

# 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 10 / 01 / 2013 To: M M / D D / Y Y Y Y 12 / 31 / 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))....	37276.65	188181.32
(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)).....	37276.65	188181.32
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	26247.19	78069.32
(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)).....	26247.19	78069.32
8. Cash on Hand at Close of Reporting Period (from Line 27).....	110112.00	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**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 10 / 01 / 2013 To: M M / D D / Y Y Y Y 12 / 31 / 2013

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	24250.00	143448.78
(ii) Unitemized.....	8026.65	26432.77
(iii) TOTAL of contributions from individuals ▶	32276.65	169881.55
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	15750.00
(d) The Candidate.....	0.00	2549.77
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	37276.65	188181.32
<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>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	37276.65	188181.32

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	26247.19	78069.32
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	26247.19	78069.32

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	99082.54
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	37276.65
25. SUBTOTAL (add Line 23 and Line 24).....	136359.19
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	26247.19
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	110112.00

: 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 reports, properly report reimbursements, remove duplicate disbursements, and add refunds from vendor.

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 47
	<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)  
**Mildred J Anderson**

Mailing Address 209 W Green St

City Urbana State IL Zip Code 61801

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

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 22 / 2013

**Transaction ID : SA11AI.6277**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 4006 lake point Rd

City Champaign State IL Zip Code 61822

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

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 01 / 2013

**Transaction ID : SA11AI.6192**

Amount of Each Receipt this Period  
 150.00

**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 Northwestern Mutual Wealth Management Occupation Financial Advisor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 28 / 2013

**Transaction ID : SA11AI.6185**

Amount of Each Receipt this Period  
 100.00

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

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

500.00

**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 47
	<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)  
**PAUL BENDER**

Mailing Address 303 N COTTAGE AVE

City State Zip Code  
NORMAL IL 61761

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

Name of Employer Occupation  
Fidelity National Financial Lawyer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 16 / 2013

**Transaction ID : SA11AI.6278**

Amount of Each Receipt this Period  
2250.00

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

Mailing Address 2022 CURETON Dr

City State Zip Code  
Urbana IL 61801

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

Name of Employer Occupation  
Retired Anthropologist

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  
11 / 14 / 2013

**Transaction ID : SA11AI.6215**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 778 13th St

City State Zip Code  
Boulder CO 80302

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

Name of Employer Occupation  
N/A N/A

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 14 / 2013

**Transaction ID : SA11AI.6151**

Amount of Each Receipt this Period  
750.00

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

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 47
	<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 Chovanec**

Mailing Address 155 Riverside Dr  
Apt 5A

City State Zip Code  
New York NY 10024

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

Name of Employer Occupation  
Silvercrest Asset Management Economist

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  
 12 / 02 / 2013

**Transaction ID : SA11AI.6237**

Amount of Each Receipt this Period  
1600.00

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

Mailing Address 5635 Whitner Dr NW

City State Zip Code  
Atlanta GA 30327

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

Name of Employer Occupation  
Ken Clary and Company Administrator

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 30 / 2013

**Transaction ID : SA11AI.6299**

Amount of Each Receipt this Period  
300.00

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

Mailing Address 1250 S INDIANA

City State Zip Code  
CHICAGO IL 60605

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

Name of Employer Occupation  
BARNES & THORNBURG LLP ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 15 / 2013

**Transaction ID : SA11AI.6248**

Amount of Each Receipt this Period  
2600.00

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 47
	<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 A Edwards III**

Mailing Address 990A County Road 1350 E

City Tolono State IL Zip Code 61880

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

Name of Employer Self Occupation Farmer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 31 / 2013

**Transaction ID : SA11AI.6200**

Amount of Each Receipt this Period  
 2500.00

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

Mailing Address 1206 Sussex Ct

City Champaign State IL Zip Code 61821

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

Name of Employer NA Occupation Housewife

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 31 / 2013

**Transaction ID : SA11AI.6201**

Amount of Each Receipt this Period  
 2500.00

**C.** 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

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 18 / 2013

**Transaction ID : SA11AI.6166**

Amount of Each Receipt this Period  
 250.00

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

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

5250.00

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

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

FOR LINE NUMBER: PAGE 10 OF 47  
(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)  
**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  
650.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 28 / 2013

