Employer: Christie Clinic Occupation: Urologist		
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) C. John Zeilstra		Date of Receipt M M / D D / Y Y Y Y Y 09 / 19 / 2013	
Mailing Address 1447 Fox Ln _____ 0		Transaction ID : SA11AI.4888	
City Hinsdale State IL Zip Code 60521	Amount of Each Receipt this Period _____ 250.00		
FEC ID number of contributing federal political committee. C	Name of Employer: Evenhouse & Co., PC Occupation: CPA		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		

SUBTOTAL of Receipts This Page (optional).....	_____ 1750.00
TOTAL This Period (last page this line number only).....	_____ 47648.78

**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 38 OF 73
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

Full Name (Last, First, Middle Initial) ATTORNEYS' TITLE GUARANTY FUND INC FEDERAL POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2013
Mailing Address 2408 WINDSOR PLACE		Transaction ID : SA11C.5287
City CHAMPAIGN	State IL	Zip Code 61820
FEC ID number of contributing federal political committee. C C00301424	Amount of Each Receipt this Period 2500.00	
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) FAMILY-PAC FEDERAL		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 26 / 2013
Mailing Address 414 N ORLEANS PLAZA #320		Transaction ID : SA11C.5286
City CHICAGO	State IL	Zip Code 60654
FEC ID number of contributing federal political committee. C C00362178	Amount of Each Receipt this Period 5000.00	
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

Full Name (Last, First, Middle Initial) FAMILY-PAC FEDERAL		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 26 / 2013
Mailing Address 414 N ORLEANS PLAZA #320		Transaction ID : SA11C.5288
City CHICAGO	State IL	Zip Code 60654
FEC ID number of contributing federal political committee. C C00362178	Amount of Each Receipt this Period 3000.00	
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 8000.00	

SUBTOTAL of Receipts This Page (optional).....	10500.00
TOTAL 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 39 OF 73
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
FAMILY FAITH FUTURE

Mailing Address 201 E BALTIMORE STREET SUITE 600

City State Zip Code
BALTIMORE MD 21202

FEC ID number of contributing federal political committee. **C** C00511188

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 19 2013

Transaction ID : SA11C.5285

Amount of Each Receipt this Period
250.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

250.00

10750.00

**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 40 OF 73
	<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
1507.30

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 05 / 2013

Transaction ID : SA11D.5164

Amount of Each Receipt this Period
64.43

In-kind - Paid to Ring Central for campaign phone system

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
1442.87

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 05 / 2013

Transaction ID : SA11D.5165

Amount of Each Receipt this Period
172.78

In-kind - Paid to Spirit Airlines for flight to political event

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
1994.90

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 05 / 2013

Transaction ID : SA11D.5168

Amount of Each Receipt this Period
487.60

In-kind - Paid to US Airways for flights to political conference

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

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

724.81

**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 41 OF 73
	<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
2089.90

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 19 / 2013

Transaction ID : SA11D.5170

Amount of Each Receipt this Period
95.00

In-kind - Paid to Spirit Airlines for baggage fees

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
2498.20

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 22 / 2013

Transaction ID : SA11D.5171

Amount of Each Receipt this Period
288.30

In-kind - Paid to Courtyard by Marriott for lodging while attending political conference

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
2209.90

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 22 / 2013

Transaction ID : SA11D.5172

Amount of Each Receipt this Period
25.00

In-kind - Paid to US Airways for baggage fee for flight to political conference

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

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

408.30

**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 42 OF 73
	<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
2184.90

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 22 / 2013

Transaction ID : SA11D.5173

Amount of Each Receipt this Period
95.00
 In-kind - Paid to Spirit Airlines for baggage fees

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
2515.84

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 17 / 2013

Transaction ID : SA11D.5174

Amount of Each Receipt this Period
17.64
 In-kind - Paid to Subway in Staunton, IL for lunch for campaign volunteers

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
2549.77

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 18 / 2013

Transaction ID : SA11D.5175

Amount of Each Receipt this Period
33.93
 In-kind - Paid to Pizza Man in Litchfield for lunch with campaign volunteers

