

# 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

M M /

D D /

Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

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

M M /

D D /

Y Y Y Y

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

FEC FORM 3 (Revised 02/2003)

**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 04 / 01 / 2014 To: M M / D D / Y Y Y Y 06 / 30 / 2014

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	120.00	278091.99
(b) Total Contribution Refunds (from Line 20(d)) .....	120.00	5820.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	0.00	272271.99
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	13694.17	273763.85
(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)).....	13694.17	273763.85
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<b>1788.71</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**ERIKA FOR CONGRESS**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	207143.45
(ii) Unitemized.....	120.00	50648.77
(iii) TOTAL of contributions from individuals ▶	120.00	257792.22
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	17750.00
(d) The Candidate.....	0.00	2549.77
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	120.00	278091.99
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	2642.07	3280.57
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	2762.07	281372.56

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	13694.17	273763.85
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 .....	120.00	2820.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	3000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	120.00	5820.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	13814.17	279583.85

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	12840.81
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	2762.07
25. SUBTOTAL (add Line 23 and Line 24).....	15602.88
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	13814.17
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1788.71

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 14
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**ERIKA FOR CONGRESS**

Mailing Address PO BOX 368

City URBANA State IL Zip Code 61803

FEC ID number of contributing federal political committee. **C** C00545822

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2642.07

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA15.8083**

Amount of Each Receipt this Period  
2642.07

Internal audit adjustment

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

2642.07

2642.07

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA15

Transaction ID : SA15.8083

Audit adjustment.

Form/Schedule:

Transaction ID:

**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 7 OF 14			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Authnet Gateway</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address P.O. Box 8999			Amount of Each Disbursement this Period 58.15 <b>Transaction ID : SB17.8055</b>
City San Francisco	State CA	Zip Code 94128-8999	
Purpose of Disbursement Merchant fees		Category/ Type 003	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>B. Authnet Gateway</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2014
Mailing Address P.O. Box 8999			Amount of Each Disbursement this Period 442.18 <b>Transaction ID : SB17.8059</b>
City San Francisco	State CA	Zip Code 94128-8999	
Purpose of Disbursement Merchant fees		Category/ Type 003	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>C. Authnet Gateway</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address P.O. Box 8999			Amount of Each Disbursement this Period 40.00 <b>Transaction ID : SB17.8063</b>
City San Francisco	State CA	Zip Code 94128-8999	
Purpose of Disbursement Merchant fees		Category/ Type 003	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	540.33
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 14			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Authnet Gateway</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014	
Mailing Address P.O. Box 8999			Amount of Each Disbursement this Period 54.13	
City San Francisco	State CA	Zip Code 94128-8999	Transaction ID : SB17.8065	
Purpose of Disbursement Merchant fees		Category/ Type 003		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Authnet Gateway</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2014	
Mailing Address P.O. Box 8999			Amount of Each Disbursement this Period 40.35	
City San Francisco	State CA	Zip Code 94128-8999	Transaction ID : SB17.8069	
Purpose of Disbursement Merchant fees		Category/ Type 003		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Authnet Gateway</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014	
Mailing Address P.O. Box 8999			Amount of Each Disbursement this Period 45.23	
City San Francisco	State CA	Zip Code 94128-8999	Transaction ID : SB17.8072	
Purpose of Disbursement Merchant fees		Category/ Type 003		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	139.71
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 14			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Authnet Gateway</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address P.O. Box 8999		Amount of Each Disbursement this Period 41.05
City San Francisco	State CA	
Zip Code 94128-8999	Purpose of Disbursement Merchant fees	<b>Transaction ID : SB17.8073</b>
Candidate Name	003 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Comcast</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 30700 Telegraph Road Suite 4600		Amount of Each Disbursement this Period -1146.40
City Bingham Farms	State MI	
Zip Code 48025	Purpose of Disbursement Return of excess funds paid for media buy	<b>Transaction ID : SB17.8067</b>
Candidate Name	004 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Deb Edinger</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2014
Mailing Address 1202 Julie Dr.		Amount of Each Disbursement this Period 10.87
City Champaign	State IL	
Zip Code 61821	Purpose of Disbursement Reimbursement of campaign expenses - see memo entries	<b>Transaction ID : SB17.8058</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	-1094.48
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 14			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Best Buy</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 7601 Penn Avenue South		Amount of Each Disbursement this Period 10.87
City Richfield	State MN	
Zip Code 55423	Purpose of Disbursement Office supplies	[MEMO ITEM]
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Robert Harold</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 115 E Holmes		Amount of Each Disbursement this Period 10500.00
City Urbana	State IL	
Zip Code 61801	Purpose of Disbursement Campaign manager compensation	
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Robert Harold</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 115 E Holmes		Amount of Each Disbursement this Period 3000.00
City Urbana	State IL	
Zip Code 61801	Purpose of Disbursement Campaign manager compensation/committee winding down activities	
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	13500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 14			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Journal Publications</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address Po BOX 100		Amount of Each Disbursement this Period 73.13 <b>Transaction ID : SB17.8057</b>
City Hillsboro State IL Zip Code 62049	Purpose of Disbursement Advertising Candidate Name Category/Type 004	
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. NATIONBUILDER</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014
Mailing Address 448 S Hill St #200		Amount of Each Disbursement this Period 99.00 <b>Transaction ID : SB17.8062</b>
City LOS ANGELES State CA Zip Code 90013	Purpose of Disbursement Monthly merchant fee Candidate Name Category/Type 003	
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. NATIONBUILDER</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 448 S Hill St #200		Amount of Each Disbursement this Period 76.22 <b>Transaction ID : SB17.8068</b>
City LOS ANGELES State CA Zip Code 90013	Purpose of Disbursement Monthly merchant fee Candidate Name Category/Type 003	
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	248.35
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 14			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. NATIONBUILDER</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 448 S Hill St #200		Amount of Each Disbursement this Period 99.00 <b>Transaction ID : SB17.8074</b>
City LOS ANGELES	State CA Zip Code 90013	
Purpose of Disbursement Monthly merchant fee	Category/Type 003	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Neuhoff Media/Springfield</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 3055 S Fourth St		Amount of Each Disbursement this Period -90.00 <b>Transaction ID : SB17.8066</b>
City Springfield	State IL Zip Code 62703	
Purpose of Disbursement Return of excess funds paid for media buy	Category/Type 004	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Paypal</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period 0.88 <b>Transaction ID : SB17.8061</b>
City San Jose	State CA Zip Code 95131	
Purpose of Disbursement Merchant fees	Category/Type 003	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9.88
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 OF 14	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. RingCentral Inc.</b>		Date of Disbursement MM / DD / YYYY 04 / 03 / 2014
Mailing Address 1400 Fashion Island Blvd Suite 700		Amount of Each Disbursement this Period 67.46 <b>Transaction ID : SB17.8056</b>
City San Mateo State CA Zip Code 94404	Purpose of Disbursement Telecommunications 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>B. RingCentral Inc.</b>		Date of Disbursement MM / DD / YYYY 05 / 05 / 2014
Mailing Address 1400 Fashion Island Blvd Suite 700		Amount of Each Disbursement this Period 67.46 <b>Transaction ID : SB17.8064</b>
City San Mateo State CA Zip Code 94404	Purpose of Disbursement Telecommunications 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>c. RingCentral Inc.</b>		Date of Disbursement MM / DD / YYYY 06 / 03 / 2014
Mailing Address 1400 Fashion Island Blvd Suite 700		Amount of Each Disbursement this Period 67.46 <b>Transaction ID : SB17.8071</b>
City San Mateo State CA Zip Code 94404	Purpose of Disbursement Telecommunications 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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	202.38
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 OF 14	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. U.S. Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 202 S. Broadway Ave.		Amount of Each Disbursement this Period 73.00
City Urbana State IL Zip Code 61801	Purpose of Disbursement PO box fee Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.8070

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	73.00
<b>TOTAL</b> This Period (last page this line number only).....	13619.17