**Transaction ID : SA11AI.6180**

Amount of Each Receipt this Period  
400.00

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

Mailing Address 335 Breakwater Rdg

City Dawsonville State GA Zip Code 30534

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

Name of Employer JC Designs Occupation Interior Designer

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  
 12 / 13 / 2013

**Transaction ID : SA11AI.6244**

Amount of Each Receipt this Period  
400.00

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

Mailing Address 3150 S Street Northwest  
Unit 3-C

City Washington State DC Zip Code 20007

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

Name of Employer Albright Stonebridge Group Occupation Vice Chair

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  
 12 / 18 / 2013

**Transaction ID : SA11AI.6255**

Amount of Each Receipt this Period  
250.00

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

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

1050.00

**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 47
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. Mark Harold</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 19 / 2013	
Mailing Address 21 Winston Pl		<b>Transaction ID : SA11AI.6159</b>	
City Rochester	State NY	Zip Code 14607	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee.		C	
Name of Employer N/A	Occupation Retired Community Center Director		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		

Full Name (Last, First, Middle Initial) <b>B. Catherine Hyer</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 12 / 2013	
Mailing Address 1615 Thoreau Dr		<b>Transaction ID : SA11AI.6272</b>	
City Suwanee	State GA	Zip Code 30024	Amount of Each Receipt this Period _____ 500.00
FEC ID number of contributing federal political committee.		C	
Name of Employer self	Occupation housewife		
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>C. Angela E. Jancola</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 22 / 2013	
Mailing Address 209 W Green St		<b>Transaction ID : SA11AI.6276</b>	
City Urbana	State IL	Zip Code 61801	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee.		C	
Name of Employer Parkland College	Occupation Counselor		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 1000.00
<b>TOTAL</b> This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 47
	<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) <b>Ronald Jones</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 15 / 2013
Mailing Address 702 S GRANT		<b>Transaction ID : SA11AI.6214</b>
City Clinton	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Professional Engineer	
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>Beth Kindt</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 12 / 2013
Mailing Address 801 N Brookside Ln		<b>Transaction ID : SA11AI.6218</b>
City Mahomet	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer NA	Occupation NA	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) <b>William Lawless</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 28 / 2013
Mailing Address 1209 PARK TERRACE Ln		<b>Transaction ID : SA11AI.6184</b>
City Champaign	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Lawless Commodities Inc	Occupation President, Commodity Trading Advisor	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 47
	<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)  
**Cecile E Lebonson**

Mailing Address 307 W INDIANA Ave

City Urbana State IL Zip Code 61801

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

Name of Employer NA Occupation NA

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 13 / 2013

**Transaction ID : SA11AI.6212**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 909 Devonshire Dr

City Champaign State IL Zip Code 61821

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

Name of Employer self-employed Occupation accountant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 25 / 2013

**Transaction ID : SA11AI.6172**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 909 Devonshire Dr

City Champaign State IL Zip Code 61821

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

Name of Employer self-employed Occupation accountant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 27 / 2013

**Transaction ID : SA11AI.6286**

Amount of Each Receipt this Period  
 100.00

**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: PAGE 14 OF 47  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

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

Mailing Address 301 N NEIL ST

City Champaign State IL Zip Code 61820

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

Name of Employer UNIVERSITY OF ILLINOIS Occupation ATTORNEY

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 18 / 2013

**Transaction ID : SA11AI.6254**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

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

Mailing Address 2211 EAGLE RIDGE Rd

City Champaign State IL Zip Code 61822

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  
 \_\_\_\_\_ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 28 / 2013

**Transaction ID : SA11AI.6182**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 200.00

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

Mailing Address 1219 Dorchester Dr

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  
 \_\_\_\_\_ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 20 / 2013

**Transaction ID : SA11AI.6289**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00

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

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

\_\_\_\_\_ 950.00

\_\_\_\_\_

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 47
	<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)  
**Sara J. Peters**

Mailing Address 1008 Galen Dr.

City Champaign State IL Zip Code 61821

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

Name of Employer NA Occupation Housewife

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 28 / 2013

**Transaction ID : SA11AI.6189**

Amount of Each Receipt this Period  
 400.00

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

Mailing Address 1815 A E Amber Ln.

City Urbana State IL Zip Code 61802

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 28 / 2013

**Transaction ID : SA11AI.6213**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 2807 Krishire Dr

City Charleston State IL Zip Code 61920

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

Name of Employer Business Supplies and Equipment Occupation Chief Executive Officer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 30 / 2013

**Transaction ID : SA11AI.6307**

Amount of Each Receipt this Period  
 400.00

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

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

1800.00

**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 47
	<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)  
**Duncan Campbell Smith III**

Mailing Address 600 New Hampshire Ave NW  
Suite 1200

City Washington State DC Zip Code 20037

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

Name of Employer Blank Rome 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  
 12 / 09 / 2013

**Transaction ID : SA11AI.6269**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 7025 washington

City st louis State MO Zip Code 63130

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  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 04 / 2013