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

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

146.57

1279.68

**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 43 OF 73		
	<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) A. American		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2013
Mailing Address 4333 Amon Carter Blvd		Amount of Each Disbursement this Period 647.80
City Ft Worth	State TX	
Zip Code 76155	Purpose of Disbursement Airline tickets - underlying expense for 9/30/13 reimbursement to Robert Harold	Transaction ID : SB17.8150
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. AUTHORIZE.NET		Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2013
Mailing Address 808 EAST UTAH VALLEY DR		Amount of Each Disbursement this Period 34.35
City AMERICAN FORK	State UT	
Zip Code 84003	Purpose of Disbursement Payment Processing Fees	Transaction ID : SB17.5095
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. AUTHORIZE.NET		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2013
Mailing Address 808 EAST UTAH VALLEY DR		Amount of Each Disbursement this Period 38.90
City AMERICAN FORK	State UT	
Zip Code 84003	Purpose of Disbursement Payment processing fees	Transaction ID : SB17.5112
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	73.25
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 73			
	<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) A. Connie Beard		Date of Disbursement MM / DD / YYYY 09 / 20 / 2013
Mailing Address 2903 Southfork		Amount of Each Disbursement this Period 7,999.99 50.00 Transaction ID : SB17.5276
City Bloomington	State IL	
Purpose of Disbursement In-kind - Paid to Holiday Inn Express in Bloomington for Meet & Greet venue		Category/ Type 002
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. Connie Beard		Date of Disbursement MM / DD / YYYY 09 / 24 / 2013
Mailing Address 2903 Southfork		Amount of Each Disbursement this Period 7,999.99 13.80 Transaction ID : SB17.5272
City Bloomington	State IL	
Purpose of Disbursement In-kind - Paid to Eagle Station APC1 for stamps		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) c. Connie Beard		Date of Disbursement MM / DD / YYYY 09 / 26 / 2013
Mailing Address 2903 Southfork		Amount of Each Disbursement this Period 7,999.99 6.99 Transaction ID : SB17.5271
City Bloomington	State IL	
Purpose of Disbursement In-kind - Paid to Facebook for post promotion		Category/ Type 004
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....	70.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 45 OF 73	
	<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) A. Connie Beard		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2013
Mailing Address 2903 Southfork		Amount of Each Disbursement this Period 30.12 Transaction ID : SB17.5273
City Bloomington	State IL	
Purpose of Disbursement In-kind - Paid to The School Shop for US Constitution foils stickers, your vote counts		Category/ Type 006
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) B. Connie Beard		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2013
Mailing Address 2903 Southfork		Amount of Each Disbursement this Period 15.00 Transaction ID : SB17.5266
City Bloomington	State IL	
Purpose of Disbursement In-kind - Paid to Mt. Pisgah Baptist Church for vendor table at fish fry		Category/ Type 007
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) C. PHIL BLOOMER		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2013
Mailing Address 2425A COUNTY ROAD 1225N		Amount of Each Disbursement this Period 299.45 Transaction ID : SB17.5018
City ST. JOSEPH	State IL	
Purpose of Disbursement Reimbursement for mileage for travel to and from campaign events		Category/ Type 002
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	344.57
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 46 OF 73	
	<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) A. PHIL BLOOMER		Date of Disbursement MM / DD / YYYY 08 / 16 / 2013
Mailing Address 2425A COUNTY ROAD 1225N		Amount of Each Disbursement this Period 531.10
City ST. JOSEPH State IL Zip Code 61873	Purpose of Disbursement Reimbursement for mileage for travel to and from campaign events	
Candidate Name	Category/Type 002	Transaction ID : SB17.5017
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. PHIL BLOOMER		Date of Disbursement MM / DD / YYYY 09 / 25 / 2013
Mailing Address 2425A COUNTY ROAD 1225N		Amount of Each Disbursement this Period 718.68
City ST. JOSEPH State IL Zip Code 61873	Purpose of Disbursement Reimbursement for campaign travel - underlying expense for 9/30/13 reimbursement to Robert Harold	
Candidate Name	Category/Type 002	Transaction ID : SB17.8146 [MEMO ITEM]
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Ken Clary		Date of Disbursement MM / DD / YYYY 09 / 17 / 2013
Mailing Address 1157 Etoway River Road		Amount of Each Disbursement this Period 788.62
City Dawsonville State GA Zip Code 30534	Purpose of Disbursement In-kind - Paid to The Swan Coach House Atlanta, GA for fundraising luncheon venue & food	
Candidate Name	Category/Type 007	Transaction ID : SB17.5204
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1319.72
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 47 OF 73	
	<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) A. Linda Clary-Umberger		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2013
Mailing Address 1157 Etowah River Rd		Amount of Each Disbursement this Period 85.00 Transaction ID : SB17.5205
City Dawsonville	State GA Zip Code 30534	
Purpose of Disbursement In-kind - Consulting services provided by Linda Clary Umberger		Category/Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. CONSERVATIVE CONNECTOR LLC		Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2013
Mailing Address 435 E MAIN ST SUITE 250		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.5306
City GREENWOOD	State IN Zip Code 46143	
Purpose of Disbursement Payment for 2nd Qtr Fundraising Services		Category/Type 003
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. CONSERVATIVE CONNECTOR LLC		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2013
Mailing Address 435 E MAIN ST SUITE 250		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.5004
City GREENWOOD	State IN Zip Code 46143	
Purpose of Disbursement Fundraising Services		Category/Type 003
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	7085.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 48 OF 73	
	<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) A. DOLLAR TREE STORES INC		Date of Disbursement MM / DD / YYYY 07 / 17 / 2013
Mailing Address 2009 N PROSPECT AVE		Amount of Each Disbursement this Period 5.40
City CHAMPAIGN	State IL	
Zip Code 61822	Purpose of Disbursement Manila Folders - underlying transaction for 8/26/13 reimbursement to Donna Tanner-Harold	Transaction ID : SB17.8101
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. DOLLAR TREE STORES INC		Date of Disbursement MM / DD / YYYY 09 / 01 / 2013
Mailing Address 2009 N PROSPECT AVE		Amount of Each Disbursement this Period 5.44
City CHAMPAIGN	State IL	
Zip Code 61822	Purpose of Disbursement Pails for parade - underlying expense for 9/3/13 reimbursement to Robert Harold	Transaction ID : SB17.8138
Candidate Name	Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. Dominos Pizza		Date of Disbursement MM / DD / YYYY 09 / 12 / 2013
Mailing Address 102 E Green St.		Amount of Each Disbursement this Period 8.73
City Champaign	State IL	
Zip Code 61820	Purpose of Disbursement Pizza for campaign meeting - underlying expense for 9/30/13 reimbursement to Robert Harold	Transaction ID : SB17.8171
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 73		
	<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) A. Debra Eisenmann		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2013
Mailing Address 3323 W William St		Amount of Each Disbursement this Period 225.00 Transaction ID : SB17.5227
City Champaign State IL Zip Code 61821	Purpose of Disbursement In-kind - graphic design and photo editing services provided by D.Eisenmann for campaign brochures Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/Type 006
State: District:		