**Transaction ID : SA11AI.6193**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 116 E Church St

City Savoy State IL Zip Code 61874

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

Name of Employer Savoy Storage Occupation 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 Y  
 12 / 10 / 2013

**Transaction ID : SA11AI.6281**

Amount of Each Receipt this Period  
1000.00

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

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

2250.00

**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 17 OF 47
	<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)  
**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 Occupation  
**BURKE WARREN MACKAY & SERRITEL ATTORNEY**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**400.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**12 / 07 / 2013**

**Transaction ID : SA11AI.6246**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address 4151 GULF SHORE BLVD N

City NAPLES State FL Zip Code 34103

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

Name of Employer Occupation  
**Self Homemaker**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1100.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 28 / 2013**

**Transaction ID : SA11AI.6183**

Amount of Each Receipt this Period  
**300.00**

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

Mailing Address 1881 N Nash St

City Arlington State VA Zip Code 22209

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

Name of Employer Occupation  
**retired retired**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**650.00**

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

**Transaction ID : SA11AI.6267**

Amount of Each Receipt this Period  
**500.00**

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

**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 18 OF 47
	<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 Wright**

Mailing Address 1673 County Road 2500 E

City State Zip Code  
St. Joseph IL 61873

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

Name of Employer Occupation  
Greyfield Legacies LLC Executive Coach, Mentor & Speaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : SA11AI.6152**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 100 E MCHENRY St

City State Zip Code  
Urbana IL 61801

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

Name of Employer Occupation  
Retired Professor Emeritus

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 12 / 2013

**Transaction ID : SA11AI.6231**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 300 Brookview Dr

City State Zip Code  
Farmer City IL 61842

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

Name of Employer Occupation  
Young's Ye Olde Hair Shoppe Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 21 / 2013

**Transaction ID : SA11AI.6313**

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

24250.00

**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 47
<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)  
**THE TEAPARTY LEADERSHIP FUND**

Mailing Address 717 KING STREET  
SUITE 300

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00520825

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  
12 / 16 / 2013

**Transaction ID : SA11C.6315**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**THE TEAPARTY LEADERSHIP FUND**

Mailing Address 717 KING STREET  
SUITE 300

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00520825

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  
12 / 16 / 2013

**Transaction ID : SA11C.6317**

Amount of Each Receipt this Period  
1000.00

In-kind - polling data provided at cost

**C.** Full Name (Last, First, Middle Initial)  
**THE TEAPARTY LEADERSHIP FUND**

Mailing Address 717 KING STREET  
SUITE 300

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00520825

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  
12 / 16 / 2013

**Transaction ID : SA11C.6318**

Amount of Each Receipt this Period  
1000.00

In-kind - payment for legal services (see memo, in-kind 1)

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

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

3000.00

**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 20 OF 47
	<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)  
**THE TEAPARTY LEADERSHIP FUND**

Mailing Address 717 KING STREET  
SUITE 300

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00520825

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 16 / 2013

**Transaction ID : SA11C.6320**

Amount of Each Receipt this Period  
1000.00

In-kind - digital services provided (see in-kind 2)

**B.** Full Name (Last, First, Middle Initial)  
**THE TEAPARTY LEADERSHIP FUND**

Mailing Address 717 KING STREET  
SUITE 300

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00520825

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 16 / 2013

**Transaction ID : SA11C.6321**

Amount of Each Receipt this Period  
1000.00

In-kind - political consulting services provided (see in kind 3)

**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).....

2000.00

5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 47
	<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)  
**DB Capitol Strategies PLLC**

Mailing Address 203 South Union Street  
Suite 300

City Alexandria State VA Zip Code 22314

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 16 / 2013

**Transaction ID : SA15.6323**

Amount of Each Receipt this Period  
 1000.00

In-kind - legal services provided, paid for by PAC

**[MEMO ITEM]**

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

Mailing Address Po Box 17253

City Arlington State VA Zip Code 22216-7253

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 16 / 2013

**Transaction ID : SA15.6326**

Amount of Each Receipt this Period  
 1000.00

In-kind - #2 Digital consulting services paid by PAC

**[MEMO ITEM]**

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

Mailing Address 9115 Volunteer Drive

City Alexandria State VA Zip Code 22309

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 16 / 2013

**Transaction ID : SA15.6329**

Amount of Each Receipt this Period  
 1000.00

In-kind - #3 political consulting services paid for by PAC

**[MEMO ITEM]**

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

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

0.00

0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 47			
	<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. American</b>		Date of Disbursement
Mailing Address 4333 Amon Carter Blvd		M M / D D / Y Y Y Y 11 / 27 / 2013
City Ft Worth	State TX	Zip Code 76155
Purpose of Disbursement Airfare	Category/ Type 002	Amount of Each Disbursement this Period 296.80
Candidate Name	Transaction ID : SB17.5432	
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. American</b>		Date of Disbursement
Mailing Address 4333 Amon Carter Blvd		M M / D D / Y Y Y Y 11 / 27 / 2013
City Ft Worth	State TX	Zip Code 76155
Purpose of Disbursement Airfare	Category/ Type 002	Amount of Each Disbursement this Period 296.80
Candidate Name	Transaction ID : SB17.5433	
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. American</b>		Date of Disbursement
Mailing Address 4333 Amon Carter Blvd		M M / D D / Y Y Y Y 12 / 23 / 2013
City Ft Worth	State TX	Zip Code 76155
Purpose of Disbursement vendor refund of excess funds paid	Category/ Type 002	Amount of Each Disbursement this Period -177.49
Candidate Name	Transaction ID : SB17.8085	
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).....	416.11
<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 23 OF 47			
	<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. American</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2013
Mailing Address 4333 Amon Carter Blvd		Amount of Each Disbursement this Period -177.49 <b>Transaction ID : SB17.8086</b>
City Ft Worth	State TX	
Zip Code 76155	Purpose of Disbursement vendor refund of excess funds paid	Category/ Type 002
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. Connie Beard</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2013
Mailing Address 2903 Southfork		Amount of Each Disbursement this Period 74.20 <b>Transaction ID : SB17.6388</b>
City Bloomington	State IL	
Zip Code 61704	Purpose of Disbursement Boys & Girls Club event	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>C. PHIL BLOOMER</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2013
Mailing Address 2425A COUNTY ROAD 1225N		Amount of Each Disbursement this Period 150.00 <b>Transaction ID : SB17.5397</b>
City ST. JOSEPH	State IL	
Zip Code 61873	Purpose of Disbursement tickets & data	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	46.71
<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 24 OF 47			
	<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. PHIL BLOOMER</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2013
Mailing Address 2425A COUNTY ROAD 1225N		Amount of Each Disbursement this Period 418.95 <b>Transaction ID : SB17.5396</b>
City ST. JOSEPH State IL Zip Code 61873	Purpose of Disbursement data services 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. DB Capitol Strategies PLLC</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2013
Mailing Address 203 South Union Street Suite 300		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.6325</b> <b>[MEMO ITEM]</b>
City Alexandria State VA Zip Code 22314	Purpose of Disbursement In-kind - legal services provided, paid for by PAC 011 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) <b>c. Delta</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2013
Mailing Address 1030 Delta Blvd		Amount of Each Disbursement this Period 399.60 <b>Transaction ID : SB17.5342</b>
City Atlanta State GA Zip Code 30354	Purpose of Disbursement Airfare 002 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).....	818.55
<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 25 OF 47		
	<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)		Date of Disbursement
<b>A. Delta</b>		M M / D D / Y Y Y Y 11 / 27 / 2013
Mailing Address 1030 Delta Blvd		Amount of Each Disbursement this Period 409.90
City Atlanta	State GA Zip Code 30354	
Purpose of Disbursement Airfare	Category/Type 002	<b>Transaction ID : SB17.5341</b>
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)		Date of Disbursement
<b>B. Delta</b>		M M / D D / Y Y Y Y 11 / 29 / 2013
Mailing Address 1030 Delta Blvd		Amount of Each Disbursement this Period 409.90
City Atlanta	State GA Zip Code 30354	
Purpose of Disbursement Airfare	Category/Type 002	<b>Transaction ID : SB17.5343</b>
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)		Date of Disbursement
<b>C. Delta</b>		M M / D D / Y Y Y Y 12 / 11 / 2013
Mailing Address 1030 Delta Blvd		Amount of Each Disbursement this Period 403.90
City Atlanta	State GA Zip Code 30354	
Purpose of Disbursement Airfare	Category/Type 002	<b>Transaction ID : SB17.5345</b>
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).....	1223.70
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 47			
	<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)		Date of Disbursement
<b>A. Delta</b>		M M / D D / Y Y Y Y 12 / 11 / 2013
Mailing Address 1030 Delta Blvd		Amount of Each Disbursement this Period 403.90
City Atlanta	State GA Zip Code 30354	
Purpose of Disbursement Airfare	Category/Type 002	<b>Transaction ID : SB17.5346</b>
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)		Date of Disbursement
<b>B. Delta</b>		M M / D D / Y Y Y Y 12 / 11 / 2013
Mailing Address 1030 Delta Blvd		Amount of Each Disbursement this Period 354.80
City Atlanta	State GA Zip Code 30354	
Purpose of Disbursement Airfare	Category/Type 002	<b>Transaction ID : SB17.5348</b>
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)		Date of Disbursement
<b>C. Delta</b>		M M / D D / Y Y Y Y 12 / 11 / 2013
Mailing Address 1030 Delta Blvd		Amount of Each Disbursement this Period 354.80
City Atlanta	State GA Zip Code 30354	
Purpose of Disbursement Airfare	Category/Type 002	<b>Transaction ID : SB17.5349</b>
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).....	1113.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 47			
	<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. Delta</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 13 / 2013
Mailing Address 1030 Delta Blvd		Amount of Each Disbursement this Period 60.90 <b>Transaction ID : SB17.5350</b>
City Atlanta State GA Zip Code 30354	Purpose of Disbursement Airfare Candidate Name Category/Type 002	
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. Delta</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2013
Mailing Address 1030 Delta Blvd		Amount of Each Disbursement this Period 60.90 <b>Transaction ID : SB17.5347</b>
City Atlanta State GA Zip Code 30354	Purpose of Disbursement Airfare Candidate Name Category/Type 002	
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 11 / 15 / 2013
Mailing Address 1202 Julie Dr.		Amount of Each Disbursement this Period 557.70 <b>Transaction ID : SB17.5365</b>
City Champaign State IL Zip Code 61821	Purpose of Disbursement campaign admin services Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	679.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 47			
	<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. Deb Edinger</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2013
Mailing Address 1202 Julie Dr.		Amount of Each Disbursement this Period 532.84
City Champaign	State IL	
Zip Code 61821	Purpose of Disbursement campaign admin services	<b>Transaction ID : SB17.5364</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:		