Full Name (Last, First, Middle Initial) B. Debra Eisenmann		Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2013
Mailing Address 3323 W William St		Amount of Each Disbursement this Period 225.00 Transaction ID : SB17.5226
City Champaign State IL Zip Code 61821	Purpose of Disbursement In-kind - graphic design and photo editing services provided by D.Eisenmann for campaign brochures Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/Type 006
State: District:		

Full Name (Last, First, Middle Initial) C. Debra Eisenmann		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2013
Mailing Address 3323 W William St		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.5225
City Champaign State IL Zip Code 61821	Purpose of Disbursement In-kind - graphic design and photo editing services provided by D.Eisenmann for campaign brochures Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/Type 006
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 50 OF 73	
	<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) A. Jody Eversole		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2013
Mailing Address 16 Hancock Dr		Amount of Each Disbursement this Period 170.00 Transaction ID : SB17.5201
City Villa Grove	State IL	
Zip Code 61956	Purpose of Disbursement In-kind - Paid to TCT&A Industries for banner for float	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Jody Eversole		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2013
Mailing Address 16 Hancock Dr		Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.5222
City Villa Grove	State IL	
Zip Code 61956	Purpose of Disbursement In-kind - Paid to Metropolis Hotel in Wisconsin for lodging during campaign event	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Jody Eversole		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2013
Mailing Address 16 Hancock Dr		Amount of Each Disbursement this Period 700.00 Transaction ID : SB17.5323
City Villa Grove	State IL	
Zip Code 61956	Purpose of Disbursement In-kind - Payment to TCT&A Industries in Urbana for Parade Float	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1270.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 73			
	<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) A. FEDEX OFFICE		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2013
Mailing Address 613 S WRIGHT ST		Amount of Each Disbursement this Period 199.00
City CHAMPAIGN State IL Zip Code 61820	Purpose of Disbursement Photocopies - underlying transaction for 9/30/13 reimbursement to Donna Tanner-Harold	
Candidate Name	Category/Type 006	Transaction ID : SB17.8252
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. FEDEX OFFICE		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2013
Mailing Address 613 S WRIGHT ST		Amount of Each Disbursement this Period 4.19
City CHAMPAIGN State IL Zip Code 61820	Purpose of Disbursement Photocopies - underlying transaction for 9/30/13 reimbursement to Donna Tanner-Harold	
Candidate Name	Category/Type 006	Transaction ID : SB17.8265
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. ERIKA NATALI LOUISE HAROLD		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2013
Mailing Address 115 E HOLMES		Amount of Each Disbursement this Period 172.78
City URBANA State IL Zip Code 61801	Purpose of Disbursement In-kind - Paid to Spirit Airlines for flight to political event	
Candidate Name	Category/Type 002	Transaction ID : SB17.5166
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)	
State: IL District: 13		

SUBTOTAL of Disbursements This Page (optional).....	172.78
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 52 OF 73	
	<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) A. ERIKA NATALI LOUISE HAROLD		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2013
Mailing Address 115 E HOLMES		Amount of Each Disbursement this Period 64.43 Transaction ID : SB17.5167
City URBANA State IL Zip Code 61801	Purpose of Disbursement In-kind - Paid to Ring Central for campaign phone system Candidate Name Category/Type 001	
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)	State: IL District: 13	