Full Name (Last, First, Middle Initial) <b>B. Deb Edinger</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2013
Mailing Address 1202 Julie Dr.		Amount of Each Disbursement this Period 500.00
City Champaign	State IL	
Zip Code 61821	Purpose of Disbursement campaign admin services	<b>Transaction ID : SB17.5363</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:		

Full Name (Last, First, Middle Initial) <b>c. Deb Edinger</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2013
Mailing Address 1202 Julie Dr.		Amount of Each Disbursement this Period 546.00
City Champaign	State IL	
Zip Code 61821	Purpose of Disbursement campaign admin services	<b>Transaction ID : SB17.5362</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).....	1578.84
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 47			
	<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. Expedia</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2013
Mailing Address 333 108th Avenue NE			Amount of Each Disbursement this Period 302.84
City Bellevue	State WA	Zip Code 98004	
Purpose of Disbursement lodging		Category/ Type 002	<b>Transaction ID : SB17.5423</b>
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. Grow Your Campaign</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2013
Mailing Address Po Box 17253			Amount of Each Disbursement this Period 1000.00
City Arlington	State VA	Zip Code 22216-7253	
Purpose of Disbursement In-kind - #2 Digital consulting services paid by PAC		Category/ Type 011	<b>Transaction ID : SB17.6328</b> <b>[MEMO ITEM]</b>
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>C. Hampton Inns</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2013
Mailing Address 11 Thunderbird Circle			Amount of Each Disbursement this Period 206.80
City Litchfield	State IL	Zip Code 62056	
Purpose of Disbursement lodging		Category/ Type 002	<b>Transaction ID : SB17.5352</b>
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).....	509.64
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 OF 47	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Robert Harold</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2013
Mailing Address 115 E Holmes		Amount of Each Disbursement this Period 2830.60 <b>Transaction ID : SB17.5358</b>
City Urbana	State IL	
Zip Code 61801	Purpose of Disbursement Reimbursement for various campaign expenses	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Best Buy</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013
Mailing Address 7601 Penn Avenue South		Amount of Each Disbursement this Period 1179.79 <b>Transaction ID : SB17.5358.0</b> <b>[MEMO ITEM]</b>
City Richfield	State MN	
Zip Code 55423	Purpose of Disbursement camera and related equipment for campaign use	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>C. MINUTEMAN PRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2013
Mailing Address 905 S NEIL ST, SUITE B		Amount of Each Disbursement this Period 188.75 <b>Transaction ID : SB17.5358.1</b> <b>[MEMO ITEM]</b>
City CHAMPAIGN	State IL	
Zip Code 61820	Purpose of Disbursement printing	Category/ Type 006
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2830.60
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.5358

pursuant to <http://www.fec.gov/pages/fecrecord/2013/august/ultimatepayeeinterpretiverule.shtml>, this reimbursement is for miscellaneous vendors during campaign activities and travel.

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 32 OF 47			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. MINUTEMAN PRESS</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2013
Mailing Address 905 S NEIL ST, SUITE B			Amount of Each Disbursement this Period 113.39
City CHAMPAIGN	State IL	Zip Code 61820	
Purpose of Disbursement printing	Candidate Name		Transaction ID : SB17.5358.2 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:	Category/Type 006		

Full Name (Last, First, Middle Initial) <b>B. MINUTEMAN PRESS</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2013
Mailing Address 905 S NEIL ST, SUITE B			Amount of Each Disbursement this Period 421.75
City CHAMPAIGN	State IL	Zip Code 61820	
Purpose of Disbursement printing	Candidate Name		Transaction ID : SB17.5358.3 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:	Category/Type 006		

Full Name (Last, First, Middle Initial) <b>c. Weiskamp Screen Printing</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 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 T-shirts	Candidate Name		Transaction ID : SB17.5358.4 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:	Category/Type 006		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 47			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. THE UPS STORE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013
Mailing Address 1717 W KIRBY AVE		Amount of Each Disbursement this Period 230.00
City CHAMPAIGN	State IL	
Zip Code 61821	Purpose of Disbursement postage	Transaction ID : SB17.5358.5
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. THE UPS STORE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2013
Mailing Address 1717 W KIRBY AVE		Amount of Each Disbursement this Period 0.92
City CHAMPAIGN	State IL	
Zip Code 61821	Purpose of Disbursement postage	Transaction ID : SB17.5358.6
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. THE UPS STORE</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2013
Mailing Address 1717 W KIRBY AVE		Amount of Each Disbursement this Period 14.55
City CHAMPAIGN	State IL	
Zip Code 61821	Purpose of Disbursement postage	Transaction ID : SB17.5358.14
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)	[MEMO ITEM]
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 47			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. THE UPS STORE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2013
Mailing Address 1717 W KIRBY AVE		Amount of Each Disbursement this Period 22.30
City CHAMPAIGN	State IL	
Zip Code 61821	Purpose of Disbursement postage	Transaction ID : SB17.5358.16
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Robert Harold</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2013
Mailing Address 115 E Holmes		Amount of Each Disbursement this Period 146.57
City Urbana	State IL	
Zip Code 61801	Purpose of Disbursement Reimbursement for campaign expenses	Transaction ID : SB17.6332
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 12 / 31 / 2013
Mailing Address 115 E Holmes		Amount of Each Disbursement this Period 508.15
City Urbana	State IL	
Zip Code 61801	Purpose of Disbursement Reimbursement for campaign expenses	Transaction ID : SB17.8270
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).....	654.72
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.6332

pursuant to <http://www.fec.gov/pages/fecrecord/2013/august/ultimatepayeeinterpretiverule.shtml>, this reimbursement is for miscellaneous vendors during campaign activities and travel.

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 36 OF 47	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. MINUTEMAN PRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2013
Mailing Address 905 S NEIL ST, SUITE B		Amount of Each Disbursement this Period 649.80
City CHAMPAIGN	State IL	
Zip Code 61820	Purpose of Disbursement Printing	Transaction ID : SB17.8270.0
Candidate Name	Category/ Type 006	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Integrated Marketing LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2013
Mailing Address 719 Main St		Amount of Each Disbursement this Period 440.00
City Peoria	State IL	
Zip Code 61602	Purpose of Disbursement Advertising materials	Transaction ID : SB17.5456
Candidate Name	Category/ Type 004	
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. Jetblue</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2013
Mailing Address 27-01 Queens Plaza North		Amount of Each Disbursement this Period 209.80
City Long Island City	State NY	
Zip Code 11101	Purpose of Disbursement Airfare	Transaction ID : SB17.5410
Candidate Name	Category/ Type 002	
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).....	649.80
<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 37 OF 47			
	<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. Jetblue</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2013
Mailing Address 27-01 Queens Plaza North			Amount of Each Disbursement this Period -209.80 <b>Transaction ID : SB17.6399</b>
City Long Island City	State NY	Zip Code 11101	
Purpose of Disbursement Airfare cancelled/refunded		Category/ Type 002	
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. Journal Publications</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2013
Mailing Address Po BOX 100			Amount of Each Disbursement this Period 224.00 <b>Transaction ID : SB17.6391</b>
City Hillsboro	State IL	Zip Code 62049	
Purpose of Disbursement Advertising		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. JTnet, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2013
Mailing Address 788 N. Sunnyside Rd.			Amount of Each Disbursement this Period 1095.00 <b>Transaction ID : SB17.5468</b>
City Decatur	State IL	Zip Code 62525	
Purpose of Disbursement website management		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: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1109.20
<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 38 OF 47			
	<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. Martin, Hood, Friese &amp; Associates LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 28 / 2013</b>
Mailing Address 2507 South Neil Street		Amount of Each Disbursement this Period <b>1200.00</b> <b>Transaction ID : SB17.6407</b>
City Champaign State IL Zip Code 61820	Purpose of Disbursement Payment in full of Q3 invoice for accounting Category/Type <b>001</b>	
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. Martin, Hood, Friese &amp; Associates LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 19 / 2013</b>
Mailing Address 2507 South Neil Street		Amount of Each Disbursement this Period <b>1200.00</b> <b>Transaction ID : SB17.5406</b>
City Champaign State IL Zip Code 61820	Purpose of Disbursement Accounting services Category/Type <b>001</b>	
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. MEIJER</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 23 / 2013</b>
Mailing Address 2500 PHILO ROAD		Amount of Each Disbursement this Period <b>87.64</b> <b>Transaction ID : SB17.5400</b>
City URBANA State IL Zip Code 61802	Purpose of Disbursement event food Category/Type <b>001</b>	
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).....	<b>2487.64</b>
<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 39 OF 47			
	<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. MEIJER</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2013
Mailing Address 2500 PHILO ROAD		Amount of Each Disbursement this Period 22.39
City URBANA State IL Zip Code 61802	Purpose of Disbursement event food 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)