Full Name (Last, First, Middle Initial) B. ERIKA NATALI LOUISE HAROLD		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2013
Mailing Address 115 E HOLMES		Amount of Each Disbursement this Period 487.60 Transaction ID : SB17.5169
City URBANA State IL Zip Code 61801	Purpose of Disbursement In-kind - Paid to US Airways for flights to political conference Candidate Name Category/Type 002	
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)	State: IL District: 13	

Full Name (Last, First, Middle Initial) C. ERIKA NATALI LOUISE HAROLD		Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2013
Mailing Address 115 E HOLMES		Amount of Each Disbursement this Period 95.00 Transaction ID : SB17.5181
City URBANA State IL Zip Code 61801	Purpose of Disbursement In-kind - Paid to Spirit Airlines for baggage fees Candidate Name Category/Type 002	
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)	State: IL District: 13	

SUBTOTAL of Disbursements This Page (optional).....	647.03
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 73			
	<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) A. ERIKA NATALI LOUISE HAROLD		Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2013
Mailing Address 115 E HOLMES		Amount of Each Disbursement this Period 95.00 Transaction ID : SB17.5178
City URBANA State IL Zip Code 61801	Purpose of Disbursement In-kind - Paid to Spirit Airlines for baggage fees Candidate Name Category/Type 002	
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)	State: IL District: 13	

Full Name (Last, First, Middle Initial) B. ERIKA NATALI LOUISE HAROLD		Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2013
Mailing Address 115 E HOLMES		Amount of Each Disbursement this Period 25.00 Transaction ID : SB17.5179
City URBANA State IL Zip Code 61801	Purpose of Disbursement In-kind - Paid to US Airways for baggage fee for flight to political conference Candidate Name Category/Type 002	
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)	State: IL District: 13	

Full Name (Last, First, Middle Initial) C. ERIKA NATALI LOUISE HAROLD		Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2013
Mailing Address 115 E HOLMES		Amount of Each Disbursement this Period 288.30 Transaction ID : SB17.5180
City URBANA State IL Zip Code 61801	Purpose of Disbursement In-kind - Paid to Courtyard by Marriott for lodging while attending political conference Candidate Name Category/Type 002	
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)	State: IL District: 13	

SUBTOTAL of Disbursements This Page (optional).....	408.30
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 54 OF 73	
	<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) A. ERIKA NATALI LOUISE HAROLD		Date of Disbursement MM / DD / YYYY 08 / 17 / 2013
Mailing Address 115 E HOLMES		Amount of Each Disbursement this Period 3241.30 Transaction ID : SB17.5177
City URBANA State IL Zip Code 61801	Purpose of Disbursement In-kind - Paid to Subway in Staunton, IL for lunch for campaign volunteers Candidate Name Category/Type 002	
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)	Candidate Name	
State: IL District: 13		

Full Name (Last, First, Middle Initial) B. ERIKA NATALI LOUISE HAROLD		Date of Disbursement MM / DD / YYYY 08 / 18 / 2013
Mailing Address 115 E HOLMES		Amount of Each Disbursement this Period 33.93 Transaction ID : SB17.5176
City URBANA State IL Zip Code 61801	Purpose of Disbursement In-kind - Paid to Pizza Man in Litchfield for lunch with campaign volunteers Candidate Name Category/Type 002	
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)	Candidate Name	
State: IL District: 13		

Full Name (Last, First, Middle Initial) c. Robert Harold		Date of Disbursement MM / DD / YYYY 09 / 03 / 2013
Mailing Address 115 E Holmes		Amount of Each Disbursement this Period 3189.73 Transaction ID : SB17.8114
City Urbana State IL Zip Code 61801	Purpose of Disbursement Reimbursement for campaign expenses 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)	Candidate Name	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3241.30
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 73			
	<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) A. Robert Harold		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2013
Mailing Address 115 E Holmes		Amount of Each Disbursement this Period 200.00 Transaction ID : SB17.8268
City Urbana State IL Zip Code 61801	Purpose of Disbursement Reimbursement for miscellaneous de minimis campaign expenses 001 Category/Type	
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. Robert Harold		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 115 E Holmes		Amount of Each Disbursement this Period 43.40 Transaction ID : SB17.5040
City Urbana State IL Zip Code 61801	Purpose of Disbursement Reimbursement for campaign gas and postage 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Robert Harold		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 115 E Holmes		Amount of Each Disbursement this Period 270.78 Transaction ID : SB17.8106
City Urbana State IL Zip Code 61801	Purpose of Disbursement Reimbursement for campaign expenses 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	514.18
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 56 OF 73	
	<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) A. Robert Harold		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 115 E Holmes		Amount of Each Disbursement this Period 3622.26 Transaction ID : SB17.8142
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. Jorn's Signs		Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2013
Mailing Address 317 S Main St		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.8115 [MEMO ITEM]
City Hillsboro	State IL	
Zip Code 62049	Purpose of Disbursement Campaign signs and materials - underlying expense for 9/3/13 reimbursement to Robert Harold	Category/ Type 006
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Jorn's Signs		Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2013
Mailing Address 317 S Main St		Amount of Each Disbursement this Period 150.00 Transaction ID : SB17.8122 [MEMO ITEM]
City Hillsboro	State IL	
Zip Code 62049	Purpose of Disbursement Parade Banner - underlying expense for 9/3/13 reimbursement to Robert Harold	Category/ Type 006
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional)	3622.26
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 73		
	<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) A. Jorn's Signs		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 317 S Main St		Amount of Each Disbursement this Period 1160.00
City Hillsboro State IL Zip Code 62049	Purpose of Disbursement Signs/Billboard Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5048
State: District:	Category/Type 006	

Full Name (Last, First, Middle Initial) B. JTnet, Inc.		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2013
Mailing Address 788 N. Sunnyside Rd.		Amount of Each Disbursement this Period 242.27
City Decatur State IL Zip Code 62525	Purpose of Disbursement Campaign Website Design and Development Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5008
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) c. Magnuson Grand Hotel and Conference Center		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2013
Mailing Address 19067 W. Frontage Road		Amount of Each Disbursement this Period 79.86
City Raymond State IL Zip Code 62560	Purpose of Disbursement Lodging - underlying transaction for 7/10/13 reimbursement to Phil Bloomer Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.8095 [MEMO ITEM]
State: District:	Category/Type 002	

SUBTOTAL of Disbursements This Page (optional).....	1402.27
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 73			
	<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) A. McLean County Republican Party			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013		
Mailing Address PO Box 5056			Amount of Each Disbursement this Period 500.00		
City Bloomington	State IL	Zip Code 61702	Transaction ID : SB17.5057		
Purpose of Disbursement Fall Picnic Sponsorship		Category/ Type 007			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. MEIJER			Date of Disbursement M M / D D / Y Y Y Y 07 / 04 / 2013		
Mailing Address 2500 PHILO ROAD			Amount of Each Disbursement this Period 4.03		
City URBANA	State IL	Zip Code 61802	Transaction ID : SB17.8140		
Purpose of Disbursement Ice for waters for parade volunteers - underlying expense for 9/3/13 reimbursement to Robert Harold		Category/ Type 007	[MEMO ITEM]		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) C. MEIJER			Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2013		
Mailing Address 2500 PHILO ROAD			Amount of Each Disbursement this Period 47.62		
City URBANA	State IL	Zip Code 61802	Transaction ID : SB17.8169		
Purpose of Disbursement Gas for campaign travel - underlying expense for 9/30/13 reimbursement to Robert Harold		Category/ Type 002	[MEMO ITEM]		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 73			
	<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) A. MEIJER		Date of Disbursement MM / DD / YYYY 09 / 15 / 2013
Mailing Address 2500 PHILO ROAD		Amount of Each Disbursement this Period 46.00
City URBANA State IL Zip Code 61802	Purpose of Disbursement Postage - underlying transaction for 9/30/13 reimbursement to Donna Tanner-Harold	
Candidate Name	Category/Type 001	Transaction ID : SB17.8255 [MEMO ITEM]
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. MEIJER		Date of Disbursement MM / DD / YYYY 09 / 16 / 2013
Mailing Address 2500 PHILO ROAD		Amount of Each Disbursement this Period 27.60
City URBANA State IL Zip Code 61802	Purpose of Disbursement Postage - underlying transaction for 9/30/13 reimbursement to Donna Tanner-Harold	
Candidate Name	Category/Type	Transaction ID : SB17.8258 [MEMO ITEM]
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Mendards		Date of Disbursement MM / DD / YYYY 07 / 30 / 2013
Mailing Address 620 Town Center Blvd.		Amount of Each Disbursement this Period 51.32
City Champaign State IL Zip Code 61820	Purpose of Disbursement Materials for Campaign Banner - underlying expense for 9/3/13 reimbursement to Robert Harold	
Candidate Name	Category/Type 006	Transaction ID : SB17.8134 [MEMO ITEM]
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 73			
	<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) A. Microtel Inn & Suites		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2013
Mailing Address 2636 Sunrise Drive		Amount of Each Disbursement this Period 123.20 Transaction ID : SB17.5100
City Springfield State IL Zip Code 62703	Purpose of Disbursement Lodging for campaign volunteer during campaign travel Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Microtel Inn & Suites		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2013
Mailing Address 2636 Sunrise Drive		Amount of Each Disbursement this Period 110.88 Transaction ID : SB17.5101
City Springfield State IL Zip Code 62703	Purpose of Disbursement Lodging for candidate during campaign travel Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Microtel Inn & Suites		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2013
Mailing Address 2636 Sunrise Drive		Amount of Each Disbursement this Period 122.08 Transaction ID : SB17.5102
City Springfield State IL Zip Code 62703	Purpose of Disbursement Lodging for campaign volunteer during campaign travel Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	356.16
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 73			
	<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) A. MINUTEMAN PRESS			Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2013
Mailing Address 905 S NEIL ST, SUITE B			Amount of Each Disbursement this Period 209.75 Transaction ID : SB17.8118
City CHAMPAIGN	State IL	Zip Code 61820	
Purpose of Disbursement Campaign Business Cards - underlying expense for 9/3/13 reimbursement to Robert Harold		Candidate Name	Category/ Type 006
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		[MEMO ITEM]	
State:	District:		