Full Name (Last, First, Middle Initial) <b>B. NATIONBUILDER</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013
Mailing Address 448 S Hill St #200		Amount of Each Disbursement this Period 99.00
City LOS ANGELES State CA Zip Code 90013	Purpose of Disbursement web service fee Candidate Name Category/Type 004	
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. NATIONBUILDER</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2013
Mailing Address 448 S Hill St #200		Amount of Each Disbursement this Period 99.00
City LOS ANGELES State CA Zip Code 90013	Purpose of Disbursement web service 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)

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	220.39
<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 40 OF 47			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 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 12 / 02 / 2013
Mailing Address 448 S Hill St #200			Amount of Each Disbursement this Period 99.00 <b>Transaction ID : SB17.5438</b>
City LOS ANGELES	State CA	Zip Code 90013	
Purpose of Disbursement web service fee		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. NATIONBUILDER</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2013
Mailing Address 448 S Hill St #200			Amount of Each Disbursement this Period 99.00 <b>Transaction ID : SB17.5437</b>
City LOS ANGELES	State CA	Zip Code 90013	
Purpose of Disbursement web service fee		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>c. Petra Strategies</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2013
Mailing Address 9115 Volunteer Drive			Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.6331</b> <b>[MEMO ITEM]</b>
City Alexandria	State VA	Zip Code 22309	
Purpose of Disbursement In-kind - #3 political consulting services paid for by PAC		Category/ Type 011	
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	198.00
<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 41 OF 47		
	<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. Red Strategies LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2013
Mailing Address PO Box 548		Amount of Each Disbursement this Period 1500.00 <b>Transaction ID : SB17.5474</b>
City Bassett	State VA	
Zip Code 24055	Purpose of Disbursement tele-town hall services	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Red Strategies LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2013
Mailing Address PO Box 548		Amount of Each Disbursement this Period 1950.00 <b>Transaction ID : SB17.5473</b>
City Bassett	State VA	
Zip Code 24055	Purpose of Disbursement tele-town hall services	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>c. RingCentral Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2013
Mailing Address 1400 Fashion Island Blvd Suite 700		Amount of Each Disbursement this Period 64.18 <b>Transaction ID : SB17.5372</b>
City San Mateo	State CA	
Zip Code 94404	Purpose of Disbursement communication services	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3514.18
<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 42 OF 47			
	<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 M M / D D / Y Y Y Y 11 / 25 / 2013
Mailing Address 1400 Fashion Island Blvd Suite 700		Amount of Each Disbursement this Period 424.47 <b>Transaction ID : SB17.5374</b>
City San Mateo State CA Zip Code 94404	Purpose of Disbursement online training communication services Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. RingCentral Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2013
Mailing Address 1400 Fashion Island Blvd Suite 700		Amount of Each Disbursement this Period 64.18 <b>Transaction ID : SB17.5371</b>
City San Mateo State CA Zip Code 94404	Purpose of Disbursement communication services Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Julia Rointhaler</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2013
Mailing Address 19850 US Highway 150		Amount of Each Disbursement this Period 335.49 <b>Transaction ID : SB17.5390</b>
City Bloomington State IL Zip Code 61705	Purpose of Disbursement Atlanta/DC/Chicago trip services Candidate Name Category/Type 002	
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).....	424.14
<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 43 OF 47			
	<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. MARK SHELDEN</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 07 / 2013</b>
Mailing Address <b>2908 MYRA RIDGE DR</b>		Amount of Each Disbursement this Period <b>1667.00</b> <b>Transaction ID : SB17.5413</b>
City <b>URBANA</b>	State <b>IL</b>	
Zip Code <b>61802</b>	Purpose of Disbursement <b>campaign web consulting</b>	Category/ Type <b>001</b>
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. MARK SHELDEN</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 19 / 2013</b>
Mailing Address <b>2908 MYRA RIDGE DR</b>		Amount of Each Disbursement this Period <b>1667.00</b> <b>Transaction ID : SB17.5414</b>
City <b>URBANA</b>	State <b>IL</b>	
Zip Code <b>61802</b>	Purpose of Disbursement <b>campaign consulting</b>	Category/ Type <b>001</b>
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. StarNet Digital Publishing</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 04 / 2013</b>
Mailing Address <b>P.O. Box 1145</b>		Amount of Each Disbursement this Period <b>466.00</b> <b>Transaction ID : SB17.5463</b>
City <b>Bloomington</b>	State <b>IL</b>	
Zip Code <b>61702-1145</b>	Purpose of Disbursement <b>Advertising materials</b>	Category/ Type <b>006</b>
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).....	<b>3800.00</b>
<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 44 OF 47			
	<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. DONNA TANNER-HAROLD</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 25 / 2013
Mailing Address 115 E HOLMES ST		Amount of Each Disbursement this Period 522.31 <b>Transaction ID : SB17.5357</b>
City URBANA State IL Zip Code 61801	Purpose of Disbursement Reimbursement for de minimis campaign expenses 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)	