Full Name (Last, First, Middle Initial) B. MINUTEMAN PRESS			Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2013
Mailing Address 905 S NEIL ST, SUITE B			Amount of Each Disbursement this Period 285.01 Transaction ID : SB17.5105
City CHAMPAIGN	State IL	Zip Code 61820	
Purpose of Disbursement Fundraiser Invitations		Candidate Name	Category/ Type 007
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:		

Full Name (Last, First, Middle Initial) C. MINUTEMAN PRESS			Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2013
Mailing Address 905 S NEIL ST, SUITE B			Amount of Each Disbursement this Period 889.80 Transaction ID : SB17.5106
City CHAMPAIGN	State IL	Zip Code 61820	
Purpose of Disbursement Campaign letterhead and envelopes		Candidate Name	Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	1174.81
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 62 OF 73	
	<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) A. MINUTEMAN PRESS		Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2013
Mailing Address 905 S NEIL ST, SUITE B		Amount of Each Disbursement this Period 222.00
City CHAMPAIGN State IL Zip Code 61820	Purpose of Disbursement Printing of campaign postcards - underlying expense for 9/30/13 reimbursement to Robert Harold	
Candidate Name	Category/Type 006	Transaction ID : SB17.8155 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. MINUTEMAN PRESS		Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2013
Mailing Address 905 S NEIL ST, SUITE B		Amount of Each Disbursement this Period 51.66
City CHAMPAIGN State IL Zip Code 61820	Purpose of Disbursement Printing of petitions - underlying expense for 9/30/13 reimbursement to Robert Harold	
Candidate Name	Category/Type 001	Transaction ID : SB17.8167 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. MINUTEMAN PRESS		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2013
Mailing Address 905 S NEIL ST, SUITE B		Amount of Each Disbursement this Period 74.00
City CHAMPAIGN State IL Zip Code 61820	Purpose of Disbursement Printing of campaign materials - underlying expense for 9/30/13 reimbursement to Robert Harold	
Candidate Name	Category/Type 006	Transaction ID : SB17.8163 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 63 OF 73	
	<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) A. MINUTEMAN PRESS		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2013
Mailing Address 905 S NEIL ST, SUITE B		Amount of Each Disbursement this Period 222.00
City CHAMPAIGN	State IL	
Zip Code 61820	Purpose of Disbursement Printing of campaign postcards - underlying expense for 9/30/13 reimbursement to Robert Harold	Transaction ID : SB17.8153
Candidate Name	Category/Type 006	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. NPC		Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2013
Mailing Address 5100 INTERCHANGE WAY		Amount of Each Disbursement this Period 454.66
City LOUISVILLE	State KY	
Zip Code 40229	Purpose of Disbursement Merchant payment processing service fees	Transaction ID : SB17.5097
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. NPC		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2013
Mailing Address 5100 INTERCHANGE WAY		Amount of Each Disbursement this Period 183.02
City LOUISVILLE	State KY	
Zip Code 40229	Purpose of Disbursement Merchant payment processing service fees	Transaction ID : SB17.5109
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	637.68
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 73		
	<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) A. NPC		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 5100 INTERCHANGE WAY		Amount of Each Disbursement this Period 405.87
City LOUISVILLE State KY Zip Code 40229	Purpose of Disbursement Merchant processing fees	
Candidate Name	Category/Type 001	Transaction ID : SB17.5153
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Office Depot		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2013
Mailing Address 111 Convenience Center Rd.		Amount of Each Disbursement this Period 125.43
City Champaign State IL Zip Code 61820	Purpose of Disbursement Stationery - underlying transaction for 8/26/13 reimbursement to Donna Tanner-Harold	
Candidate Name	Category/Type 001	Transaction ID : SB17.8248 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Office Depot		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2013
Mailing Address 111 Convenience Center Rd.		Amount of Each Disbursement this Period 16.83
City Champaign State IL Zip Code 61820	Purpose of Disbursement Stationery - underlying transaction for 8/26/13 reimbursement to Donna Tanner-Harold	
Candidate Name	Category/Type	Transaction ID : SB17.8240 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	405.87
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 73
	<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) A. Office Depot		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2013
Mailing Address 111 Convenience Center Rd.		Amount of Each Disbursement this Period 98.85
City Champaign State IL Zip Code 61820	Purpose of Disbursement Shipping of campaign supplies - underlying expense for 9/30/13 reimbursement to Robert Harold	
Candidate Name	Category/Type 001	Transaction ID : SB17.8161 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Rapid Refill		Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2013
Mailing Address 1801 W. Kirby Ave.		Amount of Each Disbursement this Period 53.95
City Champaign State IL Zip Code 61821	Purpose of Disbursement Ink for printer - underlying expense for 9/30/13 reimbursement to Robert Harold	
Candidate Name	Category/Type 001	Transaction ID : SB17.8165 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. RingCentral Inc.		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2013
Mailing Address 1400 Fashion Island Blvd Suite 700		Amount of Each Disbursement this Period 126.62
City San Mateo State CA Zip Code 94404	Purpose of Disbursement campaign telephone system - underlying expense for 9/3/13 reimbursement to Robert Harold	
Candidate Name	Category/Type 001	Transaction ID : SB17.8124 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 66 OF 73	
	<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) A. SAM'S CLUB		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2013
Mailing Address 915 W MARKETVIEW DR		Amount of Each Disbursement this Period 85.00
City CHAMPAIGN State IL Zip Code 61820	Purpose of Disbursement Candy for distribution at parades - underlying expense for 9/3/13 reimbursement to Robert Harold	
Candidate Name	Category/Type 007	Transaction ID : SB17.8132 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. SAM'S CLUB		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2013
Mailing Address 915 W MARKETVIEW DR		Amount of Each Disbursement this Period 109.14
City CHAMPAIGN State IL Zip Code 61820	Purpose of Disbursement Candy for distribution at parades - underlying expense for 9/3/13 reimbursement to Robert Harold	
Candidate Name	Category/Type 007	Transaction ID : SB17.8130 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. SAM'S CLUB		Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2013
Mailing Address 915 W MARKETVIEW DR		Amount of Each Disbursement this Period 162.76
City CHAMPAIGN State IL Zip Code 61820	Purpose of Disbursement Candy for distribution at parades - underlying expense for 9/3/13 reimbursement to Robert Harold	
Candidate Name	Category/Type 007	Transaction ID : SB17.8120 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 67 OF 73	
	<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) A. SAM'S CLUB		Date of Disbursement MM / DD / YYYY 08 / 16 / 2013
Mailing Address 915 W MARKETVIEW DR		Amount of Each Disbursement this Period 70.51
City CHAMPAIGN State IL Zip Code 61820	Purpose of Disbursement Parade candy - underlying transaction for 8/26/13 reimbursement to Donna Tanner Harold Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.8245 [MEMO ITEM]
State: District:	Category/Type 007	

Full Name (Last, First, Middle Initial) B. SAM'S CLUB		Date of Disbursement MM / DD / YYYY 08 / 22 / 2013
Mailing Address 915 W MARKETVIEW DR		Amount of Each Disbursement this Period 122.33
City CHAMPAIGN State IL Zip Code 61820	Purpose of Disbursement Candy for distribution at parades - underlying expense for 9/3/13 reimbursement to Robert Harold Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.8126 [MEMO ITEM]
State: District:	Category/Type 007	

Full Name (Last, First, Middle Initial) C. SAM'S CLUB		Date of Disbursement MM / DD / YYYY 09 / 01 / 2013
Mailing Address 915 W MARKETVIEW DR		Amount of Each Disbursement this Period 122.02
City CHAMPAIGN State IL Zip Code 61820	Purpose of Disbursement Candy for distribution at parades - underlying expense for 9/3/13 reimbursement to Robert Harold Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.8128 [MEMO ITEM]
State: District:	Category/Type 007	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 73			
	<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) A. SAM'S CLUB		Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2013
Mailing Address 915 W MARKETVIEW DR		Amount of Each Disbursement this Period 134.00
City CHAMPAIGN	State IL	
Zip Code 61820	Purpose of Disbursement Candy for distribution at parade - underlying expense for 9/30/13 reimbursement to Robert Harold	Transaction ID : SB17.8159
Candidate Name	Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Sachin Shailendra		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2013
Mailing Address 1875 Anjaco Rd Nw.		Amount of Each Disbursement this Period 850.00
City Atlanta	State GA	
Zip Code 30309	Purpose of Disbursement In-kind - Paid to The Capital City Club in Atlanta for food and beverages for fundraiser	Transaction ID : SB17.5326
Candidate Name	Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. MARK SHELDEN		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2013
Mailing Address 2908 MYRA RIDGE DR		Amount of Each Disbursement this Period 5001.00
City URBANA	State IL	
Zip Code 61802	Purpose of Disbursement Campaign Consulting Services	Transaction ID : SB17.5006
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5851.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 69 OF 73	
	<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) A. Sheraton Pentagon City Hotel		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2013
Mailing Address 900 S Orme St.		Amount of Each Disbursement this Period 201.27
City Arlington	State VA	
Zip Code 22204	Purpose of Disbursement Lodging for campaign travel - underlying expense for 9/30/13 reimbursement to Robert Harold	Transaction ID : SB17.8157
Candidate Name	002 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Jan Sholem		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2013
Mailing Address 1102 W Armory Ave		Amount of Each Disbursement this Period 691.01
City Champaign	State IL	
Zip Code 61821	Purpose of Disbursement In-kind - Paid to Michael's Catering for fundraiser catering	Transaction ID : SB17.5207
Candidate Name	007 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Southwest Airlines		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2013
Mailing Address PO Box 36647-1 CR		Amount of Each Disbursement this Period 1141.60
City Dallas	State TX	
Zip Code 75235	Purpose of Disbursement Airline tickets - underlying expense for 9/30/13 reimbursement to Robert Harold	Transaction ID : SB17.8143
Candidate Name	002 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	691.01
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 73			
	<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) A. DONNA TANNER-HAROLD		Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2013
Mailing Address 115 E HOLMES ST		Amount of Each Disbursement this Period 282.81 Transaction ID : SB17.8238
City URBANA State IL Zip Code 61801	Purpose of Disbursement Reimbursement for campaign materials Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. DONNA TANNER-HAROLD		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 115 E HOLMES ST		Amount of Each Disbursement this Period 284.73 Transaction ID : SB17.8251
City URBANA State IL Zip Code 61801	Purpose of Disbursement Reimbursement for campaign materials Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. The Georgian Terrace Hotel		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2013