Full Name (Last, First, Middle Initial) <b>B. U.S. Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2013
Mailing Address 202 S. Broadway Ave.		Amount of Each Disbursement this Period 1.61 <b>Transaction ID : SB17.5393</b>
City Urbana State IL Zip Code 61801	Purpose of Disbursement postage 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)	

Full Name (Last, First, Middle Initial) <b>c. U.S. Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2013
Mailing Address 202 S. Broadway Ave.		Amount of Each Disbursement this Period 70.00 <b>Transaction ID : SB17.5392</b>
City Urbana State IL Zip Code 61801	Purpose of Disbursement postage 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)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	593.92
<b>TOTAL</b> This Period (last page this line number only).....	

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

Form/Schedule: SB17

Transaction ID : SB17.5357

pursuant to <http://www.fec.gov/pages/fecrecord/2013/august/ultimatepayeeinterpretiverule.shtml>, this reimbursement is for miscellaneous vendors during campaign activities and travel, including \$283.37 in travel related expenses for which receipts are no longer available, but not exceeding or aggregating \$200 to any one vendor.

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 46 OF 47			
	<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. USAirway</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2013
Mailing Address 4000 E Sky Harbor Blvd		Amount of Each Disbursement this Period 230.90 <b>Transaction ID : SB17.5429</b>
City Phoenix State AZ Zip Code 85034	Purpose of Disbursement Airfare Candidate Name Category/Type 002	
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>B. USAirway</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2013
Mailing Address 4000 E Sky Harbor Blvd		Amount of Each Disbursement this Period 230.90 <b>Transaction ID : SB17.5430</b>
City Phoenix State AZ Zip Code 85034	Purpose of Disbursement Airfare Candidate Name Category/Type 002	
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. WSOY FM</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2013
Mailing Address 250 N. Water Street Suite 100		Amount of Each Disbursement this Period 750.00 <b>Transaction ID : SB17.5399</b>
City Decatur State IL Zip Code 62523	Purpose of Disbursement Radio advertising Candidate Name Category/Type 004	
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).....	1211.80
<b>TOTAL</b> This Period (last page this line number only).....	24080.94

**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  
**Martin, Hood, Friese & Associates LLC**

Mailing Address 2507 South Neil Street

City State Zip Code  
 Champaign IL 61820

Nature of Debt (Purpose):  
 2nd Quarter Accounting & Consulting Fees

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.5295</b>	
1200.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	1200.00	0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Deanna S. Mool**

Mailing Address Mool Law Firm LLC  
 PO Box 327

City State Zip Code  
 Sherman IL 62684

Nature of Debt (Purpose):  
 Legal Services

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.5299</b>	
200.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	200.00	0.00

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

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