Mailing Address 659 Peachtree St. NE		Amount of Each Disbursement this Period 415.28 Transaction ID : SB17.5134
City Atlanta State GA Zip Code 30308	Purpose of Disbursement 2-night stay for candidate and campaign volunteer for campaign lodging Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	982.82
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 73		
	<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) A. Thorntons		Date of Disbursement MM / DD / YYYY 08 / 03 / 2013
Mailing Address 101 Burwash Ave.		Amount of Each Disbursement this Period 41.32
City Savoy State IL Zip Code 61874	Purpose of Disbursement Gas for campaign travel - underlying expense for 9/3/13 reimbursement to Robert Harold	
Candidate Name	Category/Type 002	Transaction ID : SB17.8136
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. U.S. Postal Service		Date of Disbursement MM / DD / YYYY 08 / 22 / 2013
Mailing Address 202 S. Broadway Ave.		Amount of Each Disbursement this Period 230.00
City Urbana State IL Zip Code 61801	Purpose of Disbursement Postage	
Candidate Name	Category/Type 001	Transaction ID : SB17.5103
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Shari Wampler		Date of Disbursement MM / DD / YYYY 09 / 11 / 2013
Mailing Address 6 Greencroft		Amount of Each Disbursement this Period 691.01
City Champaign State IL Zip Code 61821	Purpose of Disbursement In-kind - Paid to Michael's Catering for fundraiser catering	
Candidate Name	Category/Type 007	Transaction ID : SB17.5208
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	921.01
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 72 OF 73	
	<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) A. Washington St Parking Garage		Date of Disbursement MM / DD / YYYY 08 / 10 / 2013
Mailing Address 402 W. Washington St.		Amount of Each Disbursement this Period 7.00
City Indianapolis	State IN Zip Code 46204	
Purpose of Disbursement Parking for campaign event - underlying transaction for 9/30/13 reimbursement to Donna Tanner-Harold		Transaction ID : SB17.8261
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type 007	

Full Name (Last, First, Middle Initial) B. Weiskamp Screen Printing		Date of Disbursement MM / DD / YYYY 07 / 02 / 2013
Mailing Address 312 S. Neil St.		Amount of Each Disbursement this Period 70.04
City Champaign	State IL Zip Code 61820	
Purpose of Disbursement Campaign T-Shirts - underlying transaction for 8/26/13 reimbursement to Donna Tanner-Harold		Transaction ID : SB17.8243
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type 006	

Full Name (Last, First, Middle Initial) c. Weiskamp Screen Printing		Date of Disbursement MM / DD / YYYY 09 / 30 / 2013
Mailing Address 312 S. Neil St.		Amount of Each Disbursement this Period 270.78
City Champaign	State IL Zip Code 61820	
Purpose of Disbursement Campaign t-shirts - underlying expense for 270.78 reimbursement to Robert Harold on 9/30/13		Transaction ID : SB17.8105
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type 006	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	32441.81

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

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 GREENWOOD State IN Zip Code 46143	

Outstanding Balance Beginning This Period <input type="text" value="2000.00"/>	Transaction ID : SD10.4492	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="2000.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Martin, Hood, Friese & Associates LLC	Nature of Debt (Purpose): 2nd Quarter Accounting & Consulting Fees
Mailing Address 2507 South Neil Street	
City Champaign State IL Zip Code 61820	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : SD10.5295	
Amount Incurred This Period <input type="text" value="1200.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1200.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Deanna S. Mool	Nature of Debt (Purpose): Legal Services
Mailing Address Mool Law Firm LLC PO Box 327	
City Sherman State IL Zip Code 62684	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : SD10.5299	
Amount Incurred This Period <input type="text" value="200.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="200.00"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="1400.00"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="1400.00"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="1400.00"/>